

TRANSCRIPT OF PROCEEDINGS

INQUIRY INTO THE COVID-19 HOTEL QUARANTINE PROGRAM

BOARD: THE HONOURABLE JENNIFER COATE AO

DAY 24

10.00 AM, THURSDAY, 24 SEPTEMBER 2020

MELBOURNE, VICTORIA

**MR A. NEAL QC appears with MS R. ELLYARD, MR B. IHLE,
MR S. BRNOVIC and MS J. MOIR as Counsel Assisting the Board of Inquiry**

**MR D. STAR QC appears with MS J. DAVIDSON, MR T. GOODWIN and
MR J. HARTLEY for the Chief Commissioner of Victoria Police**

**MS J. FIRKIN QC appears with MS S. KEATING for the Department of
Environment, Land, Water and Planning**

**MS C. HARRIS QC appears with MS P. KNOWLES and MR M. McLAY for
the Department of Health and Human Services**

**MS J. CONDON QC appears with MS R. PRESTON and MR R. CHAILE for
the Department of Jobs, Precincts and Regions**

**DR K. HANSCOMBE QC appears with MS H. TIPLADY for the Department
of Justice and Community Safety**

HOTEL QUARANTINE PROGRAM INQUIRY 24.09.2020
P-2043

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MR R. ATTIWILL QC appears with MS C. MINTZ for the Department of Premier and Cabinet

MS G. SCHOFF QC appears with MR A. SOLOMON-BRIDGE and MS K. BRAZENOR for the Hon. Jenny Mikakos MP, Minister for Health

DR S. McNICOL AM QC appears with MR E. NEKVAPIL and MR D. PORTEOUS for the Hon. Lisa Neville MP, Minister for Police and Emergency Services

MR D. COLLINS QC appears with MR N. WOOD and MS T. SKVORTSOVA for the Hon. Martin Pakula MP, Minister for Jobs, Precincts and Regions

MS A. ROBERTSON appears with MS E. GOLSHTEIN for MSS Security Pty Ltd

MR A. WOODS appears for Rydges Hotels Ltd

MR A. MOSES SC appears with MS J. ALDERSON for Unified Security Group (Australia) Pty Ltd

MR R. CRAIG SC appears with MR D. OLDFIELD for Wilson Security Pty Ltd

MS D. SIEMENSMA appears for Your Nursing Agency (Victoria) Pty Ltd

CHAIR: Good morning, Mr Ihle.

MR IHLE: Good morning, Madam Chair.

5 CHAIR: We're ready to proceed, Mr Ihle?

MR IHLE: We are. Before I call the witness for today, who will be the Hon. Jenny Mikakos, MP, Minister for Health, there are a number of documents that need to be tendered and perhaps now is a convenient time to do that.

10

The first bundle of documents to be tendered relates to the statement of Senior Authorised Officer. The statement of Senior Authorised Officer was tendered as Exhibit 77 on Day 13 of the hearing, but those documents referred to in that statement were not tendered. So, perhaps as Exhibit 77A, I tender as a bundle all

15

CHAIR: Bear with me for one moment.

Yes. I have some recollection, Mr Ihle, that there's some problem about attaching --- some technical problem about attaching annexures to exhibit numbers. So if that turns out to be so, perhaps we'll just make those documents part of Exhibit 77.

20

MR IHLE: Yes, as the Board pleases.

25 CHAIR: I'll just mark it as "Bundle of attached documents", Exhibit 77 or 77A, depending on whether or not technically the system will allow that to happen.

30 **EXHIBIT #77(1) - ANNEXURES TO STATEMENT OF SENIOR
AUTHORISED OFFICER**

MR IHLE: Yes, thank you, Madam Chair.

35 The next document to be tendered is a statement of a witness who will be known as Learning Consultant DHHS. It's document DHS.9999.0021.0001, the witness statement of Learning Consultant DHHS.

40

CHAIR: Exhibit 201.

EXHIBIT #201 - STATEMENT OF LEARNING CONSULTANT DHHS

45 MR IHLE: And I tender as a bundle the documents to which reference is made in that statement.

CHAIR: Exhibit 202.

5 **EXHIBIT #202 - ANNEXURES TO STATEMENT OF LEARNING
CONSULTANT DHHS**

MR IHLE: If the Board pleases.

10 The next is a witness statement of a witness known as Infection Control Consultant.
The document ID is DHS.9999.0020.0001.

CHAIR: Exhibit 203.

15 **EXHIBIT #203 - STATEMENT OF INFECTION CONTROL CONSULTANT**

MR IHLE: As the Board pleases. And I tender as a bundle the documents to which
20 reference was made in that statement.

CHAIR: Exhibit 204.

25 **EXHIBIT #204 - ANNEXURES TO STATEMENT OF INFECTION
CONTROL CONSULTANT**

MR IHLE: The next document to be tendered is the witness statement of a witness
30 to be known as Senior Project Officer. That statement is DHS.9999.0019.0001.

CHAIR: Exhibit 205.

35 **EXHIBIT #205 - STATEMENT OF SENIOR PROJECT OFFICER**

MR IHLE: As the Board pleases. And I tender as a bundle the documents to which
40 reference was made in that statement.

CHAIR: Exhibit 206.

45 **EXHIBIT #206 - ANNEXURES TO STATEMENT OF SENIOR PROJECT
OFFICER**

MR IHLE: As the Board pleases. The final statement to be tendered before the witness is called is the witness statement of Mr Terry Symonds, document ID DHS.9999.0022.0001.

5 CHAIR: Exhibit 207.

EXHIBIT #207 - STATEMENT OF TERRY SYMONDS

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MR IHLE: And as a bundle, Madam Chair, the documents to which reference was made in that statement.

CHAIR: Exhibit 208.

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EXHIBIT #208 - ANNEXURES TO STATEMENT OF TERRY SYMONDS

20 MR IHLE: As the Board pleases.

I understand, as of moments ago, Madam Chair, that Senior Counsel on behalf of the Chief Commissioner of Police seeks to tender some documents as well, and perhaps now is a convenient time to invite him to do that.

25

MR STAR QC: Good morning, Madam Chair. It's Mr Star here. I actually can't see my image on the screen, so I wonder if my camera is working.

CHAIR: No, it's not, Mr Star. I can't see you. I can hear you, though.

30

MR STAR QC: I apologise. That must be a technical hitch. May I continue with the tender at the moment or would you prefer me to do it otherwise? It will only take one minute if I continue with audio with the tendering. I apologise.

35 CHAIR: I'm happy for you to continue, Mr Star.

MR STAR QC: Thank you, Madam Chair.

40 There is a document, of which notice has been given to Counsel Assisting, Solicitor Assisting and the parties. It is VPOL.0005.0006.0008, and there is a redacted version of it. These are text exchanges between Assistant Commissioner Grainger and Ms Febey on Saturday, 28 March 2020. And I seek to tender those three pages of text exchanges.

45 CHAIR: Exhibit 209.

EXHIBIT #209 - TEXT EXCHANGES BETWEEN ASSISTANT COMMISSIONER GRAINGER AND MS FEBEY ON SATURDAY, 28 MARCH 2020

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MR STAR QC: And whilst I'm on my feet, so to speak, Madam Chair, I'm conscious that there's been reference already quite a bit to the Premier's press conference on 27 March. We've provided a recording of that to the Board of Inquiry and also a transcript of it. I'm content to tender that now or to leave it to Counsel Assisting, but I just thought I'd take the opportunity just to make sure it doesn't get lost. So if it assists the Board, I can tender that now.

CHAIR: No objection to that, Mr Ihle?

15 MR IHLE: No. I think there will be probably be reference made to that tomorrow during the evidence of the Premier, so whether that happens now or tomorrow is a matter, with due respect, for you, Madam Chair.

CHAIR: All right. Well, I'll allow you to tender that now, Mr Star.

20

MR STAR QC: Thank you.

CHAIR: The actual --- the recording of the press conference and the associated transcript?

25

MR STAR QC: It is, and I've got two separate numbers to read for the purposes of the transcript. The recording has the ID HQL.0001.0002.0013, that is the recording of the Premier's press interview on 27 March 2020. And the transcript of it is VPOL.0006.0002.0013.

30

CHAIR: Thank you, Mr Star. I'll mark both the conference and the recording as Exhibit 210.

35 **EXHIBIT #210 - RECORDING AND TRANSCRIPT OF PREMIER'S PRESS CONFERENCE ON 27 MARCH 2020, NUMBERED HQL.0001.0002.0013 AND VPOL.0006.0002.0013**

40 MR STAR QC: Thank you, Madam Chair.

CHAIR: Thanks, Mr Ihle. I've just received confirmation that apparently the best way to mark that addendum to Exhibit 77 is to name it as 77(1). That's apparently the way in which the software can manage it. So I will make that correction.

45

MR IHLE: As the Board pleases. With that correction, Madam Chair, I think that's the formalities, if you like, for this morning, prior to the calling of the Hon. Minister

for Health.

CHAIR: Yes.

5 MR IHLE: I call the Hon. Jenny Mikakos.

CHAIR: Minister, you will just need to take your microphone off mute. Thank you. Are you able to hear and see me?

10 MINISTER MIKAKOS: Yes, I can.

CHAIR: Thank you. Minister, I understand you wish to take the oath for the purposes of giving your evidence to the Board this morning?

15 MINISTER MIKAKOS: Yes, I do, Chair.

CHAIR: So I will hand you over to my Associate to administer the oath. Thank you, Madam Associate.

20

THE HON. JENNY MIKAKOS MP, SWORN

CHAIR: Thank you, Minister. I'll hand you over to Mr Ihle now.

25

MR IHLE: Thank you, Madam Chair.

EXAMINATION BY MR IHLE

30

MR IHLE: Good morning, Minister.

A. Good morning.

35

Q. Are you able to see and hear me well?

A. I can.

40 Q. Can we start, please, with your full name?

A. Jenny Mikakos.

45 Q. Thank you. And from your statement and from knowledge, I see that you are the Minister for Health in Victoria?

A. Yes.

Q. You are the Minister for Ambulance Services?

A. Yes.

5

Q. And from early April, you have also been the Minister for the Coordination of Health and Human Services - COVID-19?

A. Yes.

10

Q. You've provided a statement to the Inquiry in this matter?

A. I have.

15

Q. That statement is dated 17 September?

A. Correct.

20

Q. It comprises some 20 pages and 99 paragraphs of evidence?

A. Correct.

Q. Have you recently had an opportunity to read the contents of that statement?

25

A. I have.

Q. Are the contents of that statement both truthful and accurate, to the best of your knowledge?

30

A. Yes, they are.

Q. If the Board pleases, I tender the witness statement of the Hon. Jenny Mikakos MP, dated 17 September 2020.

35

CHAIR: Exhibit 211.

EXHIBIT #211 - STATEMENT OF THE HON. JENNY MIKAKOS MP

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MR IHLE: As the Board pleases.

Minister, in compiling that statement, you have made reference to a number of webpages and a number of documents; is that right?

45

A. Correct.

Q. And those webpages and those documents provide further detail and information that you seek be proffered to this Inquiry, in addition to your statement, to give context to your answers; is that fair?

5 A. That's correct.

Q. As far as you're concerned, are the contents of those documents and webpages truthful and accurate?

10 A. They are.

MR IHLE: Yes, Madam Chair, I tender as a bundle those documents and webpages referred to in the Minister's statement.

15 CHAIR: That bundle of documents will be marked Exhibit 212.

EXHIBIT #212 - ANNEXURES TO STATEMENT OF THE HON. JENNY MIKAKOS MP

20

MR IHLE: As the Board pleases.

25 Minister, I just want to ask you a couple of very brief questions about the process of making your statement. It is the case, is it not, that you received a letter from the Inquiry dated 9 September that posed a number of specific questions to you?

A. Correct.

30 Q. And in providing that statement, you were doing your best to give your answers to those questions that had been posed?

A. Yes.

35 Q. And in preparing that statement, you had the assistance of lawyers and the staff of your office?

A. That is correct.

40 Q. And those answers that you provided in writing were, as at 17 September, the best and most accurate answers you were able to provide to those questions?

A. That is correct.

45 Q. Thank you. Minister, I want to ask you about your portfolio as the Minister for the Coordination of Health and Human Services - COVID-19. What is the scope of that portfolio and what are your responsibilities within it?

5 A. So this was a newly created portfolio established in early April to streamline and coordinate our processes across Government as part of the establishment of the Crisis Council of Cabinet. My specific portfolio responsibility was to coordinate the pandemic response for my Department across both my health portfolio and also working very closely with my human services colleagues to ensure that we had a coordinated approach across the Department of Health and Human Services. So I would bring submissions not only on my behalf but also on behalf of other DHHS colleagues to the Crisis Council for consideration.

10 Q. And those responsibilities in respect of the coordination of the pandemic response for your Department, being both health and human services, included that Department's role in the Hotel Quarantine Program?

15 A. The responsibilities that the Department of Health and Human Services had for that Hotel Quarantine Program were part of the reporting that I did to the Crisis Council.

20 Q. Yes. Would you agree that the Hotel Quarantine Program itself was a Victorian Government activity in relation to the COVID-19 pandemic?

A. Yes, I would.

25 Q. And would you agree with the proposition that the Hotel Quarantine Program itself was a substantial undertaking on behalf of the Victorian Government?

A. It was a significant undertaking, but one of many programs that the Victorian Government has established in response to the COVID-19 pandemic.

30 Q. Yes. In your role as the Minister for the Coordination of Health and Human Services, it may be obvious in the name, but can you just explain to us which Government Departments, agencies reported to you in that role?

35 A. So the Department of Health and Human Services is the Department that I'm responsible for. Underneath the Department of Health and Human Services sit many specific agencies, so all of Victoria's health services, Ambulance Victoria, those organisations would be organisations that I would be accountable for.

40 Q. Yes. And so the Secretary of the Department of Health and Human Services was accountable to you in respect of that role?

A. That is correct.

45 Q. You're also aware that there was a position that Ms Peake was assigned by the Premier, in early April as well, as the Mission Lead Secretary for the health emergency?

A. That is correct.

Q. Was she accountable to you in that capacity as well?

5 A. She had a dual accountability, both to myself and to the Premier. Traditionally, Departmental Secretaries are accountable only to the relevant Ministers, in which case it's the five DHHS Ministers. By virtue of the Charter letter that she received from the Premier, she was accountable both to myself and to the Premier.

10 Q. Yes. And since the creation of your portfolio as the Minister for the Coordination of Health and Human Services - COVID-19, you have also maintained your ministerial portfolio as the Minister for Health?

A. I have.

15

Q. And in that role, on a business-as-usual basis, the Secretary for the Department of Health and Human Services is accountable to you?

A. Yes, she is.

20

Q. Thank you. When we talk about accountability from the Secretary to you as the Minister, first of all, did you have an opportunity to observe the evidence of Ms Peake over the preceding two afternoons?

25 A. I had the opportunity to observe some parts of that. There was still, obviously, other work to do in terms of the response to the pandemic.

30 Q. Indeed. Ms Peake agreed yesterday that one of her responsibilities as a Secretary includes keeping the relevant Ministers informed of significant issues within their portfolio. Did you hear her give that evidence?

A. I believe I saw some parts of that, yes.

35 Q. Yes. Do you agree, as a Minister of the Crown, that that is one of the Secretary's responsibilities, namely to keep their Ministers informed of significant issues falling within their Minister's portfolios?

