

Australia: Victorian Labor government declares it necessary to “live with the virus”

Clare Bruderlin
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Announcing the state’s highest daily infection numbers in an outbreak of the Delta variant of COVID-19, Victorian Labor Premier Daniel Andrews yesterday declared that his government was dispensing with any pretence of seeking to eliminate community transmission of the coronavirus, prior to the lifting of safety restrictions.

The statement is highly significant. It demonstrates that Labor, no less than the Liberal-National Coalition, is committed to the homicidal and profit-driven program of forcing the population to “live with the virus,” as it is allowed to become endemic.

Andrews, like other state Labor premiers, has previously made mealy-mouthed criticisms of this policy, as it is being implemented by the Coalition administration in New South Wales (NSW). In that state, the refusal to institute adequate lockdown measures and workplace closures has seen an outbreak spiral out of control, with well over 1,000 cases being registered per day and warnings of an imminent collapse of the hospital system.

But Andrews’ statements yesterday were indistinguishable from the lying justifications being employed by NSW Premier Gladys Berejiklian, to justify her government’s plans to end restrictions in October, as the virus circulates throughout Sydney and NSW.

Like Berejiklian, Andrews invoked rising case numbers, which surpassed 100 yesterday for the first time in the outbreak, to declare that eliminating transmission was impossible. Victoria, he said, could no longer “hold out hope” that case numbers would fall.

Vaccination rates, Andrews stated, were the crucial issue. Victoria would “stick to the national plan” adopted by all of the state, territory and federal leaders in July and August. Under this program, restrictions are to be lifted once adult inoculation rates reach 70 and 80 percent, and the virus is to be treated like the “flu.”

Modelled on the reopenings in Britain and the US, the plan will result in a massive increase in illness and death. Israel, where roughly 80 percent of the adult population is vaccinated, is experiencing almost 10,000 infections per day and dozens of deaths per day, after the lifting of safety restrictions, while British Prime Minister Boris Johnson has forecast that his

reopening drive will result in at least 50,000 fatalities a year.

The deadly calculations underlie the reopening drive in Australia. It is based on a rejection of calls by epidemiologists for a public health response to eliminate COVID, which they insist is possible, as has been seen in China, where outbreaks have repeatedly been stamped-out through stringent lockdowns, mass testing and contact-tracing.

Andrews, like the other state and federal leaders, is moving to lift even the inadequate restrictions currently in place. He announced limited steps in this direction, with children’s playgrounds to be reopened from Friday, and in-home care by non-household members permitted again for the school-aged children of authorised workers.

The reopening drive in the state is to be accelerated on September 23 or even earlier, based on the arbitrary figure of 70 percent of the population having received a single dose of vaccine. Travel restrictions will likely be eased, Andrews said, while workforce capacity at construction sites will be boosted from 25 to 50 percent.

This is despite the fact that the vaccines can take two to three weeks after the second dose to be most effective. Just 34.65 percent of Victorians over the age of 16 are fully vaccinated. Moreover, breakthrough infections are becoming more commonplace with Delta among those fully immunised.

Andrews also announced plans to end the lockdown for most of regional Victoria as early as next week, despite ongoing community transmission.

As in NSW, the resumption of face-to-face teaching is to serve as a spearhead of the reopening drive. Andrews foreshadowed a possible full return to classroom learning for term four, and said that the first priority of the government is to vaccinate every Victorian Year 12 student with their first dose of a COVID-19 vaccine before their General Achievement Test (GAT) exams, which Andrews announced will be held on October 5.

This program threatens a catastrophe, like it does everywhere else. Active cases in Victoria have more than tripled in the past fortnight. Some 58 percent of those stricken by the virus have been under the age of 30, including hundreds of children and teenagers.

Over the past two days, infection numbers have spiked

dramatically, with 120 cases recorded yesterday, the first time the state has reached triple figures since a mass outbreak late last year, and a further 176 revealed this morning.

