

# Australia: New South Wales premier declares the population must accept COVID deaths

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As a COVID outbreak continues to spiral out of control with more than 1,000 infections every day in New South Wales (NSW), and cases climbing to more than 200 in Victoria, the state and federal governments are pressing ahead with a plan to “reopen the economy,” end lockdowns and force the population to “live with the virus” over the coming months.

This program was adopted in July–August by the national cabinet, composed of the federal government and all of the state and territory leaders, most of them from the Labor Party. Since then, and amid the worst crisis in Australia since the pandemic began, NSW Premier Gladys Berejiklian and representatives of the federal Liberal-National Coalition government have insisted with ever-greater vehemence that there is no alternative but to end lockdowns, whatever the consequences in infections and hospitalisations.

The chorus was joined this week by Victorian Labor Premier Daniel Andrews, who explicitly rejected any aim of eliminating COVID transmission, falsely claiming that it was impossible with the highly-infectious Delta variant. Instead, the only issue was increasing vaccination rates to reach the arbitrary targets of 70 and 80 percent of the adult population inoculated, which trigger the lifting of restrictions under the national “roadmap.”

The government leaders have presented vaccinations as a silver bullet, covering up the experiences in countries such as Britain, the US and Israel, where similar reopenings have led to a massive increase in cases and hospitalisations. The homicidal character of their program, however, was spelled out by Berejiklian at a press conference yesterday.

The NSW premier was asked by a journalist to comment on modelling that there could be 50 COVID deaths per day across Australia, six months after a reopening based on 70 percent adult vaccination rates. Berejiklian responded that people would have to face the “confronting” reality.

“You are going to have death,” she said, but “you have death with the flu,” and “50 people lose their lives every day to heart disease.” While death was “horrible,” it was also necessary to “put things into perspective.”

In other words, Berejiklian’s incessant declarations that is necessary to “normalise COVID” mean normalising mass death for the indefinite future. Her comments were made the day before 12 fatalities were revealed this morning, the worst toll

since the pandemic began and daily infections climbed to 1,431. Given that infection numbers are tending to double every 11 days, the state is on track to register 3,000 daily cases or more by mid-September.

With the rising infection numbers, which state authorities predict will continue to grow for the next several weeks, Berejiklian has declared that October will be the “worst month” for both hospitalisations and deaths. She has repeatedly refused, however, to make public the modelling upon which this assessment is based, or to provide any concrete figures on likely rates of mortality and illness.

Daily infections only surpassed 1,000 on August 25. With a hospitalisation rate of 5.5 percent, every day cases reach that number, at least 50 people will require medical care. At 2,000 cases, the number would climb to over 100, and at 3,000 to more than 150. Given that in most cases, severe illness occurs in the second week of infection, most of the hospitalisations from the past ten days of cases near or above 1,000 have yet to occur.

Amid this lag between cases and hospitalisations and well before any peak of infections, the health system is already at breaking point. There are now 979 COVID patients in NSW hospitals, most in Sydney, with 160 in intensive care units (ICUs), 63 of whom require ventilation. Each of the figures has doubled over the past fortnight.

The rapid rise compelled two major hospitals in Sydney—Westmead and Blacktown—to pause COVID admissions for 24-hours late last month so they were not overwhelmed. Other facilities are activating “surge” and “emergency” plans, while most “elective” surgeries have been indefinitely “paused.”

The state has 846 active, staffed ICU beds, meaning coronavirus patients already account for around 19 percent of total capacity. Berejiklian and Health Minister Brad Hazzard have repeatedly touted a supposed “quadrupling” of potential capacity, claiming an additional 2,015 ventilators and beds. A leaked memo from the NSW government to the national cabinet, published by the *Saturday Paper*, revealed existing staffing levels would only allow for only 164 of the extra beds to become operational.

The repeated assurances, that the hospitals will cope with

any level of COVID admissions, were further exposed as lies by a chilling new guideline sent to NSW ICU staff and publicly-revealed by *news.com.au* on Wednesday. The directive foreshadows the development of a “triage” system in hospitals, under which treatment and resources would be provided to patients most likely to survive, and effectively withdrawn from those likely not to.

