

Negligent Australian government response threatens widespread Covid-19 infection

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The number of COVID-19 cases in Australia is beginning to increase rapidly, rising from 39 on March 4 to at least 107 as of today. Thirteen cases were confirmed yesterday in Sydney, the capital of New South Wales (NSW)—the largest daily increase, taking the overall number in the state to 61. In Melbourne, the capital of Victoria, there are now 21 cases, after three new infections were verified yesterday in people who recently returned from the US.

Cases have been confirmed in doctors and staff working at three major public hospitals in Sydney, a general practitioner (GP) who saw patients in eastern Melbourne, five schools—three in Sydney and two in Melbourne—and Southern Cross University campuses at Lismore, in northern NSW and the Gold Coast in Queensland.

The national death toll remains at three, one a person infected aboard the Diamond Princess cruise liner, who passed away in Perth, Western Australia, and two elderly residents of an aged care centre in northern Sydney.

Most cases so far are due to infected people returning from countries other than China—particularly Iran, Italy and, increasingly, the US.

The great risk is that the virus is spreading, largely unknown and unchecked, via transmission from people who became infected in Australia—as took place in Italy and elsewhere. The risk stems above all from the negligent response of the federal and state governments.

The World Health Organisation first classified COVID-19 as a “Public Health Emergency of International Concern (PHEIC)” on January 30, one week after Chinese authorities placed most of Hubei province—the initial epicentre of the outbreak—under lockdown.

Underscoring the gravity of the threat, a PHEIC had been declared only on five previous occasions since the classification was formulated after the 2003 SARS crisis. These were in response to the 2009 Swine Flu, the outbreaks in 2014 of Ebola and polio, the 2016 Zika virus and the 2019 resurgence of Ebola in central Africa.

Yet, virtually no concrete action was taken by Australian governments, apart from a ban on any non-citizen entering the country who had been in China during the previous 14 days. The coronavirus outbreak was treated as something that would have little impact on Australia.

More than three weeks after the PHEIC announcement, Australia’s chief medical officer Brendan Murphy told a press conference on February 25 alongside Prime Minister Scott Morrison: “If there is a global pandemic, we will be prepared. Every part of the health system is now working on its plan, so that we’re ready if things develop further in the future.”

In reality, mechanisms for large-scale testing to identify infections were not in place. General practitioners (GPs)—the local doctors who treat patients in public or privately-operated clinics—were not advised how they should test for or respond to COVID-19 cases. Ambulance workers were not thoroughly briefed. Public and private hospitals had not prepared separate emergency admission sections or set aside dedicated isolation wards.

On the same day that Murphy declared Australia was “prepared,” Italian authorities announced that their number of cases had soared from three to 152, while infections in South Korea had leapt to 602.

Numerous media reports testify to the confusion and disarray within the health system. The official policy remains that people will be tested only if they are both

displaying flu-like symptoms and have either travelled overseas in the past 14 days or had contact with a confirmed case in Australia. People who do not meet these conditions are being denied a test.

Even if people do meet the conditions, the facilities to provide prompt and safe screening are still not in place. An *Australian* journalist recounted how he spent an entire day—travelling via public transport and coming into close contact with numerous people—moving from one facility to the next to be tested.

An account given to the *Guardian* by a GP in eastern Sydney is indicative. He told the newspaper: “I had two patients on Monday who I triaged over the phone, for which we receive no fee, and followed what I believed to be protocol and sent both of those patients to a designated private pathology lab that was doing samples, last we heard.

“They were not sick enough to go to the hospital and we don’t want to overload the hospital system, but we still need to know whether these people were OK. That was about 10 a.m. By 10.20 a.m. we got a call to say the first lab was no longer doing the tests as they’d run out of the kits. The second one wasn’t even answering the phone and the third was the same.”

The GP summed up the situation as a “shambles.”

Long queues formed yesterday outside public hospitals in Sydney, Melbourne and other cities that have only just begun providing testing in facilities isolated from general entry. Beforehand, people who feared they were infected were going to GPs or emergency wards and sitting for hours in close proximity to other people seeking medical treatment. In many cases, they were turned away because they did not meet the strict standard of having been overseas or in contact with an infected person.

Minimal measures are now being announced that should have been rolled out six weeks ago.

The federal government of Prime Minister Scott Morrison promised yesterday that 100 “fever clinics” would be established to test for COVID-19. Health Minister Greg Hunt said each facility could see 75 patients per day over coming months, enabling up to one million people to be tested. It is unclear when such clinics will be ready.

Even then, people can use the clinics only if they meet the strict criteria of travel or contact, or being at high risk, including those aged over 70, indigenous

people aged over 50, people with chronic health conditions, pregnant women and the parents of new babies.

Equally glaring, the federal and state governments will belatedly launch a “public education campaign” to inform the population of the potential risk. A campaign instituted much earlier could have clarified how COVID-19 spreads and encouraged people to take basic steps—getting influenza vaccinations to lessen the burden on the health system, frequent washing of hands and avoiding contact with others when suffering flu-like symptoms.

Also, the federal and state governments have ruled out, at this point, any of the lockdown measures taken in countries such as China, South Korea, Japan and Italy. Schools and universities remain open and no restrictions have been placed on public gatherings. Over 80,000 people attended a woman’s cricket match in Melbourne on Monday. Hundreds of thousands could attend games over the coming days as the Australian Rules football and Rugby League seasons begin. As many as 300,000 are expected to pass through the gates of the Australian Formula One this weekend in Melbourne.

The indifference to the population’s health and safety replicates the lack of action by both federal and state governments to warnings of a catastrophic outbreak of fires across the continent. As those warnings were verified from last October, Prime Minister Morrison downplayed the danger and then went on holiday to Hawaii as the bushfire crisis worsened.



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