

Pacific governments plan border reopenings amid Delta surge

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As the highly contagious and deadly Delta COVID-19 variant surges around the globe, governments across the Pacific are re-opening their borders to international travel, regardless of the risks to public health.

The move is in line with the clamour from big business and political elites internationally for life to return to “normal” as the population is compelled to “live with the virus,” a homicidal policy that threatens tens of thousands more deaths. In the Pacific this agenda is being propelled by demands to restore the devastated tourism industry, deemed essential to the economies of many island businesses.

Fiji, which is experiencing one of the worst COVID-19 surges in the region, is set to reopen its borders on November 1 for fully-vaccinated travellers. Prime Minister Frank Bainimarama declared he wants commercial and international flights to begin as soon as possible.

The Fijian government initially set a target of 60 percent of the adult population being fully vaccinated by the end of October, well below even the inadequate 80 percent used by other countries. According to Fiji health authorities, 96.5 percent of the eligible population has now received at least one dose, with 66 percent fully vaccinated. The country’s target of 587,651 people is well short of the total population of 890,000 because children are excluded.

Fiji currently has 12,981 active cases in isolation. Since April, when the Delta variant entered via a quarantine breach, there have been 49,174 infections and 566 deaths. The national seven-day average daily test positivity is 16.2 percent, which is on a downward trend, but still indicates a high level of community transmission. Official numbers fail to show the true extent of cases, as reporting systems are overloaded and in many areas no testing is taking place.

Fiji’s remote islands are recording escalating case

numbers: Kadavu in the east, Macuata and Vanua Levu in the north, and Malolo and Naviti in the west have together reported more than 800 cases in the past several weeks.

The move to open the border follows persistent refusals by Bainimarama to impose a full national lockdown, on the grounds that it would “destroy” the economy. As with capitalist governments elsewhere, his strategy is to reach an arbitrary level of vaccination coverage and, based on the fraudulent proposition that vaccines alone can halt the spread of COVID-19, remove all restrictions.

Some internal border closures were lifted last Friday and Bainimarama announced that once Fiji achieves 70 percent full vaccination, all workplaces, tertiary institutions, churches, hotels, restaurants, cafés, cinemas, gyms, pools and tattoo parlours can operate at 70-percent capacity.

Sections of the ruling establishment are clearly worried that the rush to reopen international borders could trigger social opposition and political instability. According to Radio NZ, Bill Gavoka, leader of the main opposition Social Democratic Liberal Party (SODELPA), said Fiji was not ready for the border to open and the government should focus on “health first over the economy, which will fall into line.”

Former chair of the Pacific tourism board David Vaeafe warned that in 1918 New Zealand allowed influenza to enter Samoa, where it “wiped out 20 percent of the population.” Noting how “rampant” COVID is in the Pacific, he said: “It’s important to vaccinate local communities to protect them but also to protect the border.”

Fiji’s tourism industry, however, enthusiastically welcomed the plan. Andre Viljoen, Fiji Airways CEO, boasted that the vaccination rate “puts us on track to be the most COVID-safe holiday destination in the world.” Ahura Resorts said they would target the US market—the centre of the global COVID surge—until New Zealand and

Australia lift their border restrictions.

American Samoa last week recorded its first COVID-19 case, a returning resident who arrived on a September 13 flight from Hawaii. Hawaiian Airlines has recently resumed flights from Honolulu, offering two per month through to December 20. Flights were previously stopped for 17 months at the request of the American Samoa government, except for repatriation flights for residents who had been stranded in Hawaii and the US mainland.

Travellers to the capital Pago Pago are required to follow health and safety protocols, including proof of vaccination and negative pre-travel test results. While American Samoa had until now remained COVID- free, Hawaii is in the midst of a serious Delta surge. It registered 550 new cases on September 18, with a daily average of 539. The US state has had over 72,000 cases and 699 deaths.

Guam, a US territory, has fought two major COVID-19 outbreaks which caused 180 deaths and infected over 14,000 people. Earlier this year the island offered COVID-19 vaccinations to American expatriates in Asia with a so-called “Air V&V” vaccination and vacation program for people to visit and get their shots. Borders were reopened for tourism, with fully vaccinated visitors able to skip post-arrival quarantine. The US Center for Disease Controls subsequently raised its travel advisory, warning Americans not to go to Guam.

In French Polynesia the government re-imposed border controls in February, ending more than six months of quarantine-free travel to Tahiti and other islands, which had allowed thousands of tourists into what had been the only accessible tourist destination in the South Pacific. Within weeks, COVID-19 had re-emerged in the community. Two weeks ago, daily case numbers stopped being reported after total infections passed the 40,000-mark. Unofficial reports indicate that infections reached 3,000 cases a day. Officially, 593 people have died as a result of the pandemic.

The Tourism Authority of Kiribati has also welcomed a government decision to reopen the island, which has so far had no COVID cases, from January 2022. President Taneti Maamau urged people who qualify for the COVID-19 vaccines to complete both doses before the end of the year.

The Pacific region’s main powers, Australia and New Zealand, which were forced to suspend their short-lived trans-Tasman “travel bubble” at the outset of the current outbreak in July, are preparing fresh “roadmaps to freedom,” even as COVID-19 devastates their major

cities.

As of September 18, Australia had 21,108 active cases and 1,162 deaths. Victoria and New South Wales are recording large numbers of daily infections. Despite claims that New Zealand has “bent the curve” due to the Ardern government’s elimination strategy, Auckland remains in the grip of a long tail of infections, with over 1,000 cases detected since a person who arrived from Sydney tested positive on August 17.

A four-phase plan for reopening Australia unveiled at the end of July suggested those with vaccination certificates would be able to travel overseas when at least 80 percent of the over-16 population is fully vaccinated. Anticipating that the federal government will relax border restrictions before Christmas, Qantas has announced the resumption of its international schedule on December 18, including flights to the UK, Canada, US, Japan, Singapore and Fiji.

New Zealand’s Labour-Green government has declared that “restoring travel connectivity within the region will boost economic activity and long-term recovery.” A plan to begin testing self-isolation for vaccinated people this year, with a new border system based on low, medium and high-risk entry paths in place from early 2022, remains on track, with vaccine passports promised by December. The government announced on Friday that it will “re-assess” the travel bubble with Australia in eight weeks.

In order to prop up New Zealand’s horticulture industry, low-paid seasonal workers from the Pacific islands who have had at least one dose of vaccine will be allowed in without having to quarantine from October. Workers from Samoa, Tonga and Vanuatu will isolate for a week in employer-arranged accommodation before starting work. University of Canterbury professor Michael Plank said that the danger will be workers returning home, taking COVID-19 with them.



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