Only 64 of Wednesday's cases were linked to existing cases, meaning the source of 56 others is unknown. Of those announced today, Some 93 of today's infections are also "mystery cases." This indicates that transmission is far broader than is being captured in the official figures.

Testing rates remain abysmally low. On Sunday, for instance, Victoria recorded just 41,395 tests, from which 73 new cases were detected, whereas NSW registered 157,211 tests and 1,290 new cases. With today's infections, the reproduction rate for the virus in Victoria stands at 1.5, meaning that every two infections are tending to result in three more.

Two deaths were reported yesterday, one of a woman in her 40s and another in her 60s. They are the first fatalities in the state since the outbreak in Victoria late last year claimed over 800 lives. One of the women was an undetected COVID infection. Estimates are that one-in-three infections in Victoria are undetected to date.

Of the total cases, 58 are in hospital, with 21 in intensive care and 14 on ventilators. Of those hospitalised, half are under the age of 50, including two infants under a year old and two children aged 10 and 11.

Victoria is currently in its sixth lockdown, with lockdown measures including an indoor and outdoor mask mandate for those over 12 years old; a suspension of in-person teaching at schools and universities, except for the children of essential workers and those deemed vulnerable; a ban on public gatherings; and the restriction of service at cafes, restaurants and non-essential retail to takeaway only.

As with previous lockdowns, however, many workplaces have remained open. This includes the construction sector, deemed "essential" during the pandemic as a means of ensuring the fortunes of property developers and an ongoing speculative boom in the housing market. Most factories, including the meatworks, which were a source of major outbreaks during lockdowns, also continue operations.

Despite the growing number of cases and spread of infection, the Victorian state Labor government did not implement a state-wide lockdown until August 21, when there were at least 438 active cases of coronavirus across the state.

Coronavirus clusters have been recorded predominantly in Melbourne's densely populated working-class suburbs, and the virus hit the regional city of Shepparton.

Schools have been a major vector for the transmission of the virus. Close to 4,000 school children in Shepparton were considered primary close contacts after four schools were exposed to COVID-19 for days at a time, and at least seven schools, including primary schools, have become exposure sites. There are now 112 active cases of COVID-19 in Shepparton, including numbers of children, and more than 95 exposure sites.

Coronavirus clusters have also emerged at major hospitals, including the Royal Children's Hospital and emergency departments at Sunshine Hospital, Alfred Hospital and the Northern Hospital, under conditions where the healthcare system is in deep crisis.

A coronavirus cluster emerged at the Royal Melbourne Hospital with at least eight staff, seven patients, and a visitor testing positive. The cluster began with a patient from Shepparton who had surgery at the hospital but was not tested for the virus before his operation.

Some 500 staff were forced to isolate because of the outbreak, putting strain on the already dangerously understaffed healthcare system. With increasing numbers of nurses working as contact tracers, vaccinators and in testing centres, reports have emerged of an "unprecedented" number of double shifts being worked and widespread burnout.

A recent report by the *Age* cites an internal Royal Melbourne Hospital memo that states that fully vaccinated workers who spend less than an hour in the same ward as a COVID-infected person may be able to avoid going into isolation if they "continue to be tested regularly, wear high-grade PPE and work at only one site," and that their families, and other housemates, will not have to isolate. This comes after some 4,000 hospital workers were infected with COVID in Victoria last year.

With the Victorian hospital system holding even fewer ICU resources than NSW and with inadequate staffing levels, the Andrews government, as with the other state and federal governments, is preparing the conditions for an unprecedented crisis where the highly infectious Delta variant is allowed to continue to spread and hospitals will not have the capacity to treat coronavirus patients.

Andrews' statements yesterday were hailed by the federal government and the corporate press as a crucial step forward in this deadly reopening drive. Treasurer Josh Frydenberg declared them a "turning point" in the drive to force the population to "live with the virus" as did commentators in the *Australian* and the *Australian Financial Review*.

For the working-class, the line-up demonstrates that a fight for safety, health and life, above corporate profit, must be directed not just against the Liberal-National Coalition, but Labor and the entire political establishment.



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