A. Yes, I do.

40 Q. As a Minister, you expect to be briefed by the Secretary responsible to you as to significant issues falling within your portfolios?

45 A. Yes, I do. I would expect that significant issues would be escalated to me. Obviously as the Minister, I don't play an operational role. I deal with high-level policy and funding decisions. But I would expect that significant issues would be escalated to me for either direction or decision.

Q. Yes. And in respect to those escalations, you expect briefings to be accurate?

A. Yes, I do.

5 Q. You expect them to be complete?

A. Yes, I do.

10 Q. And you expect them to be made in a timely way?

A. Yes, I do.

15 Q. When Ms Peake was asked by the Premier to be responsible as the Mission Lead Secretary - Health Emergency, were you aware that the Premier had specifically asked Ms Peake to install an Associate Secretary to be responsible for the day-to-day administering of the DHHS responsibilities during the duration of the pandemic?

A. Yes, I was.

20 Q. Do you agree that a Secretary handing over day-to-day operation is a significant matter falling within --- let's focus on health, that being your portfolio --- that's a significant matter within that portfolio?

25 A. Yes, it is. But I should just clarify that essentially health was not really an area that the Associate Secretary dealt with, given that it is really at the heart of our pandemic response. So Ms Peake would have retained that responsibility in providing me with advice in relation to health issues in a day-to-day way.

30 Q. Yes, and indeed that's consistent with the evidence that she gave, that she did maintain those responsibilities. What I want to ask you specifically about is the letter that the Premier sent Ms Peake on about 3 April. Were you aware prior to that letter being sent that the Premier was to ask Ms Peake to nominate an Associate Secretary to be responsible for day-to-day administration of her Department?

35 A. I believe I was.

Q. And subsequent to that, were you briefed or consulted by Ms Peake about this request?

40 A. I believe I was.

45 Q. Thank you. I want to turn to some aspects of your statement, Minister. You understood that the Department of Health and Human Services was the control agency for the entirety of the pandemic response; is that right?

A. Yes, I did. It is a class 2 emergency under our Emergency Management Framework and, as a result of that, the DHHS is the control agency for the entire

pandemic response.

Q. Yes. And indeed, it was you in your capacity as the Minister for Health that declared the State of Emergency on 14 March?

5

A. It was actually 16 March, but that is correct.

Q. I apologise. Thank you. And you were aware, were you not, at the time you made that declaration that that activated certain powers in the Chief Health Officer as a result?

10

A. Yes, I was.

Q. You were aware that when there was a health emergency, as you've just spoken to us, about a class 2 health emergency, that there was a requirement under the Emergency Management Framework for the appointment of a State Controller?

15

A. I believe I was.

Q. The decision to appoint a State Controller at that period or through the period --- I'll take you specifically to 16 March when you declared a State of Emergency, first of all --- prior to 16 March, you were not aware or not consulted --- sorry, I'll withdraw that and start again.

20

25 You were not consulted about the appointment of a State Controller, were you?

A. It's my recollection that I was not consulted.

Q. And indeed, any consultation that was had with you in respect of who was to fulfil the role of State Controller did not occur until late July of this year?

30

A. In July, I recall that Ms Peake appointed herself as the State Controller, and I believe that that was the only point in time at which I was consulted about that specific appointment.

35

I would just add, if I could, Mr Ihle, that I wouldn't in the ordinary course have expected to have been consulted. A Minister isn't typically involved in human resources type decisions and, even though this was a particularly important one, I would not in the ordinary course be consulted about appointments.

40

Q. Nevertheless, you were consulted in late July?

A. Yes, I was, because there was some significant changes happening at the Crisis Council to try and better streamline some of the reporting.

45

Q. Yes. And that consultation that occurred with you, with those significant changes that were occurring to try and streamline some of the reporting, did not occur until

after this Inquiry was announced. Do you accept that?

A. I believe that may be the case, yes.

5 Q. Yes. Minister, are you familiar with the State Health Emergency Response Plan?

A. Yes, I am.

10 Q. You're aware, are you not, that under the State Health Emergency Response Plan there is a presumption that the State Controller for health emergencies will be the Chief Health Officer?

A. I have become aware of this matter by virtue of evidence that has been presented to the Inquiry.

15

Q. Do I take it from that answer that prior to you announcing the State of Emergency on 16 March, that's not knowledge that you held at that time?

A. I would have read all the relevant plans as part of our Emergency Management Framework but it's not an issue that I would have particularly focused on.

20

Q. I want to come back to a question or an answer that you gave a moment ago, and that is that you wouldn't ordinarily be consulted on the appointment of a State Controller. Specifically looking at the significance of this emergency, is it your evidence to this Inquiry that you would not have expected to have been consulted on the appointment of a State Controller at the time that you had announced the State of Emergency?

25

A. That's correct.

30

Q. Even though a Department for which you had ministerial responsibility was the control agency for that emergency?

A. That's correct. I would have expected that my Secretary would give appropriate consideration to appointing the best possible people to those positions.

35

Q. And dealing with a question I asked you a moment ago about the presumption in the SHERP, do you say, even if that presumption were not to be afforded its effect and was to be an appointment of a State Controller other than who was presumed under the SHERP, that would still not change your expectation as to whether you would be consulted or briefed about that decision?

40

A. It's just not an issue, Mr Ihle, that I particularly focused on. It wasn't a live issue. No one brought any specific views about these matters to my attention. Therefore, I did not turn my mind to this particular issue.

45

Q. Have you become aware that the Chief Health Officer himself had a differing

view about the appropriateness of that appointment?

5 A. Only by virtue of evidence I understand he's given to this Inquiry. I should point
out that Professor Sutton and I have worked very closely together during the course
of the year. He's someone, a person who I respect and value his work immensely,
and typically we would speak on a very regular basis, including appearing at media
briefings almost on a daily basis in the earlier part of this year. So it's not an issue
that he raised with me, and I only became aware of his views by virtue of the
evidence that he's presented, as I understand it, to this Inquiry.

10 Q. Do you see the appointment of a State Controller in respect of a health
emergency, specifically one that your Department has control agency responsibilities
for, as a significant issue within your portfolio as the Minister for Health?

15 A. Mr Ihle, as I explained earlier, I wouldn't in the ordinary course expect my
Secretary to be briefing me or seeking my views about specific appointments of
different individuals to particular roles. I know we had similar appointments during
the recent bushfires. There were key people in DHHS playing an important role
during the bushfires. I don't recall at that point during the bushfires being consulted
20 about those types of appointments either.

Q. Let's distinguish those two issues that you just identified: consulting and seeking
your input, or being informed. It's the case that you weren't even informed about
who was appointed, isn't it?

25 A. I don't recall whether I was informed. I may have become aware of the
appointment subsequently. Most likely I would have, by virtue of the fact that those
individuals' names may have appeared on perhaps various briefings. I can't be
certain. But I certainly do not recall being consulted or my view being sought prior
30 to their appointment.

Q. And it was not a matter that you had any significant regard to, if it did appear on
any of those documents?

35 A. That is correct.

Q. Yes. Coming to the decision of the National Cabinet on 27 March --

40 A. Sorry, Mr Ihle, to interrupt you, but can I add further?

Q. Please do, Minister.

45 A. Particularly in relation to Ms Spiteri, is the person who had briefed me in previous
emergency situations, particularly during the bushfires, and I had a high regard of
her. So it's not perhaps a name that I would have seen and have been surprised
about.

Q. Yes. You would accept, though, that the bushfire emergency was a substantially different emergency to the pandemic?

5 A. This is a once-in-a-100-year event. This is unprecedented in all of our lifetimes.
And we have certainly never seen anything like this before, either in Australia or
internationally. So I'm certainly not making the comparison that the two
emergencies are the same. Of course, the bushfires had a significant impact on our
State as well, and I'm not wishing to downplay that in any way. It had a profound
10 impact on those communities that were impacted. But the pandemic, of course, is
having an impact on our entire State.

Q. Yes. Coming back to the decision of the National Cabinet on 27 March, it's your
position, is it not, that there was no discussion about the establishment of a Hotel
Quarantine Program by Victorian Cabinet prior to that announcement by National
15 Cabinet?

A. That is correct.

Q. I want to deal with, very briefly, an aspect of your statement that talks of the
20 so-called Hotels for Heroes program. You became aware sometime in April that
there had been an allocation of \$80 million for that program. Is that your evidence?

A. Not precisely, Mr Ihle. In early April, I became aware that there had been
an Expenditure Review Committee decision allocating \$80 million to the Department
25 of Jobs, DJPR, and specifically to Minister Pakula, for the purposes of procuring
accommodation. This was part of a broader program, not just for the Hotels for
Heroes program, but it was part of a broader program referred to as the emergency
accommodation program, that had three components to it: Hotels for Heroes became
30 one part of it; there was support also for vulnerable people in our community who
were unable to isolate or quarantine safely at home, for example, the family violence
victims or family violence survivors; and, thirdly, there was the Hotel Quarantine
Program. So there were actually three streams requiring accommodation as part of
this program, and that funding allocation was to provide accommodation for all of
35 those three streams.

Q. Yes, thank you. Have you read Minister Pakula's statement, Minister?

A. I believe I have, but not today. But, yes, I have.

40 Q. I want to take you to it, because there seems to be a slight difference between
what Minister Pakula has said and what you've said about this, and I just want to
clarify that and give you the opportunity to clarify it. I might ask that Minister
Pakula's statement be brought up, Madam Chair. It's Exhibit 195. For the operator,
it's document ID WIT.0001.0053.0001. And if we can zoom in on the final two
45 paragraphs there, paragraphs 3 and 4 --- sorry, the final two paragraphs on that page -
-- you see there, Minister, that what Minister Pakula says is:

5 *Prior to 27 March I was aware that the DJPR had commenced discussions with individual hotels and the Australian Hotels Association about procuring hotel rooms for use by persons who were unable to self-isolate at home or who were working in front-line COVID-19 response roles. This was known as the Hotels for Heroes program.*

Now, that's slightly different to what you've just explained to us, is it not?

10 A. Yes, it is. And my very firm recollection about this matter was that I conceived of the idea of Hotels for Heroes. It was one that I put to the Premier's Chief of Staff, I believe on approximately 27 March. I had read about a program in the United Kingdom through social media that was accommodating healthcare workers in caravans, and I thought that that would be a good idea for us to have a look at providing some accommodation to healthcare workers who were either infected or
15 exposed to COVID-19. So this idea, this concept, was then worked up subsequently. It was supported by the Crisis Council and, as I recall, the Premier and I announced it on 5 April. I then needed to, of course, take that idea to the Crisis Council for endorsement so we could actually make this part of the accommodation program that I referred to, the emergency accommodation program, and that occurred, as I recall,
20 on 8 April at that CCC, Crisis Council, meeting on 8 April.

So at the time that DJPR was allocated the funding on 20 March by the Expenditure Review Committee, I do not believe anyone had conceived of a Hotels for Heroes program at that point in time. As I said, it's a concept that I put forward within the
25 Government and in fact proposed that name.

30 Q. Yes. You see that at paragraph 4, what Minister Pakula says is that "This work" -- - that is, the work that he referred to in the prior paragraph, that is work prior to 27 March --- "was done following an allocation of \$80 million", which we've discussed?

35 A. There was certainly work done across Government around the allocation of the funding. As I explained, the allocation sat with DJPR. DHHS did not have that funding. And therefore I needed to seek some of those hotel rooms that had been allocated or secured by DJPR through that funding allocation for the Hotels for Heroes program, and did that through the submission that Minister Pakula and I jointly took to the Crisis Council on 8 April.

40 I can't speak for the reason as to why the Expenditure Review Committee made that initial allocation on 20 March. As I have referred in my statement, I am not a member of the ERC and was not part of that decision, and I don't believe I was aware of the existence of that \$80 million until the submission was prepared for the Crisis Council's consideration on 8 April.

45 Q. Yes. And you say that at paragraph 14 of your statement, don't you, that it's not until on or about 8 April that you learnt about this allocation that had occurred some weeks earlier?

A. That is correct.

5 Q. Is Minister Pakula, to your knowledge, a member of the Expenditure Review Committee for Cabinet?

A. I don't believe he is.

10 Q. But, in any event, the money that was allocated was allocated to his Department?

A. It was. That may well have been a proposal put forward by the Treasurer, but I would be speculating.

15 Q. And you say, Minister, that it was your idea, announced with the Premier on 5 April, that gave effect to the Hotels for Heroes program and thus no work would have been done on Hotels for Heroes prior to that because that hadn't been an idea?

A. That is correct.

20 Q. So, from that, I assume you'd say that Minister Pakula must be incorrect in what he says in paragraph 3?

25 A. Look, obviously everyone is working off their own recollections of events from many months ago. I know that he was a supporter of this program, which I'm grateful for that. But as for the precise sequence of events, it's my recollection that that was not conceived of until later.

Q. Yes, thank you. That document can come down, Madam Chair.

30 Minister, from about 3 April, you were a member of the Crisis Council of Cabinet?

A. Correct.

35 Q. And the Crisis Council of Cabinet is a decision-making entity of the Government which discusses and sets policy for the State of Victoria specifically regarding its response to the COVID-19 pandemic?

A. Yes, it is.

40 Q. And discussions at the CCC, if we can call it that by way of shorthand, include discussions around resource allocation?

A. Yes, they do.

45 Q. And they include discussions around funding?

A. Yes, they do.

Q. And throughout the course of the CCC, from 3 April through at least until the start of July --- I'm just picking that by way of an arbitrary date --- there were many discussions about the Hotel Quarantine Program?

5

A. Yes, there were.

Q. And there were a number of submissions advanced to the CCC in respect of the Hotel Quarantine Program?

10

A. Yes, they were.

Q. And included in those submissions were submissions about the allocation of funding?

15

A. They were.

Q. Yes. We have before us, in the form of part of Exhibit 180, which was the bundle attached to the statement of Mr Eccles, a particular submission that was made to the CCC on 4 June. Now, first of all, if a submission was made to the CCC, is that something that would have come to your attention?

20

A. Yes, it would have.

Q. I ask that the document be brought up, Madam Chair. It's DPC.0012.0001.0356. And for the sake of cross-reference and ease of reference for the Board, can I indicate this is a document referred to at footnote 24 of Mr Eccles' statement, and in paragraph 51(c) of his statement he identifies this document, which doesn't actually have a date on it, to be a document that was proffered on or about 4 June.

25

30

Minister, are you able to see that document?

A. I am.

Q. I know it's a bit hard. Yes. I'm going to ask that we be taken to the second page of it, please. And specifically --- I'm sorry, the third page, please. And if we can zoom in on the paragraph numbered 4.

35

Minister Mikakos, this was, in effect --- well, this aspect of it was an update to the CCC about the three limbs of that CEA program that you've earlier identified in your evidence. Do you accept that?

40

A. Yes, it was. This was a submission brought to the CCC by Minister Pakula and myself jointly. It was the third of three joint submissions that we brought to the Crisis Council reflecting both of our continued involvement in the Hotel Quarantine Program.

45

Q. Yes. And so at the time that this submission was proffered jointly by yourself and Minister Pakula, you were at this time aware of that \$80 million that had been allocated in March?

5 A. Yes. I was well aware from 8 April, the first joint submission that Minister Pakula and I had brought to the Crisis Council.

