Virtual Issue Coda

Coronavirus disease and local government

This postscript offers some preliminary observations on how the coronavirus disease (COVID-19) pandemic interacts with geographies of local governments. It was written in the middle of April 2020, a fortnight in which Australians had begun to believe that we had “flattened the curve” and could begin to debate how social distancing measures should be eased. It is important to note this point because of how quickly both the epidemiology and government responses are changing from week to week. The context in which this postscript was written may be very different from the context in which it is read.

Throughout March and early April, Australian governments’ focus has been on immediate responses such as expanding hospital capacity, imposing and enforcing social distancing, and emergency economic relief measures, which have generally had widespread support across the political spectrum. By the time this postscript is published, the focus is expected to be on the medium- and long-term impacts on the economy and on inequality, with the proposed responses likely to be much more contested politically. However, because of how quickly concerns are changing, it is possible that this expectation will be off the mark, and that the observations made in this postscript will no longer be relevant, in which case it might be hoped that they may at least stand as part of the historical record of the crisis.

It is important to note too that this postscript was written by an urban and economic geographer with no expertise or research experience in the health sector. Like most scholars in other disciplines writing in the context of the pandemic, I am learning a large number of new concepts and theories in a frantic and haphazard manner and cannot claim to have understood them with the seriousness they deserve, let alone to have added knowledge to them. I thus refrain from making claims about the health sector and confine commentary to relevant areas of expertise in urban and economic geography.

The observations are made under the same headings as in the introduction to this virtual issue: administrative geographies, local inequalities, power relations, and opportunities for further research.

1 | Administrative Geographies

Arguably the local administrative geography of most relevance to the immediate response to the pandemic is not that of the local government units created under state and territory legislation, but that of the local health networks (LHNs) created by the state and territory governments. LHNs are typically responsible for administering the public hospitals and other public health facilities within their regions, including their capital expenditure, staffing, training, procurement, and logistics, although they are not responsible for private sector hospitals and private sector health service providers including general practitioners (GPs) within their regions. The geography of the LHNs created by the state and territory governments is overlaid by the geography of primary health networks (PHNs) created by the Australian government in 2015. Each PHN typically covers the same region as one or more LHNs, with borders aligned to the LHN borders to create efficient coordination. PHNs offer strategic coordination across all public and private health services within their borders, connecting them to Australian government funding, and with the power to provide or commission additional healthcare services to address any identified gaps in local healthcare needs. PHNs coordinate with private sector hospitals and health service providers in their regions but do not govern them.

LHNs and PHNs do not constitute special-purpose additional layers of government with elected leadership and powers of taxation (unlike, say, United States’ school districts), but they are run by independent boards and have some power to calibrate local responses to the pandemic as required by its epidemiology within their borders. LHNs and PHNs embody what Dollery, Crase, and O’Keefe (2009) and KC, Corcoran, and Chhetri (2018) illustrated earlier in this virtual issue, which is that the optimum geographic unit for local service delivery should be tailored for each type of service, not determined by local government boundaries.

Local governments do not participate in the delivery of health services but have still had a role to play in the initial
response to the pandemic. Local governments have been using their powers and capacities to protect their communities as much as possible, revealing the substantial spaces for action available to local governments. Some such responses have been direct public health actions, as seen in the closure of amenities likely to cause viral transmission such as parks, playgrounds, sporting facilities, and beaches. Many responses have been financial actions to support businesses and communities economically, such as reduction or elimination of rates and charges including street parking charges in retail areas, or the announcement of new grants targeting specific occupations such as performing artists. Other economic responses have been achieved through deregulation of economic activity such as outdoor dining, retail, construction, and property development via changes to licensing laws, permitted hours of operation, and fast-tracking of approvals. It is likely that local governments will continue to be creative in how they use their powers to support their local communities.

The pandemic has created the prospect of local administrative boundaries becoming real barriers to the movement of people, in many cases for the first time ever. State governments have exercised sovereignty by closing their borders to each other. Some of these divide communities, notably Coolangatta (Queensland) /Tweed Heads (New South Wales) where crash barriers have been placed across quiet residential streets. State and territory governments have designated biosecurity areas in remote regions to protect Indigenous communities from infiltration by the virus. Rural local governments have requested that state and territory governments close their boundaries to individuals visiting from metropolitan areas. The prime minister has aired the possibility of locking down individual local government areas based on local transmission rates, such as the Waverley Council area in Sydney’s eastern suburbs, which contains Bondi Beach, in the postcode area with the highest number of confirmed cases in New South Wales. Queensland has imposed additional quarantine restrictions on any of its residents returning from highly affected local government areas in other states such as Waverley.