“Complex ethical and clinical treatment issues can occur. It may be necessary at some point to begin prioritising limited critical care resources to those with a need for treatment and those who are most likely to survive,” the document states. “Such prioritisation decisions would need to take into account all patients’ probability of survival, as well as the availability of limited critical care resources.”

The guidelines recall the catastrophes that befell the healthcare systems in Italy, parts of the US and India, at earlier stages of the pandemic. During the first wave, Italian hospitals were directed to refuse service to people over the age of 70, if there were younger patients requiring treatment.

Medical experts are warning of a similar disaster in Sydney and NSW. In the *news.com.au* article, an anonymous ICU doctor explained: “If something keeps going up, without stopping, it’s going to overwhelm any system in the world... If we have a surge, we’ve got like a four-stage plan. The final stage is like, you know the whole ICU becomes a Covid ICU. But that would be catastrophic, because then we couldn’t do any of the other work.” Patients requiring treatment for heart attacks, strokes, traumatic injuries and other life-threatening conditions would have nowhere to go.

The dangers are compounded by the fact that the peak in hospitalisations, predicted by Berejiklian, is the same month her government says it will begin a “reopening,” based on 70 percent adult vaccination rates. Schools are set to fully resume in-person teaching in late October to early November, workplaces currently closed will be reopened, and high-risk venues, such as restaurants and bars, will be permitted to serve patrons.

Berejiklian’s modelling appears to be based on the assumption that 70 percent vaccination rates will result in a dramatic fall in transmission. But this has not been the case anywhere in the world, meaning that while hospitals may reach crisis point in October, the situation is unlikely to improve over the following months.

The prospects of a meltdown of healthcare provision are exacerbated by the surge in Victoria, where daily infections exceeded 100 on Wednesday, and have already reached 208 this morning. The state’s contact-tracing is overwhelmed, with half of the cases announced this morning not being linked to an existing outbreak, while testing rates are abysmally-low, amounting to 40,000–50,000 per day in a population of almost seven million.

During a surge of infections in the state mid-to-late last year, Victoria’s hospital system was on the brink of being

overwhelmed. Already, there are 58 cases in hospital, 21 of them in ICU and 14 of those on ventilators. After decades of funding cuts, the hospital systems in states such as South Australia and Western Australia are frequently operating near capacity, even without COVID patients, meaning there is likely no “surge” capacity anywhere in the country.

Under these conditions, the entire focus of the political establishment is on pressing ahead with the reopening. Victorian Labor Premier Daniel Andrews’ declaration on Wednesday that there was no prospect of returning to zero transmission, has been hailed by the financial elite, as a major advance for this criminal campaign.

An article by Dennis Shanahan in yesterday’s *Australian* hailed the formation of “a powerful triumvirate, politically and practically backing the national cabinet’s plan for easing restrictions and reviving business: Scott Morrison as Prime Minister, Daniel Andrews, as the pre-eminent Labor government leader, and Gladys Berejiklian, the senior Liberal premier.” The three had found “common ground” in wanting to “revive the economy and strike a political and practical balance in living with Covid-19.”

Andrews’ position demonstrates the bipartisan character of this pro-business offensive. His open adoption of the “live with the virus” mantra has been presented as an important battering ram, to force the state Labor governments in Queensland and Western Australia (WA) to open their borders and allow for the circulation of Delta.

Over recent days, WA’s Labor Premier Mark McGowan has accused the federal government of “being on a mission to bring COVID” into his state, while his Queensland counterpart Annastacia Palaszczuk has warned that a rushed reopening threatens the health and lives of children. Their posturing is bound up with their fears of mass social and political opposition from the working class if they are seen to allow a major outbreak of the Delta variant under conditions where it is not yet circulating in their states. Both premiers were reelected last year, based on false assertions that they protected their population from the coronavirus.

Like of all of the state and territory leaders, however, McGowan and Palaszczuk signed up to the national “roadmap,” predicated as it is on “living with the virus” and allowing its spread. Andrews’ open embrace of these murderous policies foreshadows a similar about-face in Queensland, WA and everywhere else.



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