Q. Yes. And at the time that that allocation was initially made, there had been no thought towards a mass quarantine program for inbound travellers to Australia, had there?
10

A. Mr Ihle, as I explained earlier, I wasn't part of the decision-making process at ERC on 20 March. In fact, I wasn't aware that that allocation of funding even existed until after the Hotel Quarantine Program had been established. So as for what
15 purpose that allocation was made, I really would only be speculating.

Q. Did that not subsequently come to your attention?

A. It came to my attention around about 8 April, when Minister Pakula and
20 I presented the first of our joint submissions to the CCC.

Q. Yes. And when it came to your attention on or about 8 April, did the purpose behind that allocation come to your attention as well?

25 A. I would be speculating, because I haven't seen any paperwork that relates to that decision. But I believe that it was more a jobs focus and supporting the hotel sector at a very challenging time, rather than having a specific purpose for emergency accommodation in the first instance.

30 Q. Yes. You will see that this submission that has been proffered by yourself and Minister Pakula to the CCC said --- gives us a snapshot as of 3 June as to the number of people being accommodated pursuant to those different limbs of the accommodation program. Do you agree with that?

35 A. Yes, I do.

Q. So, first of all, we have those subject to the Hotel Quarantine Program for the mandatory detention of travellers entering Australia, 14,232 as at 3 June.

40 A. Yes, correct.

Q. The Hotels for Heroes aspect of the program had accommodated 150 healthcare workers?

45 A. Correct.

Q. And that third limb, 107 members of the community that had tested positive for or

who had had close contact with coronavirus-positive people.

A. Correct.

5 Q. Yes. Thank you. Can we turn to page 4, please, Mr Operator. And if we can focus in on paragraph 13, please.

10 Now, included in this submission, Minister, were projected costs for the entirety of the accommodation program moving forward to the end of June. Do you accept that?

A. It appears to be the case, yes.

15 Q. As at 4 June, the projected cost of the entire accommodation program --- I'm using that term generically to cover those three limbs --- was \$144.6 million.

A. That appears to be the case, yes.

20 Q. Yes. Thank you. That document can come down.

Minister, as a member of the CCC, are you able to tell us from your understanding what the total amount spent on the Hotel Quarantine Program, as distinct from those other two limbs, spent by the State of Victoria is to date?

25 A. No, I'm not able to provide you with that figure today, Mr Ihle, but I'm sure we can provide that figure to the Board of Inquiry. I should explain that the funding allocation did not sit with my Department, so it is perhaps a figure that we will need to seek from the Department of Jobs, in terms of their initial involvement, and potentially Department of Treasury and Finance may be able to assist as well.

30 Q. Yes. And we have the Premier coming --

A. But it's not a figure I have available to me. Perhaps it might be a question for tomorrow.

35 Q. Yes, I was just going to flag that. Perhaps we can ask the Premier to take that question on notice and he might be asked that tomorrow.

40 Just going back to the aspect of your knowledge at particular points in time, it's the case, is it not, Minister, that you were not consulted or involved in the establishment of the Department of Health and Human Services as the control agency for the Hotel Quarantine Program?

45 A. That is correct.

Q. Do you know why the Department was given overall responsibility for the structure of the program?

5 A. Well, firstly, I don't really accept that premise. I know we're going to have probably a longer discussion about the control agency terminology, but the terminology has a particular meaning under our Emergency Management Framework, and unfortunately it's been bandied about quite a lot and I think is highly misunderstood as a term. It doesn't mean that DHHS had control as such. I think the best way to understand it is a coordination role. And the Hotel Quarantine Program was a multiagency response with shared accountability. There were many Departments and agencies involved. And as I've just explained, the Department of Jobs, DJPR, had a continued involvement in that program up until, I believe, late 10 June when CCC made some decisions to transition the program to the Department of Justice. And for that reason, Minister Pakula and I put forward those three submissions to the Crisis Council up until 4 June, was the last joint submission.

15 Q. Yes. Minister, I want to take you specifically to questions that you were asked by the Inquiry and answers that you've given in writing, which you've agreed were answers provided doing your best to be both truthful and accurate, with the assistance of lawyers and your staff. Perhaps if the Minister's statement can be brought up. It's document ID MIK.0144.0001.0001.

20 Specifically, Minister, I want to ask you the question: were you consulted or involved in the decision to establish the Department of Health and Human Services as the control agency and did you agree to the designation of DHHS as the control agency? On page 11, you provide an answer to that question. If we can zoom in on the first part of that answer, and I appreciate it's part of a larger answer, Minister, and 25 we'll go to the other aspects of it. But, first of all:

No, I was not consulted about the structure of or operational plan for Operation Soteria prior to its establishment.

30 And you then go on in the subsequent paragraphs to identify that the DHHS was designated as the control agency. And you finish at paragraph 56, if we can scroll down, that in your view:

35 *The fact that the [Department] is designated as the control agency for the pandemic response as a whole did not mean that the DHHS was running Operation Soteria.*

40 Is that the answer that you give to this Inquiry today as well?

A. That is correct, Mr Ihle.

45 Q. And just going back to the first part of that answer, you were not consulted about the structure of or operational plan for Operation Soteria?

A. That is correct.

Q. Yes. That document can come down, thank you, Madam Chair.

Prior to 29 March, you were not involved in any meetings regarding the structure and lines of accountability for the Hotel Quarantine Program?

5

A. That is correct.

Q. Prior to 29 March, you did not receive any advice, nor were you consulted, about the structure and lines of accountability for the Hotel Quarantine Program?

10

A. That's correct. That is to the best of my recollection. I'm aware, of course, of the announcement that was made by the Premier on 27 March following the National Cabinet decision. But as to the meetings that occurred on that day, I've only become aware of those by virtue of the evidence that's been presented to this Inquiry.

15

Q. Minister, you would agree too that it naturally follows from that that you were not involved in or consulted about those initial decisions around the structure of the Hotel Quarantine Program?

20

A. That is correct.

Q. Nor were you involved in or consulted about the lines of accountability in respect of the Hotel Quarantine Program?

25

A. That is correct.

Q. As the Minister for Health, and given that this was a health emergency, do you consider that you should have been consulted on those things?

30

A. With the benefit of hindsight, it would have been desirable if I had been.

Q. And at the very least, you would agree that it would have been desirable that you would have been told about those things?

35

A. Yes, I would agree with that.

Q. The Department's involvement in the Hotel Quarantine Program, even initially, was a substantial undertaking for the Department?

40

A. Yes, it was. But it was --- it's had many substantial undertakings during the course of this year, preparing our hospitals, preparing our Public Health Team. There have been many, many aspects to the preparations as part of this pandemic response.

45

Q. And given that it was a substantial undertaking, accepting amongst many substantial undertakings, you would also agree that it was a significant issue that fell within your portfolio as the Health Minister?

A. I would agree with that, yes.

5 Q. Turning to the question of private security. Do I understand your position to be that you were not involved in the decision to engage private security?

A. Not at all.

10 Q. Do I also understand your position to be that you have no idea who made that decision?

A. I do not know who made that decision.

15 Q. The first you became aware of the engagement of private security in the Hotel Quarantine Program was after the outbreak at Rydges in late May?

20 A. That's to the best of my recollection, Mr Ihle, because I would have had no reason to turn my mind to issues around security guards until we had that first case and the first outbreak at the Rydges Hotel.

Q. Through that period of almost two months since the establishment of the Hotel Quarantine Program, the fact that private security guards had been engaged as the first line of compliance, if you like, did not come to your attention in any form?

25 A. That is correct, because as you know, Mr Ihle, it was in fact DJPR that was the Department that had all the contracts with security contractors.

30 Q. Yes. Throughout that entire period, until it came to your attention, you retained your responsibilities as the Minister for Health?

A. Yes, I did.

35 Q. And from 3 April until you found out about it in late May, you were also the Minister for the Coordination of Health and Human Services for COVID-19?

A. Yes, I was.

Q. And you were also a member of the Crisis Council of Cabinet?

40 A. Yes, I was.

Q. And in none of those capacities did the fact that security guards, private security guards, were being used in this health response come to your attention?

45 A. I can't imagine why it would be brought to my attention, because, as I explained, DJPR held the contracts with the security companies. If there were any issues, they certainly weren't brought to my attention. I would imagine they would have been

escalated to DJPR to resolve.

5 Q. Yes. So the *Public Health and Wellbeing Act* is an Act that the Department of Health and Human Services ordinarily has responsibility for administering. Do you agree with that?

A. Yes, it does.

10 Q. And it's a piece of legislation that sits within your portfolio as the Health Minister?

15 A. Yes, it does, although there have been some more recent changes through administrative orders transferring certain powers to the Attorney-General. But I'm sure we might discuss that a bit later.

20 Q. We may, hence the reason I used the word "ordinarily". Ordinarily, and without the effect of those orders that have come in more recent times, the *Public Health and Wellbeing Act* is an Act that sits within your portfolio as the Health Minister?

A. That is correct.

25 Q. And in fact, it was in your capacity as Health Minister that you declared the State of Emergency on 16 March?

A. That is correct.

30 Q. And you were aware that, by doing so, you were enlivening powers that vest within the Chief Health Officer to handle the health emergency?

A. That is correct.

35 Q. And you're aware that it was by way of authorisation or delegated power from the Chief Health Officer that gave legal effect to the Hotel Quarantine Program?

A. It provided the legal framework that was necessary to issue each of the returned travellers with a Detention Notice, and that was only possible by virtue of having enlivened those particular provisions under the *Public Health and Wellbeing Act*.

40 Q. You were aware from the establishment of the Hotel Quarantine Program that people were being detained by legal authority under the *Public Health and Wellbeing Act*?

45 A. Yes, I was. That was a very important part of the role of DHHS in this program, was providing the legal framework.

Q. And you're aware that the legal effect of that is that people are compulsorily detained?

A. Yes, I am.

5 Q. And up until --- let's just talk about up until the outbreak at Rydges, those powers pursuant to which people were being detained were powers that arose from the *Public Health and Wellbeing Act*, an Act that falls within your portfolio as the Health Minister?

10 A. That is correct.

Q. Is it your evidence to this Inquiry that until the outbreak at Rydges, you didn't even turn your mind to question of how people were actually being detained in the hotels?

15 A. That's correct. The DHHS provided the legal framework. I understood that authorised officers were issuing those travellers with the Detention Notices. But I had no reason to be turning my mind to the issue of security guards.

20 Q. You didn't even turn your mind to who on the ground was providing security and ensuring compliance with the orders?

A. I was aware that it was the authorised officers who were providing the returned travellers with the Detention Notices.

25 Q. Yes. And if we come back to my question, you didn't turn your mind to who on the ground was ensuring compliance with those orders?

30 A. Well, it's the authorised officers that have an enforcement or compliance role under the *Public Health and Wellbeing Act*, and they are individuals who are appointed by --- they have that delegated power through the Chief Health Officer.

Q. Yes, I understand they're the ones that issue the directions.

35 A. Yes.

Q. What I'm asking you is, practically, who was ensuring compliance with those directions?

40 A. It's the --

Q. Did you turn your mind to that question at all, before Rydges?

45 A. No, I did not. It was the authorised officers, as I understand it, that were ensuring that compliance with those Detention Notices. And as for the security guards, I had no reason to be turning my mind to their --- whatever role that they were playing. It wasn't an issue that had been brought to my attention.

Q. Yes. And indeed it's not an issue that you even turned your mind to?

A. That is correct.

5 Q. Knowing what you know now, Minister, it's the case that the decision to engage private security contractors is not a decision that you would support?

A. That's correct. In fact, I think my statement speaks very strongly to the steps I took to replace the security guards once we had the outbreaks at the two hotels.

10

Q. Yes. And we'll come to that in more detail in a moment, Minister. In your statement, you describe your understanding of the Department of Health and Human Services' functions as the control agency. We can bring it up if you like, but it's paragraph 19 on page 4. You say:

15

Until the entire [Hotel Quarantine Program] transitioned to the Department of Justice and Community Safety (DJCS) from about July 2020 onwards, I understood that the DHHS's role in the [Hotel Quarantine Program] was essentially

20

And you enumerate both (a) and (b), so two roles:

(a) facilitate the legal framework for the [Hotel Quarantine Program] by issuing Detention Notices and (b) to provide health and wellbeing services to returned travellers participating in that program.

25

A. That is correct.

30 Q. And is that the state of your belief today as well, that the DHHS's role in the Hotel Quarantine Program was essentially twofold: to facilitate the legal framework by issuing the Detention Notices, and to provide the health and wellbeing services?

A. Yes, it is.

35 Q. Yes. Ms Peake was asked a similar question and provided an answer in writing, and I'll ask that her statement be brought up, Madam Chair. It's DHS.9999.0009.0001_R. If we can scroll to page 15, please, and if we can highlight paragraph 63.

40 You will see there --- first of all, have you read Ms Peake's statement prior to today, Minister?

A. Yes, I have. Not earlier today, but I have.

45 Q. You will see that what Ms Peake says there in her statement is:

In addition to the roles under the PHWA, the department had three areas of

responsibility with respect to the program

And she enumerates them there, 63.1 through to 63.3. Do you want to take a moment just to read those.

5

Now, I suggest, Minister, that in the answer you gave you identified two primary limbs or roles: facilitating legal framework by the issuing of Detention Notices, and providing health and wellbeing services. Firstly, in respect of facilitating the legal framework by issuing Detention Notices, do you agree that that aligns with what Ms Peake says at paragraph 63.3?

10

A. Yes, I do.

Q. And in respect of the second role that you've identified --- to provide health and wellbeing services to returned travellers --- do you agree that that aligns roughly with what Ms Peake says at paragraph 63.2?

15

A. Yes, I do.

Q. You have described the role as the DHHS providing health and wellbeing services. Ms Peake has described it as overseeing the delivery of health and wellbeing services. Is there a material difference between what you say and what Ms Peake says, in your opinion, about providing and overseeing?

20

A. No, I do not. I think the subtle difference there reflects Ms Peake's reference to the fact that we don't employ GPs or other such health staff, so we would have needed to contract appropriate medical and other health services to deliver those services that are described there.

25

Q. Yes. Minister, looking at paragraph 63.1 of Ms Peake's statement, that's not a role that you have identified in paragraph 19 of your statement, is it?

30

A. No, I have not. The way I understood the program was running was through the State Control Centre that had been activated on 10 March, and I understood that both DHHS and the State Control Centre were playing that key coordination role, not just for the Hotel Quarantine Program but for the pandemic response.

35

Q. Minister, do you agree, from Ms Peake's statement, that she identifies a significant role the Department had that you have not identified yourself in your statement?

40

A. I agree that she's highlighted a different area, yes.

Q. And you would agree that that, as highlighted, was a significant part of the Department's role in the Hotel Quarantine Program?

45

A. Well, I can --- all I can say is that my Secretary has identified that as a significant role in

her statement, yes.

5 Q. Yes. And that is a role that the Department was fulfilling that fell within your portfolios, both as the Minister for Health and as the Minister for the Coordination of Health and Human Services - COVID-19?

10 A. I can't comment on Ms Peake's statement and that particular paragraph. All I can say is what my understanding was. And, as I explained, I understood DHHS to be playing that coordination role as control agency for the overarching pandemic response; that that has a coordination role as control agency to work with other Departments and agencies and to draw upon their specific expertise, and that we were also utilising the coordination capacity of the State Control Centre as well.