2 | LOCAL INEQUALITIES

These calls for fine-grained restrictions across Australia’s administrative landscape hint at perceived local inequalities. Those in rural areas are concerned about lack of local hospital capacity to manage severe cases of COVID-19 should they become as numerous as the worst forecast scenarios. Australians are rapidly building new intensive care capacity, but this is typically in metropolitan areas where existing hospital wards in public or private sector hospitals or large spaces such as convention centres can be converted to intensive care units with some efficiency. This decision will exacerbate the inequality of hospital capacity in relative terms, even though logistics are being mobilised to enable patients in rural areas to be transferred efficiently to facilities in metropolitan areas during the crisis. This relative increase in inequality echoes the lessons in Wiesel, Liu, and Buckle (2018) earlier in this virtual issue, which showed that the New South Wales government, motivated by financial efficiency and economic effectiveness, has tended to invest in various forms of infrastructure differently in local government areas in ways that entrench rather than ameliorate inequalities between those areas. Those in rural areas are also concerned about their communities’ reduced ability to access GPs, specialist doctors, community pharmacies, and other medical supplies such as personal protection equipment (PPE) during the crisis. On the other hand, communities in rural areas are at an advantage over metropolitan areas in some respects, such as their prior level of implementation of telehealth technologies and services, and their proportionately lower numbers of confirmed cases of COVID-19.

Apart from the health response, local government areas are affected economically by the pandemic in different ways. For example, coastal regions have been affected by the loss of tourist revenue, agricultural regions by the lack of seasonal labour. Several of these regions had already suffered major losses from the 2019–2020 bushfire crisis and have no capacity to weather another economic blow. The JobKeeper wage subsidy program introduced by the Australian government to protect the workforce during the pandemic will not be available to state, territory, or local government employees. This decision may prove especially crippling to rural and regional communities where state, territory, and local governments may be among the largest employers in their areas.

3 | POWER RELATIONS

The health response has been remarkable for the lack of vociferous political opposition it has provoked. However, political conflict will become much more of a factor in government responses as the numbers of new confirmed cases of COVID-19 come under control and focus shifts toward addressing the economic recession that the pandemic has triggered. While, for example, normally economically conservative governments have moved rapidly to implementing conventionally socialist policies such as massive welfare outlays in the short term, in part to ensure greater compliance with movement restrictions, in the medium and long term the same governments may revert to type ideologically in their management of the economic recovery.
Earlier in this virtual issue, MacDonald (2018) discussed moves made by the New South Wales government over the previous decade to gradually strip development approval powers from local governments. Many aspects of the regulation of planning, development approval, and construction have been temporarily deregulated by state, territory, and local governments in an attempt to keep the construction industry buoyant during the recession. These changes may become permanent if state and territory governments seek to use the opportunity presented by the recession to strip even more powers from local government. Major concerns attend the approval of controversial projects in local government areas without current capacity within their communities to challenge such approvals, such as coal mining approvals granted under the Woronora reservoir in southwest Sydney, and the fast-tracking of highway and tunnel projects.

State government moves to disempower local governments may also come through changes to the financial and funding arrangements of local governments, aspects of which were observed in the past by Beer, Clower, Haughton, and Maude (2005) and Pritchard (2005) earlier in this virtual issue. State and territory revenue streams such as property sale stamp duties and goods and services tax (GST) are highly sensitive to economic volatility, whereas local government revenue streams such as council levies are relatively insensitive to economic volatility. The differing pressures on the finances of each level of government may result in state and territory governments using their powers to impose new measures on local government expenditure.

4 | OPPORTUNITIES FOR FUTURE RESEARCH

The pandemic will fuel the need for and accelerate new research, as it should also do among geographers of local government. Many questions arise from the first weeks of response that can only be answered in the months to come. What will the pandemic tell us about the fitness for purpose of Australia’s local health administrative geography of LHNs and PHNs? How effectively will local governments protect and support the various industries in their areas? How effectively will rural local governments manage health capacities and economic demands in remote regions?

Perhaps most importantly, how will political and financial relations between state and territory governments and local governments evolve as a result of the economic recession and the pressures of recovery? How will planning powers for controversial projects and developments be redistributed, and in whose interests? Will Australia’s tiers of government cooperate to address issues at the local level, or will the recovery be dominated by conflict and mistrust between them? To use a word that has become somewhat misused during this pandemic, these questions regarding Australia’s geographies of local government will all become increasingly essential.

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ENDNOTE
1LHNs are known as such in national contexts and in South Australia. They are called local health districts in New South Wales; health services in Northern Territory, Victoria, and Western Australia; hospital and health services in Queensland; and health organisations in Tasmania. The Australian Capital Territory contains only one LHN, known as the ACT Local Hospital Network Directorate. Victorian hospitals typically have their own health service boards separate from the boards that govern other public healthcare provisions within the same regions, and so Victoria’s LHNs are often collectively referred to as “hospitals and health services” despite the same health service board governing structure applying to both.

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