

Australia: Queensland capital city enters lockdown

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For the second time this year, the Australian city of Brisbane has been placed under a three-day lockdown, amid the discovery of thirteen community cases of the COVID B117 variant. Referred to as the “UK” variant, the B117 mutant spreads seventy percent more readily than the original virus.

Concerns have been raised that this outbreak may be far larger than is presently known. The first case was identified last Friday. The infection of the 26-year-old man, from the working class suburb of Stafford, was linked via genomic testing of viral samples to an outbreak that occurred two weeks earlier at the Princess Alexandra, a major public hospital in Brisbane.

That outbreak, which involved a doctor contracting the virus from an overseas quarantine patient, did not then lead to any lockdown measures, despite the doctor having moved around the community while infectious. B117 was responsible for the massive January resurgence of the pandemic in the UK and Western Europe, which has killed tens of thousands.

A second cluster was announced Tuesday, related to a nurse at the Princess Alexandra contracting the B117 variant from a quarantine patient arriving from India. She and her sister travelled to Byron Bay, a popular tourist destination in New South Wales, with five cases, all originating from the infected nurse, resulting from a house party held there.

In a sign that the outbreak has likely spread beyond Brisbane, six of the new cases had visited other parts of the country while infectious, including the five in Byron Bay, and also Gladstone, a mining town in northern Queensland. An additional case may be present in the Queensland town of Hervey Bay. Despite a high risk of community transmission, similar to that of Brisbane, no lockdown measures have been instituted in those areas.

At a press conference Tuesday morning, Queensland Labor Premier Annastacia Palaszczuk, flanked by health minister Yvette D’Ath and Chief Health Officer Jeanette Young, attempted to convey confidence in bringing the outbreak rapidly under control, drawing attention to the fact that all cases to date were traceable. The officials, however, noted the likelihood of increased infections, highlighting that there was still much that they did not know about the extent of the outbreak and potential contacts. They mooted the possibility of a more protracted lockdown.

As with an earlier Brisbane outbreak in January, and cases that have previously emerged in Perth, Sydney, and multiple times in Melbourne, the failure of the quarantine system for international arrivals is largely to blame. A highly privatized and uncoordinated system, run out of poorly ventilated and inadequately equipped hotels, and staffed by untrained and exploited workers, “hotel quarantine” has proven unable to deal with the increasing virulence of new COVID strains, originating not only from the UK, but also from South Africa and Russia. The number of quarantined cases has risen from 5 last month to 78, only increasing the risk of a breach.

The situation has been exacerbated by the vaccine rollout debacle. Although the federal government of Prime Minister Scott Morrison promised to have inoculated 4 million nationwide by the end of March, fewer than 550,000 people have received even one of their two vaccine doses.

Significantly, despite working in an area of high risk, many of the staff at Princess Alexandra Hospital have not been vaccinated, including the doctor and nurse who contracted the virus from the quarantine patient, initiating the recent outbreaks. While Young and Palaszczuk promised to vaccinate all frontline staff, prioritised as phase 1a, and to only allow vaccinated

personnel to work with COVID patients, to date only 17 percent of these staff have received both doses of a vaccine.

Labor blamed the slow rate of vaccination on the failure of the federal government to distribute doses quickly enough. No precise explanation was given as to why unvaccinated health workers, with inadequate PPE, were working with COVID patients in the first place.

Labor was highly reluctant to announce a lockdown. No measures to limit spread were taken outside of selected healthcare facilities, including even mandatory mask wearing, until Monday evening, fully three days after the first new case was announced and the risk of widespread community transmission evident.

Justifying the slow response, Dr Young had claimed on Sunday afternoon that despite the known virulence of the B117 COVID strain, which triggered the lockdown in January, “This time, we’ve been dealing with this virus now for a long time and we’ve been dealing with these variants, so I think we have a little bit more time that we can work out what is going on.”

Given the incubation time of COVID is up to 14 days, the choice of a three-day lockdown, a so-called “circuit breaker,” is highly dubious, as it is unlikely that most active cases in the community will have been resolved so quickly. The previous January lockdown was similarly criticized by medical experts, with Professor Peter Collingnon, an infectious diseases specialist at Australian National University, commenting at the time “If you’re going to do a lockdown to stop spread, you usually have to do it for at least 10, probably 14 days and maybe 28 days...”

Undoubtedly Labor was taking into account commercial interests, which will be heavily disrupted by a lockdown during the Easter weekend, one of the most lucrative periods for the hospitality and travel sectors.

The response to the lockdown from the corporate elite was overwhelmingly negative. The *Australian Financial Review* published an article headlined “Qld’s COVID luck has finally run out,” which castigated Labor for failing to vaccinate its frontline staff and noted the enormous impact on the tourism sector.

Financial circles are particularly incensed, because the Easter weekend has been promoted as a potential buffer to a surge in unemployment, caused by the

abrupt end of JobKeeper last Sunday. The termination of the federal government’s wage subsidy program threatens fifty thousand jobs in Queensland’s tourism and hospitality sectors alone. The Australian Hotels Association and Tourism Association Australia, representing big business interests, have demanded financial support because of the ending of JobKeeper and the new lockdown.

As a result of the lockdown and new cases, nearly every Australian state and territory has instituted restrictions or quarantine requirements on travellers from Brisbane, which is the country’s third largest city, with a population of 2.5 million. The exception to this is Australia’s most populous state of New South Wales. Despite 1300 potentially infected contacts visiting high risk areas in its resort town of Byron Bay, the state Liberal government of Premier Gladys Berejiklian has stated its intention to keep travel open to Queensland.

Berejiklian has been in the frontline of the corporate elite’s drive to end all border restrictions and lockdowns. This has been taken to a new level over recent months, with senior politicians and media representatives insisting that the vaccine rollout, despite its shambolic character, means that the pandemic is over and it is necessary to “open the economy” fully.

Palaszcuk and Labor were re-elected to a third term last year, running on promises to protect Queensland from COVID through state border closures and a willingness to act decisively on outbreaks, all in the interest of protecting workers.

Just after the election, on November 1, the WSWS noted the hollow character of those claims, warning that “Labor will act in line with the demands of the financial elite it serves, including by lifting border controls. To fight for both their safety and conditions of life, workers need to turn to building a new socialist leadership.” The current outbreak underscores that necessity.



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