15 Q. Yes. Minister, you started by saying you can't comment on Ms Peake's statement. That's exactly what I'm asking you to do here. Accepting that the Secretary of the Department of Health and Human Services, the Secretary who is responsible to you as the Minister for Health, do you accept, if that were part of the DHHS's function, that that was a significant part of that Department's role in the Hotel Quarantine Program?

20 A. Well, all I can say is Ms Peake has clearly asserted that in terms of her statement. I would refer also to 63.1, referring to an operational plan. As I make clear in my statement, I was not briefed about that operational plan. I had no input into that operational plan, did not approve that operational plan. As I understand it, it was an operational plan that was developed by the Emergency Management Commissioner, who is not an official that reports to me.

30 Q. That's quite right, Minister. That's the point of this questioning. As the Minister with the responsibility for the Coordination of the Health and Human Services Department for COVID-19 and the Minister for Health, and given this was a health response, isn't that something of which you should have been made aware?

A. Yes, I do not disagree with that.

35 Q. And whose responsibility was it to make you so aware?

40 A. I would always expect my Department to brief me appropriately about significant issues. But, as I explained, the operational plan, the governance structures, all of those things were done at some point, as I understand it, over that first weekend. Things were stood up very quickly. And I was not briefed about those matters.

Q. Thank you. That document can come down.

45 Minister, I want to briefly take you to a number of emails that were either sent to you or to your office during March and April, and I understand you've been made aware that a bundle of those emails has been generated.

A. Yes, I have been. I just need to locate that bundle. Yes, I believe I have it. Yes.

Q. Yes. Now, we're not going to go through them all chapter and verse, but do you accept that each of the emails --- well, not each of the emails, but the substance of
5 complaints that were being raised by people detained in hotel quarantine was brought to the attention at least of your office as identified in those emails?

A. So I've reviewed this bundle of emails. And I should point out, firstly, that some
10 emails have been sent to my Parliament email address. They would have therefore been forwarded by my electorate staff, who are not part of my ministerial staff, to the Department liaison officers in my office who are departmental staff, for those to be actioned. In many instances, they involve a direct response from the Department to those individuals; not always, but in many instances.

15 And some emails have then gone to an email address that's a public-facing email address. You will see where some of the emails refer to "Minister Health", and there's a "(DHHS)". That is a --- essentially a --- you could understand that as a postbox for members of the public to email the Health Minister. It's not an inbox that I monitor in any way. And, again, they would be actioned by DLOs, Department
20 Liaison Officers, working in my ministerial office.

And, thirdly, I think there might be one email that's gone to a ministerial adviser, and that's been appropriately actioned.

25 In reviewing this bundle of emails, Mr Ihle, I noted that the majority --- I think all of them, actually --- relate to either the food complaints, and one instance, I think, is about lack of cleaning or appropriate cleaning. And both catering and cleaning contracts were held by the Department of Jobs, DJPR, and I believe that the appropriate action that would have been taken in these cases would have been to
30 forward these emails to DJPR for a response.

I know that in that first instance, perhaps the first few days of this program being established, there may have been some confusion across different parts of
35 Government about who was responding to what type of issues, and that might be reflective in some of these emails that seem to have bounced around to a few different people in DJPR as well as DHHS, but they're not necessarily emails that have been brought to my personal attention.

Q. Thank you. For the sake of clarity, Madam Chair, might I just refer to the
40 document by way of document ID. It's HQI.0001.0029.0001, and I should probably identify that that's a document ID for that bundle which has been compiled for ease of reference. I'm going to ask a few questions about those now.

45 Minister, as I understand, you have categorised these emails by reference to the address to which they were directed, and that includes really three categories: ministerial advisers, your electoral staff, and a public-facing postbox that you don't personally monitor?

A. That is correct.

5 Q. You would accept from reading those emails that they contain complaints and concerns being raised by people in hotel detention?

A. Yes, they do.

10 Q. And, on the face of it, it's obvious that they are reaching out to you, or your office at least, as a Member of Parliament for assistance with those issues?

A. Yes, they are.

15 Q. And they concern not only cleanliness and food but also medical issues?

A. I think the only medical issue that I recall was a reference to a food issue and a potential anaphylaxis issue in relation to children. But, again, arising from a food issue, clearly.

20 Q. You will recall from your review, too, an email that cites the inability for a detainee to receive products that they are taking under the direction of a dermatologist?

25 A. Yes, and I believe the complaint there related to being unable to do drop-offs to the hotel, and that relates to the concierge function. I believe --- I may be mistaken, but I believe that also was a function undertaken by DJPR as part of the contracts with the hotels.

30 Q. And you will agree that the emails, at least one of the emails, includes a complaint by a person who was a detainee who was themselves an AHPRA --- that is, the Australian Health Practitioners Registration Association --- registered member?

A. Yes. I think this might be the last email in the bundle.

35 Q. It is. It's the one that ends with 0021.

And you will also agree that there are expressed in fairly strong terms a number of concerns that these people are raising. For example, someone writes:

40 *The conditions at this hotel are physically comfortable, however, critical issues are putting at risk the health and wellbeing of myself and the other detainees.*

Do you recall reading that?

45 A. Well, I've read this email and the others as part of the bundle last night. I don't recall reading them at the time they were sent. And, as I explained, I receive many such emails, and they're appropriately actioned by either my staff or by departmental

staff.

Q. Do you recall, Minister, having any of these emails brought to your personal attention between 31 March and 21 April?

5

A. No, I don't. But I do recall I was aware that we were receiving many complaints about food issues. And I may have had a conversation with my staff to ensure that Minister Pakula's office was appropriately engaged in responding to these issues, given that it was DJPR that had the catering contracts.

10

Q. That's in respect of the food issues. What about the other issues to which we've referred? Coming back to these emails, do you recall whether any of these emails were actually brought to your attention in that period?

15

A. I don't. I understand there's a reference in one email that it may have been following a media enquiry. I don't recall it. It's possible it was brought to my attention if there was an issue of concern. But I don't recall any specific cases. I do recall being advised that there were many unhappy travellers complaining about food issues. And I did ask for us to ensure that Minister Pakula's office was appropriately engaged in these issues, given that it was only his Department that could really take some appropriate action on those matters.

20

Q. Minister, given that the Hotel Quarantine Program was a program where your Department was the control agency and these are complaints being sent to you or on your behalf by people in that program, are these emails emails that should have been brought to your attention in that period?

25

A. Any email that's sent to my office, regardless of what program it relates to, whether it's part of the pandemic or not, I would expect that to be appropriately actioned, and they are. They're sent to the Department or other Departments to action as appropriate. As I've explained earlier, Mr Ihle, in terms of the control agency reference, it does not mean that DHHS is single-handedly running this Hotel Quarantine Program. In fact, as I've explained, it is a multiagency response with shared accountability. That means there are other Departments who hold specific contracts, and I would expect that they would take appropriate action as the contracting party to ensure that obligations are met under those contracts. It's not something that my Department had the ability to do that. It was not the contracting party.

30

35

So there is a shared accountability here, because we've got different Departments who are involved in this program who have been brought into this program because of their specific expertise; so in the case of DJPR, because of their expertise in dealing with hotel and accommodation and tourism sectors; and other departments as appropriate, Victoria Police and others. And they are all referenced in that CCC submission on 8 April. That makes explicit reference that this was a program that had shared accountabilities and shared roles and responsibilities, and it mentions a number of agencies in that particular submission.

40

45

Q. Yes. Thank you, Minister. I don't mean to be rude or put words into your mouth, but I'm trying to understand what that answer means in the context of the question that I asked. The question that I asked was whether these emails should have been brought to your attention.

MS SCHOFF QC: I object, Madam Chair. The premise of the question put was that "The Hotel Quarantine Program was a program where your Department was the control agency" and, as I apprehend it, Minister Mikakos was responding to that premise in the question.

MR IHLE: Well, I'll ask the question that I intended to ask: should these emails have been brought to your attention? Do I understand your answer to be, "Given there was shared accountability, as long as they were brought to someone's attention, that was sufficient"?

A. I wouldn't expect emails of this nature to be escalated to a Minister necessarily. I receive emails on a daily basis about many aspects of our health system, particularly in relation to our hospitals, and they are actioned in an appropriate way. Some are brought to my personal attention and some are sent directly to the Department to action.

So what would happen if I was to personally respond to someone who had emailed or written to me is I would see that original email, together with the draft reply that I would be sending that individual. So it will depend on the specific circumstances, but I certainly wouldn't have expected to have had each and every email related to this program brought to my personal attention, or for that matter my ministerial colleagues' attention either.

Q. Thank you. I tender that bundle, Madam Chair. It's HQI.0001.0029.0001.

CHAIR: Exhibit 213.

EXHIBIT #213 - BUNDLE OF EMAILS DOCUMENT HQI.0001.0029.0001

MR IHLE: As the Board pleases.

Accepting that answer, Minister, do you agree that, during the period of at least April, there were problems with the program that were being brought to your attention?

A. Well, these issues were not --- the food complaints, in broad terms, were brought to my attention by my staff, just by virtue of the emails, clearly, that they had received. And, as I said, I recall seeking my staff to engage Minister Pakula's office in relation to these matters.

During the month of April, the significant issues that were escalated to me by my Department related to two particular issues in the month of April. It wasn't anything to do with food. And I wouldn't have expected them to raise an issue that sat with
5 DJPR with me. But the two issues that were escalated to me both arose, I believe, during the Easter long weekend.

The first matter related to a repatriation flight from a cruise ship stranded off the coast of Uruguay, the Greg Mortimer cruise ship, where there was a number of
10 stranded Australians needing to be repatriated back to Australia. I was advised by my Department that the demographic of this group of travellers were on the whole older Australians, and it was believed that many of them had contracted COVID-19. So I was seeking some reassurances about the arrangements that were going to be put
15 in place for this group, both for the very long-haul flight back to Australia and the supports they would receive on arriving at Melbourne Airport. In fact, I was so anxious about this group of travellers making their way on what is a very long-haul flight to Melbourne when they perhaps were very unwell that I contacted my federal
20 counterpart, Minister Hunt, to seek his assistance in ensuring that the Commonwealth Government could secure some medical support for these people on that flight, and in fact I was given that reassurance.

On their arrival at Melbourne Airport, my Department had briefed me that there were arrangements that had been put in place to have a fleet of ambulances and some
25 hospitals on standby should a significant number of those individuals depart the plane and be significantly unwell. Thankfully, I recall that only a small number of those passengers needed to be transported to hospital. So that was a particular incident that I recall I was being engaged in over the course of that Easter long weekend, because of the, I guess, high-risk nature of the group of individuals that
30 were arriving in Melbourne.

Sorry, this is a very long answer. But the second issue that was escalated to me in April that I recall clearly related to the tragic suicide of a returned traveller who sadly
35 took his life whilst staying in one of the hotels. I again sought some reassurances --- firstly, I sought some information about what had occurred. I think it was very sketchy in that first period. I think we were seeking some advice also through Victoria Police. And I was seeking some advice about what welfare supports or checks had been made on this individual prior to this occurring and what additional
40 support services could be provided to travellers in our hotels. I understand that both the Minister for Mental Health and I received similar reassurances around that time that additional mental health services were to be provided in our hotels, in the hotels as part of the program into the future, and I believe that that happened.

So they were the two issues that I recall in the month of April.

45 Q. Yes. I want to ask you, but before I do, perhaps I'll just identify --- Madam Chair, I think I have about 15 minutes more with the Minister. I do note the time, and we've been going for about an hour and a half. I'm in the Board's and the Minister's hands

as to whether we press on for now or whether we take the morning break.

A. Mr Ihle, I will be very happy to press on.

5 CHAIR: All right. That's the answer, Mr Ihle. Let's continue.

MR IHLE: Thank you, Minister.

10 On the issue of those significant issues through April that were brought to your attention, was it ever brought to your attention that, as of 9 April, senior members of the Public Health Team within the Department of Health and Human Services were raising concerns about the governance of the Hotel Quarantine Program?

15 A. I understand that there has been some evidence presented to the Inquiry regarding concerns raised by the Public Health Team and also concerns raised by external parties with various officials in my Department. I'm absolutely certain that those issues were not raised with me. I do not recall anyone having a conversation with me about these matters and I'm actually very disappointed that they were not raised with me.

20 Q. They should have been raised with you, to be frank?

A. I would have hoped that they would have. I have become aware of these issues by virtue of matters being reported in the media and also by virtue of evidence that has
25 been presented to this Inquiry.

I point out, Mr Ihle, that I receive typically a daily briefing every morning from the Public Health Team about outbreaks in Victoria, COVID-19 outbreaks in Victoria. We engage in those conversations; and that, if not other opportunities, would have
30 prevented an opportunity for them to raise these types of concerns with me. I do not recall any such concerns being raised.

35 Q. Were concerns that were listed in a document called "Escalation Points", that was created about 30 April, that touched upon health and wellbeing of detainees and governance issues, was that raised to your attention at about that time?

A. I'm sorry, what's the document that you're referring to, Mr Ihle?

40 Q. Throughout the course --- first of all, maybe I'll wind back. Were you aware that in relation to the second incident that you mentioned that was brought to your attention in April --- that was the one involving the death of the detainee --- were you aware that the Secretary of the Department had commissioned Safer Care Victoria to review that incident and furnish a report?

45 A. I don't recall being told that that work would have been commissioned. It's possible I was told by Ms Peake at that time, as part of her briefing me on this particular tragic incident, but I was not aware of the existence of a final report until

evidence has been presented to this Inquiry. In fact, that did surprise me.

5 Q. And are you aware that there was a second review commissioned by Ms Peake of Safer Care Victoria in relation to a detainee where there was a delay in that detainee obtaining medical attention and transport to hospital?

A. I was not aware of that particular incident or of the Safer Care Victoria report, no.

10 Q. First of all, in relation to the incident, is that a matter that should have come to your attention as the Minister?

15 A. I would have thought any significant incident could have been escalated to me. I think there is a judgment call that needs to be made in any particular instance about the types of things that get escalated to a Minister. There are, sadly, incidents that happen from time to time, whether they're in the Hotel Quarantine Program or in a health service, and they're actioned in an appropriate way. They're not always escalated to a Minister.

20 Q. I'll come back to those escalation points. The evidence before this Inquiry suggests that throughout the course of the Safer Care Victoria review in relation to the incident of which you were made aware in April, a number of points were identified, in effect in the running ---

25 A. Yes.

Q. --- and compiled into a list that was then raised with those running Operation Soteria. Is that news to you, Minister?

30 A. At what point were they raised? I'm not sure what you're referring to, Mr Ihle.

Q. They were raised in a document on or about 29 or 30 April. Do you recall issues being raised to your attention --

35 A. No.

Q. --- on or about 29 or 30 April?

A. No, I do not.

40 Q. And as at about 29 or 30 April, did you know of the involvement of Safer Care Victoria in relation to that incident, the one that you had referred to, the death of the detainee?

45 A. I have become aware of it by virtue of evidence that's been presented to this Inquiry. I understand that Ms Peake gave the explanation that that's only been received relatively recently and it postdates the point in time at which the program is fully transitioning to the Department of Justice, and it's for that reason that she has

passed on that report to the Secretary of the Department of Justice.

5 Q. Yes. That's in respect of the final report. I was asking about the interim one. But coming back to the answer to the question: on or about 29, 30 April or shortly thereafter, so-called escalation points were not brought to your attention?

10 A. No, I do not recall, other than the two specific incidents that I've mentioned, other issues being raised with me in the month of April. That's to the best of my recollection.

The other obviously significant issue related to the outbreaks themselves, which I was briefed on as part of that usual daily briefing that I explained the Public Health Team give me about outbreaks in Victoria.

15 Q. Yes. Thank you, Minister. The two Safer Care Victoria reports were provided to the Secretary on 10 and 15 June respectively. That's some time before this program transitioned to the Department of Justice and Community Services, isn't it?

20 A. Yes, it is. Sorry, I thought it was in July. But I may have missed that part of the evidence yesterday or the day before, whenever that occurred.

Q. Have you, since becoming aware of the existence of those reports, had copies provided to you at all?

25 A. Yes, I have raised this issue. I don't believe I've received them as yet, but we have certainly --- I've certainly taken an interest to get access to those reports, yes.

30 Q. Do you agree that in mid-June --- that is, when those reports were furnished on 10 and 15 June --- they should have formed part of those timely and accurate briefings that you would expect as the Minister for Health?

35 A. I would expect to be briefed about issues relevant to my responsibilities. The issue of --- I mean, I don't want to put too fine a point on this, but issues to do with suicides and mental health services do fall under the responsibility of the Minister for Mental Health. I do not know whether he was provided with those reports. It may well be the case that the Department thought it appropriate to forward those reports to him as the Minister with that particular responsibility.

40 Q. Insofar as those reports --- and I appreciate, Minister, you haven't seen them --- but insofar as they touch upon issues concerning health at the very least, they should have been brought to your attention in a timely way. Do you agree with that?

A. Yes. I was surprised that they have not been forwarded to me, yes.

45 Q. Yes. And --

A. Particularly given that I received many other reports from Safer Care Victoria.

They do very important work in terms of ensuring best practice and continuous improvement in our health services.

5 Q. Yes. Minister, we touched upon earlier your evidence that you only became aware of the involvement of private security in the Hotel Quarantine Program after the Rydges outbreak.

A. Yes.

10 Q. In paragraph 68 of your statement, you refer to being advised at around that time by the Public Health Team that private security contractors engaged to participate in the program had the contractual responsibility to provide PPE and infection prevention and control training.

15 A. Yes, I recall there was a discussion about this matter because I wanted to ensure --
- that may not have happened on the first day, I should point out. I think we went
from --- I think the first notification or the first briefing I would have had about this
particular outbreak would have been on 27 May. I think that was --- I think the first
notification came in just before midnight on the 26th to the Department. So I was
20 briefed on 27 May about the first case at Rydges. And I think we were up to several
more cases by --- I think that was the Wednesday --- by the course of that weekend.
We might have been up to seven diagnosed cases within the space of a very short
period of time. So it may have been in the course of probably not the first day, but
after the outbreak squad had visited Rydges, that they would have reported certain
25 observations to me as part of that briefing. They may have --- I don't recall precisely,
but I recall being told about staff not appropriately physically distancing, poor PPE
practices, et cetera. And at that point, I most likely did ask about whose
responsibility it was to provide the training and the PPE to those security guards, and
was advised that the security contractors had that obligation under the contracts.
30 That's my recollection.

Q. As the Minister for Health, did you have a view about whether that was
appropriate or not, to place that responsibility on those end providers in respect of
PPE provision and IPC training?

35 A. I don't know if I had a particular view at that point in time. I certainly did
subsequently, when we had many more cases, and we had the Stamford Hotel
outbreak as well. And it was at that point that I had --- I think that was 21 days later,
between the first case at Rydges and the first case at the Stamford. I think by that
40 point, my recollection was that at that point in time I had a very strong view that we
should work to replace the security guard workforce. It was not a workforce that my
Department had contracted. As I've explained in my statement, we didn't have any
contractual levers, didn't have any funding levers, didn't have any alternative
workforce available to us, and therefore it was critical to secure the support of other
45 agencies in this multiagency response to fix this problem.

Q. Just dealing with those contracts briefly before we move on, Minister, you

understood those contracts to be entered into by the State of Victoria, don't you?

A. Of course. But it's the Department of Jobs.

5 Q. Well, it's the Department of Jobs that administers those contracts, but there was nothing to prevent a transfer of those contracts to the Department, as far as administration, at a stage earlier than it actually occurred. Do you agree with that?

10 A. Well, there was nothing to prevent a centralisation of the various roles and responsibilities to one Department, and that is in fact what happened when the decision was made in late June to early July to transition the program entirely to the Department of Justice. It was a process that I was very supportive of, because I thought that there was in fact a structural weakness in how the program had been
15 designed and structured. As I explained, I had no input into that structure or governance model in the first instance. And the fact that you had issues arise and therefore my Department did not have any of the relevant contracts with the hotels or the cleaning companies or the security companies meant that it was totally reliant on another Department to escalate issues.

20 Q. Coming back to a matter that I asked you about a moment ago, when you first became aware that the contractual responsibility to provide PPE and infection prevention and control training fell to the security companies, did at that point in late May --- did you have a view about whether that was an appropriate mechanism to ensure that those working in the hotels were adequately equipped and skilled to deal
25 with the situation?

A. My recollection of that time was, after the outbreak squad team had visited and there had been a deep clean and other steps taken, that I was advised that there was PPE being provided by the Department that was above and beyond what was
30 required. It wasn't an obligation, but of course it was seen as helpful to address the risk, to provide that support.

I also recall, because of the escalation of the situation from one case, I think, in the middle of the week, to I think roughly seven cases by the weekend, I do recall having
35 a conversation with my Secretary on that weekend about bringing Alfred Health in. And it was something that I was very supportive of, utilising the expertise of the health service to come in and provide infection control advice and training. I believe they developed a suite of training materials, not just for this hotel but for other hotels. And ultimately they took on a governance role for the hot hotel --- that is, the hotel
40 with the diagnosed cases residing in it --- providing a clinical --- a governance role for both clinical and non-clinical services in the hot hotel. So those steps were taken. I saw that as a very positive development. I was reassured by that. But by the time we had the Stamford outbreak 21 days later, I was, let's just say, exasperated and absolutely determined to replace the security guards.

45 The briefings I'd had on a regular basis led me to form the view that this was just a workforce that was too high-risk in nature. I apologise if I offend anyone who

works in this profession, I do not wish to do so. But from the Public Health Team's report through contact tracing, they reported, I guess, a workforce that in some instances were not forthcoming about second jobs and other jobs that they might have. It made it very hard for them to do the contact tracing. They were not always
5 forthcoming with shifts they had undertaken in the hotels. And that made the Public Health Team's job very hard in terms of undertaking that contact tracing. So that is my recollection of what happened.

10 After the Stamford Hotel, I asked my Department to develop options for how we could replace the security guards. And, as I explained, we didn't have an alternative workforce available to us and therefore we needed to secure the support of other agencies to make that transition.

15 Q. Minister, in that answer, you identified the discussions you had over the weekend following notification of the Rydges outbreak to involve Alfred Health in relation to what subsequently became a clinical governance type model for the health hotels. And we've heard from Ms Alexander from the Alfred Health.

20 A significant aspect of that model, was it not, was there was someone in charge of infection prevention and control on site 24/7?

A. I understand that that's the case with the hot hotel, yes.

25 Q. Do you also understand it's the case not only at the health hotel, which was the Brady Hotel when it was stood up in mid-June, but at every other hotel that they subsequently took over that clinical governance of?

30 A. I'm not certain about that. I'd need to have you refer back. We can provide that advice through the Department. That may well be ---

Q. We've got the evidence ---

A. That may well ---

35 Q. We've got the evidence from Ms Alexander.

40 A. Yes, well, that would ring true. I mean, Alfred Health obviously have a lot of expertise in dealing with these matters, and health services do have professionals with this type of expertise who work for them, yes.

45 Q. In your statement, page 4, paragraph 18, you say that you understood that the Hotel Quarantine Program, at least in its initial phase --- if I can say the initial phase before we transitioned to the Department of Justice and Community Services --- was "a multiagency response with shared accountability".

A. Yes.

Q. It became apparent to you, didn't it, Minister, as you've said before, that after the two outbreaks, you could see that there were structural weaknesses with that model?

A. Yes. I think I describe in my statement that too many cooks spoil the broth.

5

Q. Yes. I wanted to come to that quote in a moment. But do you accept that one of the structural weaknesses was not only the fact, as you've described it, there were contractual levers residing in one Department, and another Department that had coinciding or parallel responsibilities, that they couldn't pull the levers --- that's one of the problems?

10

A. Well, it was for the Department that had the contracts to enforce those contracts.

Q. Do you accept too that one of the weaknesses that arose from that multiagency response with shared accountability is a difficulty in identifying who made particular decisions and when?

15

A. With the benefit of hindsight and with the evidence that I'm aware of from this Inquiry and what has been my experience, I would agree with that statement, yes.

20

Q. And coming now to the "too many cooks spoil the broth", that's something that you've said in your statement?

A. Yes, I have.

25

Q. But as to too many cooks spoiling the broth, was that something that only became apparent to you after the outbreaks?

A. Yes. I was only aware of the issue with challenges of getting things addressed there. I explained in the first instance, in that first weekend when the Hotel Quarantine Program was stood up, I had absolutely no involvement in approving any of the accountability frameworks put in place, the --- I was not briefed or approved the governance structure or any of those --- the operational plan, any of those things.

30

And as I became aware of the risks that we were experiencing and the concern that I had about the increasing number of cases at those hotels, and potentially seeding cases into households --- I should point out at that point in time, the outbreaks related to, as I recall, families, households of the security guards and other workers there and, through their social contacts, to others in the community. As this issue started to escalate, I became increasingly concerned that we didn't have the capacity through the governance model that had been put in place to address this as quickly as I would like and in the manner that I thought was appropriate.

35

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Q. Just dealing with that, that you didn't have the governance models that had been put in place to address as quickly as you would like and in the manner that you thought was appropriate, I want to understand and unpack a little bit more about what you mean by too many cooks spoiling the broth. Should we take that to mean that

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you're expressing a concern that there was not, as at the time after you became aware that these two outbreaks had occurred, that there wasn't sufficient clarity of who had the ability to make operational decisions?

5 A. It wasn't so much the clarity, it was more the inability of my Department to
address these issues. DHHS was entirely reliant on another Department to enforce
contracts, enforce the contracts that they had with the security contractors. So
I didn't think that that was a satisfactory arrangement. I should say that this is a ---
10 COVID-19 public health emergency is an emergency on a scale and significance that
our State's never seen before, and this is why we've had to have all Departments and
agencies working together in a collaborative fashion to respond. And I think that has
been an important feature of our pandemic response, is having everyone working
together in this way, as we have done for bushfires and natural disasters, but
15 particularly for this particular complex emergency. And that level of collaboration is
always a key feature of how Government responds to any emergency.

But in this specific case, I had reached the conclusion that this collaborative
approach was not serving us well in terms of addressing the risks that I saw when
I was being briefed specific to the hotels. And I thought that a centralisation of those
20 roles and responsibilities needed to occur, and this is why I tasked my Department to
develop options for me.

You would be aware of the reference I make in my statement to an options paper that
was developed by Deputy Secretary Melissa Skilbeck, that my Secretary Kym Peake
25 forwarded to me by email on 24 June, I recall, and that was looking at a model or
various options, but particularly options to utilise Victoria Police members
predominantly, together with PSOs, health services staff and a smaller number of
ADF members.

30 Q. Yes. So, Minister, you say in this specific case you reached the conclusion that
"the collaborative approach was not serving us well in terms of addressing the risks
that I saw". I just want to talk about those risks. Those were risks that actually
materialised in this case, didn't they?

35 A. Yes, they did.

Q. And we had the outbreaks that have now been responsible for an additional
18,374 positive cases since?

40 A. Yes, our specific --- well, these particular outbreaks have sadly sparked a second
wave of cases in our State, something that I'm profoundly saddened about. And
I was working to ensure that we could mitigate the risks as quickly as possible in the
month of June, and I was working with my Department to ensure that we could
replace the security guards that I saw as adding an unacceptable risk factor to how
45 this program was being run.

Q. And has resulted in an additional 752 deaths of Victorians?

A. Tragically, we've had many more deaths during the second wave, yes.

5 Q. The problems that you observed when you moved very quickly to distill the responsibilities for the Hotel Quarantine Program into one agency, the Department of Justice and Community Services, are problems with the structure of the operation of Hotel Quarantine Program as it was stood up. Do you agree with that?

10 A. I believe it relates to how this was structured with, yes, different departments playing different roles and responsibilities. I can't say that that may have been foreseen at the time that structure was put in place, but when I became aware of the outbreaks and the issues, particularly relating to security guards, I was determined to work towards a centralisation of those roles and responsibilities.

15 Q. Yes, Minister. We've already touched upon the fact that you were not briefed or consulted in the operational structure of the Hotel Quarantine Program.

A. That is correct.

20 Q. You were not briefed in relation to the governance or lines of responsibility in respect of the Hotel Quarantine Program?

A. That is correct.

25 Q. Issues raised by senior members of the Public Health Command as early as 9 April were not brought to your attention?

A. That is correct.

30 Q. The fact that there had been commissioned two Safer Care Victoria reviews were not brought to your attention at the time of their commissioning?

A. That is correct.

35 Q. Nor were you provided with a copy of those reviews when they were finalised in June?

A. That is correct.

40 Q. You were not advised of the engagement of private security in the Hotel Quarantine Program and did not become aware of their involvement until after the Rydges outbreak?

A. That is correct.

45 Q. And we've touched upon what Ms Peake identifies at paragraph 63.1 and the roles and responsibilities of the Department in respect of the operational command of the

program. That's not something of which you were previously apprised?

5 A. As I explained earlier, my understanding of how the program was operating was that there was a coordination role by DHHS working together with the State Control Centre, bringing all of those departments and agencies which we've referred to, which are referred to in the CCC sub. That also makes reference to the State Control Centre and all of those agencies working together.

10 Q. Minister, I want you to engage in a process of reflection, and I understand it's very difficult, but it's necessarily with hindsight. Had those matters that I'd just referred you to been brought to your attention in an accurate, complete and timely way, do you believe that you would have made the observation about the structural weaknesses in the operation of the Hotel Quarantine Program at a time earlier than you did?

15 A. I think that's a difficult question to answer fairly, because, of course, everyone's judgments are coloured with the benefit of hindsight. I think, whilst things were very crystal clear to me by June, what needed to happen, I can't say with any degree of certainty that I would have had that same insight in late March when the program was established. Certainly I think that it would have been helpful to have had a more intimate involvement in some of those key decision points much earlier. It's --- it's not DHHS's input or --- DHHS has not had any input into some of those key decisions that were made early on. As I understand it from my Secretary's evidence and that of other --- my officials in relation to, for example, the decision to use security guards rather than any other alternative workforce, but that was not an issue that I was consulted about or, as I understand it, my Department was consulted about in any way.

30 Q. I appreciate it is a difficult question. What we do know though, Minister, is when those structural weaknesses became apparent to you, you moved swiftly to change the model and to distill the operational responsibility in one agency, being the Department of Justice and Community Safety?

35 A. Yes, I tasked my Department to work up those options and to speak with others across Government, and ultimately CCC supported a move to utilise predominantly Corrections Victoria staff, through the submission that was supported, I recall, it was 27 --- yes, 27 June. And by 8 July, there had been a full transition of the entirety of the program to the Department of Justice.

