

Health official warns that 150,000 Australians could die in coronavirus pandemic

Mike Head
17 March 2020

After reprehensively denying the severity of the COVID-19 pandemic for weeks, Prime Minister Scott Morrison's government yesterday admitted, via a senior health official, that up to 150,000 Australians could die from the coronavirus under a worst-case scenario.

Deputy Chief Medical Officer Paul Kelly told a media conference the number of infections would range from 20 percent to 60 percent of the population. "The death rate is around 1 percent. You can do the maths," he declared.

In fact, as in other supposedly "developed" countries, the mortality rate could be much higher. Italy's rate exceeds 5 percent. But even on a 1 percent rate, 15 million people would get the coronavirus and 150,000 would die.

On the "best-case" scenario that Kelly outlined, that of a 20 percent infection rate, about 50,000 people out of 5 million infected with COVID-19 would die. A "moderate" scenario of 10 million infections—40 percent of the population—would mean 100,000 dead.

What Kelly did not say is that many of these people would die as a direct result of the failure of Australia's governments, both federal and state. They have refused to take the necessary action soon enough to stem the spread of the disease, and to allocate the funding and resources urgently needed to test people and identify, isolate and treat the victims.

The federal Liberal-National Coalition government and the various state and territory governments—the majority Labor Party-led—did not establish a nationwide system for widespread testing, despite the World Health Organisation's January 30 classification of the coronavirus as a "global health emergency."

Up until last weekend, Morrison was still encouraging people to shake hands, go about life as

"normal" and even attend football games. These were not just mistakes. Every public relations message and government decision has been based on trying to protect corporate profits, not the lives and health of the population.

As a result, the official number of coronavirus cases in Australia appears to be almost doubling every three days, following the same deadly exponential pattern seen in Italy, and taking hold across Europe, including the UK, the United States and internationally.

The first coronavirus case in Australia was confirmed nearly two months ago, on January 25. By March 12, the country had 159 cases. As of this morning, the total had exceeded 450 confirmed cases, with five deaths.

The Morrison government now predicts that the number of local cases will rise to around 1,000 by the end of the week. If this apparent rate of infection continues, Australia would have close to 20,000 cases by the start of April, and about 153,000 by Easter, two weeks later.

Yet these official figures are unreliable and almost certainly seriously under-estimate the true toll, primarily because of the lack of testing, whether by swabs or blood. Even people worried about their likely infection are being turned away from hospitals and swab testing sites unless they meet strict criteria, and those who are tested face long delays in getting results.

People who suspect they have coronavirus in New South Wales, the most populous and worst-affected state, have been told they need to wait for up to five days for test results. That means the official figures will lag behind the actual number of cases, and that unknown numbers of people are infected and unwittingly transmitting the disease.

Despite government efforts to cover up the medical crisis, it is now clear that public hospitals, already over-

stretched and chronically-underfunded, cannot cope with the pandemic. Serious shortages of staff, test kits, personal protection equipment, ventilators and intensive care units (ICUs) are being reported.

While the federal government handed billions of dollars to business last week—the lion’s share of an unsuccessful \$17.6 billion economic stimulus package—it has offered only \$1 billion for the beleaguered hospitals. The state governments are meant to match that amount, 50:50, but the entire sum is totally inadequate.

Writing in today’s *Australian Financial Review*, health expert Stephen Duckett, a former federal Health Department head, gave some idea of the “challenges” and “cascade of problems” facing the hospitals.

Even before the COVID-19 reached pandemic proportions in Australia, Duckett warned, “ICUs and other ventilated beds are already one of the bottlenecks in the hospital system.”

Hospitals were trying to expand ICU capacity and increase the number of other ventilated beds by purchasing more machines but that would “only represent about a 20 percent enhancement of capacity and substantially greater increases may be required.”

Moreover, the “machines need to be watched and monitored by trained staff,” Duckett wrote. “There is some capacity to upskill staff and use the skilled staff to supervise staff with lesser training. But this may not be enough, especially in the worst-case scenario.”

Ominously, Duckett suggested: “Hospitals need to plan now about how they will prioritise access to scarce ICU and ventilator resources.”

This raises the spectre of the Italian calamity, where doctors, nurses and hospital officials have been forced to make terrible decisions to deny treatment to patients regarded as less likely to survive the suffocating illness.

Duckett said hospitals also were “at risk of not being able to get supplies.” The pandemic in China interrupted “the pharmaceutical supply chain” and factories processing raw materials into tablets might be at risk of shutdown.

Moreover, “the demand for personal protective equipment is increasing exponentially and may overwhelm local supply.”

Nurses and doctors have been raising the alarm about this reality for weeks. Medical workers at public hospitals in various states told the WSWS last week

they were not being supplied with adequate protective equipment, including hazmat suits or high filtration masks, which are the only devices effective against a viral disease.

They each reported a broader common state of affairs : initial official complacency; confusion over how to respond; and alarm at the prospect of thousands of COVID-19 cases, due to a lack of staff and specialised beds to treat severe viral infections and respiratory illnesses.

The widely discredited and loathed Morrison government is proceeding down this path with the support of the Labor Party and the complicity of all the trade unions, including those covering health workers.

Labor leader Anthony Albanese was this week afforded a five-minute national television address, in which he pledged: “Labor will approach this in the spirit of bipartisanship.”

All the state Labor leaders have joined Morrison in forming a national cabinet, dubbed a “war cabinet,” and the unions have been in closed-door talks with the government about how to prevent protests and walkouts by workers.

The only concerns of the capitalist ruling class, voiced in the *Australian Financial Review* today, are to prop up the financial markets, bail out the banks and corporate giants, and prepare to suppress mass discontent. “The economic forecast is terrible,” the newspaper’s political editor Phillip Coorey wrote.

Coorey added: “Civil unrest is a concern. With fewer than 300 infected, people have lost their minds and brawled in supermarkets over toilet paper. Imagine when thousands of cases are presenting each day.”

That is why the federal and state governments are imposing draconian emergency measures, giving themselves police-state powers, as they continue to preside over a mounting human catastrophe.



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact