

Australian government promotes bogus modelling for “living with COVID virus” plan

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The entire Australian political and media establishment has spent much of the last month promoting COVID-19 modelling commissioned by Prime Minister Scott Morrison and the state premiers to justify the rushed lifting of lockdown measures and other restrictions.

This modelling, known as the Doherty Report, is endorsed by all the state and territory governments, Labor and Liberal, and likewise accepted as good coin by every major corporate media outlet. This is despite the numerous questionable and even outright false assumptions underlying the report's projections of the likely outcome of “opening up” the economy when first 70 percent and then 80 percent of the eligible population is vaccinated.

An examination of the Doherty Report makes clear that it can be properly understood not as a scientific document but rather as an ideological mechanism through which the Australian ruling elite hopes to condition the population for mass COVID-19 infection, with an accompanying wave of deaths and serious, life-long illnesses.

The modelling was conducted by the Doherty Institute, a joint venture between the University of Melbourne and The Royal Melbourne Hospital that is financed through government funding and donations from major corporate sponsors such as the Myer and Pratt Foundations. It was tasked with detailing the likely effects of implementing the four-phase “National Plan” to remove COVID-19 restrictions, which all federal and state governments agreed to on July 2 via the so-called national cabinet.

The Doherty Report concluded that “the requirement for stringent lockdowns [will be] unlikely at 70% population vaccine coverage.”

This was immediately seized on by federal and state governments, especially the New South Wales Liberal-National government, which on behalf of big business and finance capital has spearheaded the sabotage of the national elimination of coronavirus transmission. “As the Doherty report says, once you get to 80 percent double dose and you have to open up, everyone will have to learn to live with Delta,” Premier Gladys Berejiklian declared last month.

Before examining the Doherty Report's projections, the following are just some of the dubious assumptions and procedures underlying the modelling:

- The report assumes that there are a total of nearly 4,000 intensive care unit (ICU) beds available nationally, when in fact there are just over 2,000 ICU beds. This extraordinary error remains unexplained.

- The modelling assessed the implications of reopening while assuming just 30 initially active COVID-19 cases. Currently there are more than 20,000 active cases.

- The report assumed a 90 percent reduction in COVID-19 transmissibility for those who have received a vaccine double dose. Emerging scientific studies from highly vaccinated countries such as Israel indicate that vaccinations are far less effective than that for reducing transmissibility of the Delta strain of the virus.

- The modelling assumed a reproduction rate (R_{eff}) of 3.6 (that each person with COVID will infect an average of 3.6 people). Again, the Delta variant has shown potential reproduction rates significantly higher. The Doherty Institute, without explanation, made no attempt to model outcomes for different reproduction rates.

- The Doherty Report's projections were limited to 180 days of infections. Many of the document's graphs feature an exponential curve that is abruptly cut off at this arbitrary 6-month limitation. The longer term health implications of the pandemic were simply ignored.

- Also important is the caveat of having 70 or 80 percent of the *eligible* population vaccinated. Because under-16s were not eligible when the modelling was prepared, all of the reopening forecasts leave hundreds of thousands of children vulnerable. Only last week was it confirmed that 12–15 year-olds can receive Pfizer, but the rollout has not begun and will not be completed when the “reopenings” are set to begin. There is no approved vaccine for children under 12. The 70–80 percentage rates of the eligible population, if those under 16 are excluded, respectively translate to 56 and 64 percent of the *total* population. In other words, even at the upper end of the government's vaccination targets more

than one in three people will be unvaccinated.

• The report modelled different outcomes for an optimal functioning of the test, trace, isolate, quarantine (TTIQ) system, and for a partially effective TTIQ system. No modelling was done for a scenario in which enormous case numbers swamp the TTIQ system and render it ineffective. This failure is all the more extraordinary given that contact tracing has already collapsed in Sydney and is under enormous strain in Melbourne.

The modelling for TTIQ optimal functioning, which was explicitly commissioned by the federal government, produced especially absurd data.

For example, the Doherty Report purported to show that with optimal TTIQ and 70 percent vaccination rate for the eligible population, in six months there would be just 2,737 symptomatic infections and 13 deaths! In other words, under conditions where there are nearly 13 and higher *daily* deaths amid current lockdowns (or more accurately partial lockdowns) in Sydney and Melbourne, the Doherty Report projects the same casualty rate but over *six months*, in conditions with no lockdown measures.

The nonsensical nature of this modelling was embraced by the government, and promoted in the manner of a “big lie.”

Health Minister Greg Hunt declared on August 24: “With optimal public health measures and no lockdowns, [the impact of reopening] can be significantly reduced to 2,737 infections and 13 deaths. That’s the path which we’re pursuing.”

The “path” being pursued by federal and state governments is in reality one of mass death.

Even with all the false and questionable assumptions underlying the Doherty Report, it projected that opening up at 70 percent vaccination for the eligible population in conditions of partially effective testing, tracing, isolating, and quarantining, would lead within 180 days to nearly 400,000 symptomatic COVID infections and 1,500 deaths.

As appalling as that projection is, it almost certainly represents a vast underestimation of the situation.

Very different modelling was released in pre-publication form on August 24 by a group of epidemiologists and scientists including Dr Zoë Hyde of the University of Western Australia and Professor Tom Kompas of the University of Melbourne.

Their report, “What vaccination coverage is required before public health measures can be relaxed in Australia?” concluded that for the government’s planned “Phase C” of the reopening at 80 percent vaccination of the eligible population—i.e., no lockdowns but some targeted restrictions—there will be 114,000 hospitalisations and 25,000 deaths.

If the government proceeds to “Phase D” at the same level

of vaccination, i.e., no public health or border restrictions, the report projected “approximately 50,000 fatalities—multiples of the annual fatalities from influenza in Australia—and 270,000 cases of long COVID.”

The report concluded that a full opening up would still result in approximately 5,000 fatalities and 40,000 cases of long COVID even if four relatively stringent criteria were met: (1) children and adolescents are vaccinated, (2) vaccination rates for those over 60 and for other vulnerable groups is at least 95 percent, (3) people vaccinated with AstraZeneca receive an mRNA booster, and (4) vaccination coverage for the entire population is at least 90 percent.

The media has buried this report, despite, or rather because of, the significance of the projected mass infection and death. Every wing of the corporate press—from the frothing Murdoch outlets to the “liberal” Nine newspapers and the publicly funded Australian Broadcasting Corporation (ABC)—is baying for an end to lockdowns.

This campaign necessarily requires the promotion of the bogus Doherty Report and the suppression of rival scientific modelling that points to the real implications of the drive to reopen schools, dragoon workers back into their workplaces, and eliminate all restrictions hindering the profit-making activities of the corporations. To the extent that the real scope of the danger becomes more widely understood, the ruling elite is threatened with mass opposition from below.

The working class has the right to objective and accurate scientific information! An internationally-unified fight for a scientifically based policy of eliminating and eradicating the coronavirus must make central the demand that this right be recognised. Rank-and-file safety committees must be formed in every workplace and school to prevent the premature and dangerous reopening drive. One important task of these committees is the promotion and circulation of reliable scientific data, and the exposure of misleading and false information such as the Doherty Report.



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