40 Q. Yes, Minister. Just finally, picking up on paragraph 26 of your statement, and you're dealing with a time shortly after the Stamford Hotel outbreak, you say:

45 *Also at around that time, I formed the view that the multiagency response to the [Hotel Quarantine Program] meant that there were "too many cooks spoiling the broth", and I worked to have all aspects of the program moved to one department, being the DJCS.*

You stand by that today?

A. Yes, I do.

5 MR IHLE: Thank you, Minister.

Madam Chair, they're the questions that I have for Minister Mikakos. Can I indicate that I have had approaches on behalf of two parties with leave to appear, and the first is MSS Security, so I'll invite Ms Robertson to make her application.

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CHAIR: Yes, Ms Robertson.

MS ROBERTSON: Madam Chair, I seek leave to cross-examine Minister Mikakos in relation to paragraph 50 of her witness statement, and specifically there is reference in that paragraph to, just to be clear, her interactions with --- at the July meeting, with other State or Territory Health Ministers regarding a Hotel Quarantine Program. And what I can say, Madam Chair, is that on behalf of my client, they operated hotel security in other states in Australia, and I'd like to put some features of those other States' programs to the Minister for her comment.

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CHAIR: All right. Yes, I'll grant you that leave, Ms Robertson.

MS ROBERTSON: Thank you.

25

CROSS-EXAMINATION BY MS ROBERTSON

MS ROBERTSON: Minister Mikakos, can you hear me?

30

A. Yes, I can. Thank you.

Q. If at any time you can't, please let me know and I'll try to speak up. Now, can I just take you --

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CHAIR: Can you just indicate to the Minister who you appear on behalf of.

MS ROBERTSON: Yes, of course.

40 I appear on behalf of MSS Security, Minister Mikakos. We were one of the security firms contracted as part of the Hotel Quarantine Program.

A. Thank you.

45 Q. Minister, can I take you to paragraphs 48 to 50 of your witness statement. Do you have that in front of you?

A. Yes, I do.

Q. And you will see that, prior to those paragraphs, you were asked a question which those paragraphs are responding to.

5

A. Yes.

Q. You were asked whether, at any time after 27 March, you consulted any of your counterparts in other States about a Hotel Quarantine Program. And then at paragraph 50, you say:

10

Prior to July 2020, I do not recall specific consultations with other State or Territory health ministers regarding a [hotel quarantine], other than the initial discussion on 26 March

15

At that date, when you did have discussions with your State and Territory counterparts, you were at that time aware that there had been outbreaks at both the Rydges and the Stamford Hotel in Victoria, weren't you, in July?

20 Minister Mikakos?

CHAIR: I think we might have lost --- have we still got your connection intact, Minister?

25 A. Yes, Madam Chair, I can hear you now. Sorry, it just froze for a moment there, Ms Robertson. Perhaps if you could just repeat --

MS ROBERTSON: Of course.

30 A. I heard the preamble to your question, but I don't think I heard the crux of it.

Q. That's fine. In July, when you met with the other State and Territory Health Ministers, you were aware at that stage of the outbreaks at the Rydges and the Stamford Hotels, and obviously you would agree that they were concerning for you as the Health Minister?

35

A. I can see you're moving now, Ms Robertson. Sorry, it froze again for a moment. Let's keep persevering.

40 Q. In July, when you met with the other States' and Territories' Health Ministers, you were aware at that stage, weren't you, of the outbreaks at the Rydges and the Stamford Hotels?

A. Yes, I was.

45

Q. And it's fair to say they were of concern to you?

A. Of course, yes, they were.

5 Q. And obviously at the time you asked questions, as I understood your evidence, from Ms Peake about what had happened, and others in your Department; is that correct?

A. Yes. I was advised also by the Public Health Team in DHHS about the specific outbreaks, yes.

10 Q. Thank you. And you've given evidence earlier today with Mr Ihle that the DHHS's role in the hotel quarantine was twofold, and one of those roles you said was to provide health and wellbeing services. Do you recall giving that evidence?

15 A. Yes, I do.

Q. And you agreed also that there wasn't a material difference in your understanding of the role to Ms Peake's description of the role. Do you recall that?

20 A. In relation to --

Q. She described it as a role of overseeing delivery of health and wellbeing services.

A. Yes. There was a subtle difference but we're I think in broad agreement, yes.

25 Q. So I take it then that in trying to ensure that the DHHS's role in providing health and wellbeing services was met, that when you met with your State and Territory counterparts in July 2020, that you were interested to understand some of the features of their Hotel Quarantine Programs. Would that be fair?

30 A. Okay, so I think I need to explain what I meant by that reference in paragraph 50. So Health Ministers have been having a very regular phone hook-up. We talked to each other, in the first instance earlier in the year, weekly, more recently, typically fortnightly, just before a National Cabinet meeting occurs, to get briefed from the Australian Government's Chief Medical Officer about items to be considered that
35 relate to our portfolios. Of course, National Cabinet is considering many issues across the breadth of our respective governments.

40 And the only recollections I have of the Hotel Quarantine Program being discussed by Health Ministers was in the first instance on 26 March, the day before the Hotel Quarantine Program was decided on by the National Cabinet; and then sometime in -- I recall sometime in July, I think it may have been early July, when the Chief Medical Officer briefed us about a review that the Commonwealth Government has commissioned into the hotel quarantine arrangements that was being conducted by
45 Ms Jane Halton. It was just a brief reference to the fact that the Commonwealth Government had commissioned this review, and we may have touched upon some of the terms of reference, but that was really the extent of the discussion. It didn't lead to a discussion amongst Ministers about our respective programs.

I should point out that since we've had the outbreaks at the Rydges and the Stamford, that I've become aware through media reports of different approaches taken in other jurisdictions, and I may have asked my Department about that, but it wasn't
5 something that came about through --- by virtue of this Health Ministers' phone call.

Q. Certainly. And, Minister Mikakos, as I explained earlier, I appear on behalf of MSS Security. And, to put it to you fairly, they operate Hotel Quarantine Program security in both South Australia and Western Australia as well as in Victoria. Can
10 I just put to you some of the features of those programs so that you can understand and perhaps give your own comments about them. But first of all, in relation to the control of those programs, the programs in those States are under the control and are operated by the South Australian Health Department and the Western Australian Health Department. Are you now aware of that?

15 A. I'm not sure if I was aware prior to you mentioning this, but I know that each State and Territory has had different arrangements in place in terms of, I guess, the legislative framework that sits behind their Hotel Quarantine Programs. Ours is a health-led response, other States have a police-led response, and particularly New
20 South Wales. So, yes, they have different legislative frameworks that I guess guide the particular outcomes, but I am aware and I was aware that security guards were utilised in other States and not just in Victoria, yes.

Q. Yes, and certainly in relation to the last point you made about other legislative
25 frameworks, you're aware, aren't you, that in some other States police are actually present on site at hotels?

A. I am, yes.

30 Q. And you're also aware, aren't you, that departmental staff are also present on site at hotels in other States?

A. I don't have that level of detail, I don't believe.

35 Q. Well, what I'll put to you is that on my instructions, in South Australia, for instance, there are South Australian health operations support people on site, there are South Australian health and safety advisers on site and there are South Australian health agency security advisers on site, and they're the people that MSS Security reports to when they're on site. You wouldn't disagree, would you, that there was
40 limited departmental health staff on site in Victoria?

A. I wouldn't agree with that statement. As I understand it, there were different people from DHHS playing different roles. Some were authorised officers appointed through the *Public Health and Wellbeing Act* to perform that role I discussed with
45 Mr Ihle much earlier, which is providing those Detention Notices to the returned travellers effectively and that compliance/enforcement type role. But then there are also many medical and health services that were engaged by DHHS to provide

support to returned travellers. So there were, as I understand it, GPs, nurses, mental health nurses and others who were available to returned travellers, that they are not necessarily --- would not be DHHS staff, because by virtue that our health system in Victoria is a devolved one, where DHHS does not directly employ staff; they are
5 employed by the health services themselves. And so therefore there would have been that health staff in the hotel providing that type of support role. Whether they were seconded from a health service or contracted from a medical company providing that service would depend, of course, on the particular hotel.

10 Q. And you'd agree, wouldn't you, that the fact that they are contracted staff is a significant difference to the model that I just put forward to you of having departmental staff present, in terms of medical staff and infection staff and people like that?

15 A. I can't comment specifically on South Australia because I just don't know enough about the model that they've put in place in regard to their Hotel Quarantine Program.

Q. Perhaps if I can say to you that they have medical departmental staff on site 24 hours a day, seven days a week, for the purposes of providing ongoing infection
20 control advice, including to private security, you would agree then, wouldn't you, that that's not the model we had in place in Victoria during the Hotel Quarantine Program?

A. As I understand it --- and Mr Ihle was leading evidence about this earlier --- is
25 that the Alfred Health, when they were brought in, did provide that type of expertise.

Q. Yes, but you'd agree that that was after these outbreaks had occurred, wasn't it?

A. It appears that way. I'm not really in a position to provide a definitive answer.
30 I understand that that may have been the case, yes.

Q. I'll also put to you that in the other States, including, for instance, in Western Australia, an induction is provided to all security staff by the relevant Department of Health on their first day of work on site at a hotel and that the induction includes
35 face-to-face training.

You'd agree with me, wouldn't you, that in Victoria there was no formal induction provided to private security by the Department of Health and Human Services at the outset of their commencement of work, on their first day of work in the program?
40

A. Ms Robertson, I can't comment on that. I'm not in the position to have that knowledge. All I can say is that the contract was with the Department of Jobs, as we've been discussing. It's DJPR who has the contract with the security companies. As for what daily briefings were happening or inductions that may or may not have
45 happened. I think that was really for the operational people who have provided evidence to the Inquiry to comment on those types of issues.

Q. All right. And the model in South Australia requires that all security personnel are informed of any COVID-positive cases. You're aware, aren't you, that that wasn't the model that was adopted in Victoria?

5 A. I believe that everyone should have been working with the assumption that any of those travellers could potentially be positive. That's the whole reason that they've been put into quarantine, is to keep them and the rest of the community safe.

10 Q. But you'd agree that they weren't actually told if a guest tested positive?

A. I'm not in a position to answer that question. We obviously had hot hotels, which was a concentration of confirmed diagnosed cases in the one location. But as to whether security guards or any other particular individual in the hotel was informed as a matter of course, I'm not in a position to say.

15 Q. And certainly if the evidence was that they weren't informed, that would be a difference from other States' hotel quarantine security programs. You'd agree with that, wouldn't you?

20 MS SCHOFF QC: I object, Madam Chair. Minister Mikakos can't possibly answer that question.

MS ROBERTSON: All right, Madam Chair, I'll move on.

25 Minister Mikakos, one of the features of the hotel security quarantine program here in Victoria was that fresh air breaks were allowed as of 15 April 2020. Do you recall that?

30 A. Yes, I believe that that was instituted, I believe, in direct response to the tragic suicide that I spoke about earlier, and I am aware that New South Wales does not permit fresh air breaks. That's only something I think I became aware of far more recently.

35 Q. Yes. And that's right, isn't it, that in other States, guests don't leave their rooms?

A. I can't say for every State. I believe the point of difference I am aware of is that New South Wales have a police-led model, I guess some could describe it as a more punitive approach and, as I understand it, they do not permit fresh air breaks at all.

40 Q. Yes. Well, I'll just put it to you fairly. My client's instructions are that in both South Australia and WA, clients do not leave their rooms. So that's a feature of their models in those States that's different to Victoria. You'd agree with that?

MS SCHOFF QC: Again, I object.

45 A. They are matters I'm not aware of.

MS SCHOFF QC: I object.

CHAIR: That's the answer, Ms Schoff.

5 MS ROBERTSON: And, Minister Mikakos, in Victoria, you would also agree that there were PPE documents provided to hotel security, one dated 5 May, one dated 8 June. Are you aware of that?

10 A. Ms Robertson, you're now really getting into very granular operational matters that Ministers would not be briefed on. That's not something I could comment on.

15 Q. Yes. Well, if I could say to you, perhaps put this to you, that in other States gloves are worn as a form of PPE. If the evidence in this Inquiry was that directives were given for gloves not to be worn, you'd agree that that's a difference in the Hotel Quarantine Program?

20 A. All I can --- I can't comment on the specific question. All I can say is I'm aware that the understanding of this virus changed over time and therefore the advice around these issues broadly changed over time. I know that our understanding of the virus has led to changes around PPE usage in our health services. I can't comment on the Hotel Quarantine Program, I'm not aware of that detail of knowledge. But I do know at the time we had the Rydges outbreak, I think it was the first time I'd heard conclusions or potential conclusions being drawn around environmental risk by the Public Health Team. And I think there has been evidence that's been brought 25 by the Public Health Team officials to the Inquiry around fomite matters, fomite risk, and I think that was the first time that these issues were identified as potentially being a risk factor in an outbreak.

30 Q. And, sorry, when do you say that was, Minister Mikakos?

35 A. I think my recollection is that post the Rydges outbreak, that the Public Health Team were briefing me that they thought that there might be an environmental risk factor that was not just about person-to-person contact. As to whether they've made that conclusion, they've drawn that conclusion in that sort of definitive way, I can't comment. That would be for them to ---

Q. Certainly.

40 A. --- provide evidence on those matters. And I believe that there has been --- I'm not across the detail, I wasn't able to watch those parts of the hearings; I was dealing with the pandemic response. But, as I understand it, there has been some evidence that Mr Crouch --- I believe Dr Crouch may have provided some evidence around these matters.

45 Q. And I take it from your answer that that was the first that you became aware of that issue of fomite transmission, was following these outbreaks?

A. It's the first time I can recall fomite transmission being raised as a possible causal factor --

Q. Yes.

5

A. --- relating to an outbreak. As to whether it's been concluded, I don't know whether that's ever able to be concluded. I mean, these things are very difficult to conclude. But that's not for me --- I don't have that expertise. It's not for me to draw a conclusion around these matters.

10

Q. And certainly do I understand from that that if at an earlier point in time the Department had been aware that fomite transmission could potentially be a cause of transmission of COVID-19, that you would have expected to be informed about that?

15 A. Ms Robertson, the global understanding of this virus has just been evolving day by day this year.

Q. Yes.

20 A. And all I can say is that I know that my Department have worked extremely hard to be across all of that emerging evidence. Professor Sutton and others in that Public Health Team, working with AHPPC at that national level, all Chief Health Officers, together with the Chief Health Officer at the Commonwealth level, all share that type of evidence and advice with each other. So if there was some emerging evidence
25 around fomite transmission, I'm sure they would share it with each other and it may well be the case that our particular outbreak may have led to others taking other additional precautions in other jurisdictions. I don't know. I can only speculate.

30 Q. And just to come back to the question, your expectation would be that on a matter about something as important as what might be a cause of COVID-19 transmission, that you would expect your departmental staff to inform you about that?

CHAIR: Well, Ms Robertson, I think the Minister has already answered that.

35 MS ROBERTSON: All right. I'll move on. If I can just --

A. No, I think that --- this is really getting into really operational issues that Ministers are not typically involved in. I'd like to be across the emerging evidence, and they have briefed me about these issues in the course of briefing me about different
40 outbreaks and our changing, evolving understanding of this virus throughout the course of the year, but it's not an expectation that I would have that they would, you know, kind of bring me the latest WHO advice or the latest Lancet journal article on any particular issue. It's just discussions that have come up in an incidental way in the course of briefing me about a particular outbreak.

45

Q. And if I can just very quickly conclude, in South Australia, for instance, there are guidelines that no luggage is to be handled by security staff. Are you aware that in

Victoria, if there has been evidence before this Inquiry that security guards were to handle luggage, that that would be a distinction in the programs between Victoria and South Australia, for instance?

5 MS SCHOFF QC: I object. I object here.

CHAIR: Yes, I understand.

10 MS ROBERTSON: All right. Perhaps, Madam Chair, if I just move on.
If I can just, Minister Mikakos --- what I wish to put to you, and --

15 CHAIR: Sorry, Ms Robertson, when you say you move on, are you going outside the parameters of what you've got leave for?

MS ROBERTSON: No, not at all. What I want to put to Minister Mikakos is that these features of the other States' programs are features that the Minister could have considered and her Department could have considered as a model for hotel quarantine in Victoria.

20 A. Well, as I explained earlier, I wasn't involved in --- I wasn't consulted or involved in approving the operational model. Operational decisions get made by officials at a departmental level, and in this case it was a multiagency response involving many Departments and agencies, and I would have expected them to work together on
25 these issues. But I don't think there was time for people to consider different jurisdictions' approaches. National Cabinet made the decision on 27 March to commence 36 hours later, as I recall, and every State and Territory just went off and did this and put this --- operationalised this decision over the course of a very short period of time. It probably meant that there wasn't those opportunities to collaborate
30 and share ideas and approaches across jurisdictions. But people were very conscious of the risk.

I recall just in the month of March, we had a significant increase in cases in Victoria. Just to give you some context about the haste, I guess, the reason why people were
35 acting nimbly and quickly at that point in time, we had on 16 March 71 confirmed cases in Victoria, with two cases with unknown source, what we call mystery cases; by 27 March, there had been 574 confirmed cases, with 16 cases with an unknown source; and by 27 March, Victoria had also sadly had its first three deaths.

40 So just in that couple of --- you know, that short period of time in March, we had seen exponential growth of cases in the first wave in Victoria. I know that this was also being experienced in other jurisdictions. At that time, New South Wales and Victoria were bearing the brunt of the cases because we were receiving the most returned travellers at our major international airports, and that's understandably why
45 there was a sense of urgency about this decision and the need to put this in place quickly.

As I've explained, I was not involved in that process over that weekend, I didn't have any input on that process, so I can't comment on the outcomes of that, I can't comment on the arrangements that were put in place by other States. They did vary because they also reflected the different legislative frameworks in each of those jurisdictions, and I think not just the legislative frameworks but also the health systems. We have a very devolved system in Victoria. Others are very centralised. We've got more than 80 health services in Victoria. Queensland, everything is run by the Queensland Health Department, like they run all the hospitals directly. So it's very different approaches, both in an operational sense and in a legislative sense, that no doubt had impact on the models that were ultimately adopted.

Q. Yes. And you would agree, wouldn't you, that you've now come to learn, either in preparation for the evidence or perhaps in listening to some of the evidence yourself, that the model of Hotel Quarantine Program that was adopted had private security at the front line of that program?

A. Yes, I've come to learn that, yes.

Q. And you would agree, wouldn't you, that even if nothing at all had gone wrong in our Hotel Quarantine Program put in place here in Victoria by the Department, it was still incumbent on you, as Minister for the Department of Health, to ensure that foundation structures for the Hotel Quarantine Program worked?

A. Well, I'm responsible for my own Department. But this was a program that was -- involved many Departments and agencies and therefore there is shared accountability there with those respective Departments and agencies reporting to their respective Ministers.

Q. Minister Mikakos, you are the Minister for Health in our State. Do you agree with that?

A. Yes, I am.

Q. And I think you've said at paragraph 99 of your statement that this was a global health emergency that is unprecedented in our lifetimes. Do you agree?

A. Absolutely, yes.

Q. But, as Minister for Health in our State, you'd agree that you have accountability to the public for their health and safety?

A. I am responsible for my Department, absolutely. The buck stops with me when it comes to my Department.

Q. Yes.

A. But, as I have explained, the Hotel Quarantine Program was a multiagency

response with shared accountability. It involved many Departments and agencies. Those Departments and agencies reported to those Ministers.

5 Q. Well, what I want to put to you, Minister Mikakos, is as the Minister for Health in the State of Victoria, it was incumbent on your Department, perhaps not on 26 March but as the program progressed, to at least understand what other hotel quarantine models were available. Do you accept that?

10 A. Ms Robertson, I've just explained that the National Cabinet has made a decision on 27 March and it's been put in place 36 hours later, not just in Victoria but in every State and Territory in our nation.

Q. Yes.

15 A. That would not have enabled, I guess, a very detailed examination of other jurisdictions' approaches. I'm not aware and I can't speak to whether anyone did ask what approach other jurisdictions were taking in relation to these matters. But essentially it's a program that my Department has inherited. As I understand, evidence was led yesterday by --- involving Mr Phemister, as the Secretary of DJPR, 20 that in the first instance, on the day that the decision was made by the National Cabinet on 27 March, that that program sat entirely with DJPR. And it then has involved a number of agencies for a number of months.

25 Q. Yes. Just to very briefly come back to the question that I asked, which was effectively that even if you didn't know from 26 March what other States' and Territories' hotel quarantine programs involved, it was incumbent upon your Department and you as Minister to at least make enquiries throughout the Hotel Quarantine Program operation in Victoria as to what other possible models were available.

30 A. Ms Robertson, I've explained the incidents that were escalated to me. Once I became aware of the outbreaks at the Rydges and at the Stamford in late May and into early June, I did take action. I asked my Department to put in place a number of changes, and my Department was briefing me about bringing in Alfred Health, which 35 I fully supported, as well as the work that I asked --- that was commissioned, to develop an options paper to transition the program. Ultimately it was looking to an alternative workforce, and I've referred to Deputy Secretary Melissa Skilbeck's paper that was provided to me and, as I understand, shared with other agencies.

40 Q. Minister Mikakos, understanding how many people within the State of Victoria have died as a result of COVID-19 outbreaks, did it seem important to you at the time of both the Rydges and the Stamford outbreaks to contact your State and Territory counterparts to find out what the features were of their hotel quarantine programs?

45 MS SCHOFF QC: I object, Madam Chair. This is just another way of putting questions that have already been put and already been well and truly answered.

CHAIR: Yes. That's so, Ms Robertson.

MS ROBERTSON: All right.

5

And it's the case, isn't it, Minister Mikakos, that you didn't contact your State and Territory counterparts until July 2020? You didn't speak to them about the Hotel Quarantine Program?

10 A. I was aware of alternative approaches through media reports.

MS ROBERTSON: Yes, all right. I have no further questions. Thank you, Madam Chair.

15 A. As I've explained, Ms Robertson, there's different legislative frameworks in different jurisdictions. So that obviously had an impact on the various models that each jurisdiction did put in place.

20 CHAIR: Madam Chair, I'm aware of two other applications. The first of those is on behalf of Wilson Security, so I'll ask counsel for Wilson Security to make their application.

MR OLDFIELD: Thank you, Mr Ihle.

25 Madam Chair, the matters that have been addressed by counsel for MSS mean that it's not necessary for me to take the matter further.

CHAIR: Thank you, Mr Oldfield.

30 MR IHLE: Thank you, Madam Chair. The final application of which I'm aware of is on behalf of Unified Security, so I call on Mr Moses to make that application.

CHAIR: Yes, Mr Moses.

35 MR MOSES SC: Yes, Madam Chair. There are just two issues that we wish to ask questions about. The first relates to question 19 and the answer given by the Minister in her statement, which you will find at page 11 of her statement, which is this issue about consultation concerning the establishment of Operation Soteria. I wanted to take the Minister to the actual plan and ask the Minister about two issues
40 in the plan which haven't been the subject of evidence so far.

The second issue --

45 CHAIR: Except to say, Mr Moses, that the Minister's evidence to date is that the Minister says she was not briefed with respect to the plan.

MR MOSES SC: No, that's fine.

And the question I was going to ask, which comes as no surprise is, as a Minister of the Crown, when was the first time that she read the plan? Because one can assume she's now read it. When is the first time that she read the plan? And I want to ask
5 some questions arising from that. It is quite important, in terms of governance of the Department, as to whether the Minister read an actual plan that designated her Department as the control agency for a pandemic which has caused such grief to the State of Victoria. I'm entitled to ask that question. That's the first issue.

10 The second issue relates to the question of --- if I can refer to it as the Rydges outbreak --- what actually was the Minister told about the Rydges outbreak by her Department.

MS SCHOFF QC: Madam Chair, if I could address the application to cross-examine
15 on the plan and to put a question that Mr Moses has identified as being, "When did the Minister first learn that her Department was designated the control agency for the health emergency?" The Minister has already said that she was not an author or consulted about the plan.

20 CHAIR: Yes.

MS SCHOFF QC: And in her statement in paragraph 54, she's clearly explained the effect of the *Emergency Management Act*, which was to constitute her Department the control agency for the class 2 public health emergency. There is no issue about
25 that. It's simply not an issue that arises, and it's clear from her statement that she was aware of that.

CHAIR: I think the question that Mr Moses is seeking leave to cross-examine upon is a different one, though, Ms Schoff, that goes to --- the Minister's evidence clearly
30 is that she was not aware of the plan. I think Mr Moses wants to effectively question as to whether or not the Minister should have been aware of the plan and aspects of it. I think it's a different question. Am I right, Mr Moses?

MR MOSES SC: Yes, Madam Chair.

35

CHAIR: That's the first question. And the second is with respect to the Minister's knowledge of the Rydges outbreak. So I will grant you leave with respect to those two areas, Mr Moses.

40 MR MOSES SC: Thank you, Madam Chair.

CROSS-EXAMINATION BY MR MOSES SC

45

MR MOSES SC: Minister, you have told the Board that you were not consulted about the structure of or operational plan for Operation Soteria prior to its

establishment; correct?

A. Correct.

5 Q. Can you inform the Board as to when is the first time that you read the Operation Soteria plan?

10 A. I can't recall precisely, but I recall that there are various iterations of that plan. I think there might be three. My recollection is that the --- and I've only become aware of this more recently, that the Emergency Management Commissioner signed off on that first plan. And that occurred, I believe, very early on in the establishment of this program.

15 I should also say, Mr Moses, that, as I explained at the outset of my evidence, that Ministers play a high-level policy and decision-making role. I wouldn't expect to be provided a huge amount of detail around specific operational matters. They were matters that sit appropriately with my officials.

20 Q. Thank you, Minister. Can I ask you the question then again, if I may say so respectfully: can you recall, sitting here today, when is the first time that you read the Operation Soteria plan in its first iteration?

25 A. I couldn't say a precise date, but I do think it may have been the time I was turning my mind to the problems we were having with this program and looking to find a way forward.

Q. When you say "the problems with this program", are you referring to the outbreaks at Rydges and Stamford?

30 A. Yes, I am.

Q. Do you accept that that is a dereliction of your duty as a Minister, not to have read the operational plan for the response of your Department to this pandemic?

35 A. Not at all. In fact, my Department did not formally provide me with a brief on it. It's something that I have sourced because I wanted to familiarise myself with it.

Q. The Secretary of the Department reports to you; correct?

40 A. That is correct.

Q. And your evidence is that Ms Peake, the Secretary of the Department, did not provide you with a copy of the Operation Soteria plan prior to the outbreaks at the Rydges and the Stamford; correct?

45 A. My recollection is that I have been provided with copies at my request. I did not receive a formal written brief providing me with those plans. That's to my

recollection, because when this Inquiry was established, I asked my office to establish what formal written briefs we have received in relation to this program, and there aren't many.

5 Q. Can I ask, with your leave, Madam Chair, that the document DOJ.501.001.9224 be shown on the screen, which is the redacted version of the Operation Soteria plan, and to take the witness to paragraph 2.4 of that document.

10 You will see, Minister, in respect of clause 2.4, it provides that your Department, as the control agency for the COVID-19 pandemic class 2 public health emergency, had responsibility for the oversight and coordination of Operation Soteria. Do you see that?

15 A. Yes, I do.

Q. And do you think, sitting here now today, that the Secretary of your Department should have provided you, as the Minister of the Crown responsible for that Department, this document, given the fact that your Department had responsibility for the oversight and coordination of Operation Soteria?

20 A. Well, Mr Moses, as I explained, I've requested the documents and I have received them.

25 Q. You've requested the documents, Minister, after the outbreaks at the Rydges and the Stamford; correct?

A. I can't say precisely, but I think that's --- to the best of my recollection, yes.

30 Q. Do you have a difficulty accepting the proposition that, as the Minister of this Department, you would have expected the Secretary of your Department to provide you with the document that enshrined that your Department had responsibility for the oversight and coordination of Operation Soteria?

35 A. This is an operational document, Mr Moses. The key documents that I am dealing with in terms of decision-making relate to submissions to the Crisis Council. That's the key decision-making body of the Government in relation to the pandemic response, and I have explained earlier, in my responding to Mr Ihle's questions, that I brought forward a number of submissions jointly with other Ministers to the Crisis Council in relation to this particular program.

40 So, no, I don't have any particular expectations around operational documents. There are many, many operational documents that relate to many programs and I wouldn't have any particular expectation that they would be brought to my attention. I took a particular interest in this because I was seeking to determine how best we could go
45 forward in relation to this particular program, and I've already explained the steps that I took in relation to that.

Q. I'm just going to ask you two further questions on this point. You accept, don't you, that, as a Minister of the Crown, you're answerable to the Parliament and the people of Victoria for what your Department does; correct?

5 A. Of course. And I've explained before that I am responsible for my Department, yes.

Q. And do you accept that, as a Minister of the Crown, you would have no way of knowing whether the Department of Health and Services was actually executing its role pursuant to the Operation Soteria plan unless you actually had access to the plan? Do you accept that?

15 A. Well, my --- I think you're misconstruing what a Minister's role is. It's not my role to oversight things in an operational sense. My expectation is that significant issues get escalated to me, either for my information, for me to provide some direction or for a decision to be made. And when I have had issues escalated to me following the two outbreaks at those two hotels, then I've been kept briefed about them and I have taken steps in relation to a way forward.

20 Q. Minister, just in terms of the answer that you've just given, do you accept as a Minister of the Crown you are not there to rubber-stamp what your Department does; correct?

25 A. Absolutely.

Q. So I just want to give you one more opportunity, because I will be putting a submission to the Board at the end of this matter: do you accept that it would have assisted you in your role as a Minister of the Crown if the Secretary of your Department had provided you with the very plan that made your Department responsible for the oversight and coordination of Operation Soteria so that you could assess whether the Department was carrying out its responsibilities? Do you accept that proposition?

35 MS SCHOFF QC: Well, can I just object. The question needs to be put as to when the plan should have been provided to the Minister. It's not a useful question, with respect, otherwise.

MR MOSES SC: I accept that.

40 Do you accept, Minister, that you should have been provided with the Operation Soteria plan as soon as it came into effect, making your Department responsible for the oversight and coordination of Operation Soteria, rather than you having to go searching for it from other sources after the outbreaks occurred at the Rydges and Stamford? Do you accept that proposition, Minister?

45 A. As I've explained, Mr Moses, the key decision-making documents that relate to this program, or the broader emergency accommodation program, I should say, as far

as I'm concerned and my colleagues in the Cabinet are concerned, are those CCC submissions that I've referred to earlier. This is an operational document. I don't recall it being provided much earlier. It may have been. My recollection is that I've requested to see these documents because I was looking at how changes could be made to address the risk factors that had become apparent.

Q. Well, in fact, Minister, you had not even examined what the risk factors were yourself or been briefed about the risk factors ---

10 A. I think ---

Q. --- in relation to --- (overspeaking)

15 A. I think --- Mr Moses, I don't agree with you on that. I've explained that the Public Health Team have been keeping me regularly briefed about the outbreaks at the Rydges and the Stamford, and I think I was able to draw an understanding of the risk factors from those briefings. They were verbal briefings as part of those daily outbreak briefings.

20 Q. But, Minister, just to unpack what you've said, to be fair to you, because I'm trying to be fair to you, you were not briefed about the risk factors until after the outbreaks. Do you accept that?

25 A. That's when the risks became apparent, Mr Moses, when we had the outbreaks.

Q. Thank you. And you were not briefed by your Department in relation to the establishment of the Rydges and the Stamford as COVID-19 hotels, as to what risk factors were involved in setting them up as COVID-19 red hotels, were you?

30 A. I was likely aware that we had designated hot hotels, yes.

Q. But you were not briefed on what risk factors would be involved in putting only COVID-19-positive individuals at the Rydges and the Stamford. Do you accept that?

35 A. I don't accept the premise of your question, that there may have been a greater risk or not by virtue of the concentration of the travellers in that way. I think the starting premise has always been from the Public Health Team that they assume, or we assume, everyone should assume that anyone returning from overseas, particularly given some parts of the globe have highly prevalent cases of COVID-19 at the moment, that any one of those individuals may well be incubating the virus.

40
45 Q. Minister, that's not an answer to my question. The question I asked you was whether your Department briefed you on the risk factors involved in setting up the Rydges and the Stamford as hotels where only COVID-19 individuals would be placed. Did they brief you on that issue?

A. As I explained, I don't think they were identified as somehow being higher risk at

that point in time.

Q. Thank you. And --

5 A. That's not my recollection, anyway.

Q. Thank you. Can I just move then to another issue, if I can. In relation to the Rydges, I just wanted to ask you, when you were briefed about the outbreak at the Rydges, were you told by the Department at that time what the risk factors were in setting up a hotel with only COVID-19 individuals placed there?
10

A. I think you've just reiterated the earlier question.

Q. Don't worry about that. The question I'm asking you is specifically about the Rydges. If you could focus on that question. After the Rydges outbreak, were you briefed by your Department about the Rydges, about what the risk factors were at that hotel?
15

A. I don't recall anything specific about the Rydges or anything that was particularly focused on the fact that --- well, actually, now that I think about this, I mean, obviously we --- I had a conversation with Ms Peake on the weekend after that first outbreak about bringing the Alfred --- bringing Alfred Health in to provide a governance model for the hot hotel. So I guess, by implication, that would suggest that it was perceived by the Department to be at higher risk, yes. But I don't recall particular risk factors being identified, no. But the response seems to suggest perhaps that the Department did think it needed to have that additional level of health expertise.
20
25

Q. Did you ask Ms Peake why she had not appointed Alfred Health to deal with this issue at the Stamford and the Rydges at the commencement of the program?
30

A. I couldn't comment on that. I'm not sure what considerations were given about these issues prior --

Q. No, no. I asked you the question as the Minister. When the Secretary came and told you, "We're going to bring in Alfred Health to deal with this," did you say to your Secretary, "Listen, Ms Peake. You're bringing them in now. Why didn't you turn your mind to this when this was set up in the beginning?" Did you ask her that question?
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A. I can't recall precisely what I would have said with my Secretary around 30 May this year. Every day during this pandemic has been a very busy one, dealing with many, many issues, and sadly I don't have a photographic memory.

Q. Okay. And one final question then. Have you since asked the Secretary of the Department why they did not bring Alfred Health to deal with the Rydges and the Stamford when it was set up as red hotel in the beginning, rather than after the
45

outbreak? Have you since asked her that question?

5 A. I think I've already addressed these issues. The risk became apparent once we had the outbreaks. I don't know whether people were particularly considering using the Alfred earlier. That would be questions that would need to be put to officials of my Department.

10 Q. Well, I want to put this direct proposition, the last proposition, to you, Minister. Do you accept this proposition: that the reason why the outbreaks occurred at the Rydges and the Stamford is because your Department failed to conduct a risk assessment when those two hotels were set up as red hotels? Do you accept that?

15 MR IHLE: Madam Chair, I have to object to that question. There's a proposition built into that question which is not factually sustainable, and that's about the Stamford.

MR MOSES SC: I withdraw the question. It's Rydges, I refer to Rydges. My learned friend is quite correct.

20 I want to put this proposition to you: do you accept that the outbreak occurred at the Rydges because your Department did not conduct a risk assessment into setting up the Rydges as a red hotel in the beginning? Do you accept that?

25 A. No, I do not. I think these are matters that are really for the Board to form a view about, rather than me prejudge what the Board's conclusions might well be about these matters.

Q. But you're the Minister --

30 A. The Chair has had the benefit of hearing the evidence from many, many witnesses. I've been dealing with the pandemic response every day, I've not sat in front of a computer screen watching the hearings. And it's for the Board of Inquiry to form these conclusions. I have every confidence in Ms Coate and the Board of Inquiry coming to the truth of the matters and being able to form conclusions about these issues.

Q. So, just finally, then, you are saying, as a Minister of the Crown, that that's not an issue that you are willing to answer; correct?

40 A. I will not prejudge the Board's conclusions in relation to this and any other issues. I think that is for the Board of Inquiry to form its own conclusions.

45 MR MOSES SC: Thank you. I have no further questions. Thank you, Madam Chair.

CHAIR: Thanks, Mr Moses.

MR IHLE: Madam Chair, that concludes the interested parties from whom we have notice of questions, but I note that Ms Schoff may have some questions of her witness.

5 MS SCHOFF QC: I just, with leave, Madam Chair, if it's appropriate --- I note the time --- I just have one question that I wanted to put to the Minister by way of clarification of an answer she gave.

CHAIR: Yes, I'll let you do that, Ms Schoff.

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MS SCHOFF: Thank you, Madam Chair.

CROSS-EXAMINATION BY MS SCHOFF QC

15

MS SCHOFF QC: Minister Mikakos, in your answers to Mr Ihle, you acknowledged that your Department had a coordinating role in bringing together the various Departments and agencies involved in the Hotel Quarantine Program, and you referred to those Departments and agencies and that role as set out in "that CCC submission", a submission you referred to on a number of occasions. I wonder, can you identify the decision to which you were referring, Minister Mikakos?

20

A. Thank you. It was the submission of 8 April. I'm sorry, I don't have the DPC number.

25

Q. All right.

A. I will particularly draw the Chair's attention to paragraphs 20 and 21 of that submission.

30

Q. All right.

A. If I can just read paragraph 20:

35

Roles and responsibilities for the Hotel Quarantine Program have been shared by DJPR, SCC [that is, the State Control Centre], DHHS and Victoria Police.

Q. And perhaps if I, just for the transcript, Madam Chair, read the number. It's DPC --- in fact, I might ask for it to be brought on the screen --- DPC.0012.0001.0733 in its redacted form.

40

While we're waiting for that, Minister Mikakos, can you just explain what your involvement in this document, which we can now see, a submission proposal, was?

45

A. So it's a joint submission, together with Minister Pakula, to brief the Crisis Council. We have a number of recommendations in the submission as well as

a number of recommendations that are for information purposes. As far as I was concerned, my prime motivation there was to extend --- to look to incorporate the Hotels for Heroes program formally into the emergency accommodation program and to extend the scope of that program, and we eventually did include other
5 front-line workers in this program, not just healthcare workers.

So the purpose of these types of submissions is to provide the Crisis Council with information, with updates, to identify any issues and also to report on funding issues, to acquit funding. The \$80 million, I've explained earlier, was allocated to DJPR, so
10 Minister Pakula would be acquitting that expenditure against that particular appropriation by virtue of these submissions, hence why both of our Departments were involved in drafting these submissions, sending them to us for our endorsement, and therefore having them considered by the Crisis Council.

15 Q. And is it correct to say that this submission proposal is the first occasion on which what is referred to as the Hotel Quarantine Program came before the Cabinet, then the Crisis Cabinet of Victoria?

A. That is correct. The Crisis Council was established I think on 3 April, and this is
20 the first submission that relates to the emergency accommodation program that incorporates also the Hotel Quarantine Program as part of that.

MS SCHOFF QC: All right. I have no further questions for the Minister. Thank
25 you, Madam Chair.

CHAIR: Thank you.

Minister, just before I excuse you, could you just clarify one matter for me. In the course of giving your evidence, I understood you to be referring to a point in time
30 that was --- let me take it in two parts --- before the outbreak at the Stamford, that you had indicated that you didn't --- you understood that there wasn't an alternative workforce available, and that was in reference to replacing the private security service that was there. So can I just ask you, first with respect to that point in time,
35 prior to the outbreak at the Stamford, to confirm with you that that was your understanding, that there wasn't an alternative workforce available? And I'll make it clear to you that I'm asking you about whether or not you knew that there were offers being made for members of the Australian Defence Force to be available to the program.

40 A. Okay. So I'll come to each of those issues, if I can, Chair.

CHAIR: Please.

A. So just, firstly, to clarify that post the Rydges, steps that my Department and
45 I took to address what we identified as the risk factors or what the Department identified as the risk factors, principally the Public Health Team, were to bring in Alfred Health to assist in running the hot hotel, to provide that governance, the

clinical, non-clinical, and also infection prevention and control advice across all the hotels.

5 Post the Stamford, it was at that point in time that I formed the very strong view that we needed to replace the security guard workforce with an alternative workforce. So it's at that point in time that I've tasked my Department to develop options for me, and they presented me with that options paper about a week later, after the Stamford started, the Stamford outbreak, 24 June, with that options paper, principally drawing upon --- it would have --- if that had been supported, principally drawing upon
10 Victoria Police members. And, as I recall, the options also considered approximately 50 to 100 ADF members. It wasn't of a larger magnitude than that.

15 In terms of the ADF, and I believe I addressed these issues in my submission, in my statement, I wasn't aware of specific offers of support for the ADF other than for offers that we did take up, and that was for contact tracing. We have utilised the ADF for supervision and training for our contact tracing team. We're in the process of significantly expanding that. We did from the month of March to the middle of the year go from I think it was 57 to about 2,600 people. So they helped to provide that training and supervision role. And also we have utilised the ADF for our testing
20 sites. So as part of our massively scaling up our testing capacity in Victoria, we have had ADF clinical staff at our mobile testing clinics.

So just to be clear on the ADF offers of support, I was aware and gratefully accepted assistance from the ADF in relation to those types of roles. I wasn't aware of any
25 offer of assistance in relation to providing an alternative workforce for the Hotel Quarantine Program until I read about this in a media report, I believe on 25 June. I was not involved in any requests for the ADF providing that alternative workforce for the Hotel Quarantine Program, and I wouldn't have expected to make that formal request. In Victoria, the practice has been that either the Emergency Management
30 Commissioner or the Chief Commissioner of Police makes those types of requests to the ADF for any support. And so we would be going through those channels, through --- and as I understand it, Commissioner Crisp did make some requests at that point in time. I can't comment on the specifics of why, but it occurred at that time, but it wasn't a request that was made with my direct involvement. Does that
35 answer the question?

CHAIR: Yes, thank you. So the second part of that is that the request that was made by officials from your Department to Commissioner Crisp, again, was not something
40 that you were briefed about or that you were involved in? Have I understood that correctly?

A. I'm not sure exactly what request was made by my Department to Commissioner Crisp. All I can say is that my Department understood very clearly from me that
45 I was --- had a very strong view that we needed to replace the security guard workforce with an alternative workforce, and they were really working assiduously to bring that about. And hence why I mentioned different options and conversations were happening with various officials across Government. I'm not privy to exactly

what conversations happened. But I was not personally involved in any requests to Commissioner Crisp. I think it's very telling in the text messages that have appeared in evidence that he and I have not had any exchange in text messages, so I've not had any formal conversation with him about these matters. So how he's understood the options paper that my Department has developed to what then transpired in terms of his request, I can only speculate. I don't know what happened at that point.

CHAIR: Thank you. Mr Ihle, nothing further? We've lost sound from you, Mr Ihle.

MR IHLE: I'm just having problems with the technology. Is that any better, Madam Chair?

CHAIR: That is much better, thank you.

MR IHLE: Thank you. Nothing further from me. May we thank the Minister and excuse her.

CHAIR: Yes. Thank you, Minister. Thank you for your attendance at the Board. You're now excused which means you can turn off your camera and your microphone.

A. Thank you very much, Chair.

MR IHLE: Thank you, Minister.

A. Thank you, Mr Ihle.

THE WITNESS WITHDREW

30

MR IHLE: Madam Chair, I have received notification that there's one additional document that I understand counsel for the Chief Commissioner seeks to tender, so I invite him to make that application now.

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MR STAR QC: Madam Chair, it's Mr Star here. I've logged in and out. I can see that the camera is not working. I apologise once again. May I proceed to tender one additional document. It is VPOL.0005.0007.0006. It doesn't need to come on the screen. These are text exchanges between Assistant Commissioner Grainger and Commissioner Crisp on 27 and 28 March 2020. And I can inform the Board that we have agreed on redactions with DJCS, and a redacted version has either just been provided or will be provided, and if I could tender that document.

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CHAIR: Exhibit 214.

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EXHIBIT #214 - DOCUMENT VPOL.0005.0007.0006

MR STAR QC: And just to assist the Board for the transcript, there is one page of this already, I believe, an exhibit, being Exhibit 148. But this new exhibit has
5 additional text on it. So that's the one purpose of it. And also that these text messages are to be considered with the document which I tendered earlier, being Exhibit 209. If the Board pleases.

CHAIR: Thank you.
10

MR IHLE: Thank you, Madam Chair. That concludes the evidence for today. Of course, all of the parties and the Board will be aware that the Premier is scheduled to give evidence tomorrow commencing at 2.15 pm. Can I just put on record that
15 which may be obvious to some but perhaps less obvious to others. Given the timelines under which this Inquiry is operating, there will be no scope for any further evidence beyond the closing of the evidence tomorrow afternoon.

CHAIR: No. No, that's correct, Mr Ihle. The evidence closes tomorrow afternoon.

20 MR IHLE: Yes.

CHAIR: That's correct.

MR IHLE: Additionally and in a related way, for the reasons that we've just referred
25 to, Counsel Assisting has advised counsel for all of the other interested parties that there is a need for strict compliance with Practice Direction 3 in respect of any applications for cross-examination. So, specifically clauses 18 to 26. So because there will be no capacity to extend the evidential phase of this Inquiry beyond tomorrow, not only does all evidence to be tendered need to be brought quickly to
30 the attention of the Inquiry, but there must be strict compliance with that Practice Direction.

CHAIR: Thank you.

35 MR IHLE: With that, I'll invite the Board to adjourn until 2.15 tomorrow afternoon.

CHAIR: Thanks, Mr Ihle. That's what will happen. 2.15 pm tomorrow.

MR IHLE: As the Board pleases.
40

**HEARING ADJOURNED AT 1.16 PM UNTIL 2.15 PM ON FRIDAY,
25 SEPTEMBER 2020**

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