

# New Zealand emergency doctor warns of “preventable catastrophe” from COVID-19

Tom Peters  
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New Zealand’s outbreak of the highly infectious Delta variant of COVID-19, which began in August, has rapidly expanded since the government began easing lockdown restrictions in Auckland in late September. Active cases have risen from a low point of 202 on September 28, to 2,788 today.

Hundreds of thousands of people returned to workplaces on September 22, and high schools in the city were partially reopened on October 26. Tomorrow, retail will be allowed to reopen, a move sharply criticised by experts.

There are now 79 people in hospital. Four people have died from the virus so far this month, bringing the country’s total deaths to 32. The toll is still low compared with other countries because for most of the pandemic New Zealand pursued a policy of elimination: using lockdowns and public health measures to reduce outbreaks to zero cases.

On October 4, however, Prime Minister Jacinda Ardern announced that the Labour Party-led government was “transitioning” away from an elimination strategy. It is now clear that this means accepting growing numbers of cases and deaths in the community.

The *World Socialist Web Site* recently spoke with Dr Gary Payinda, an emergency department doctor based in Whangarei Hospital in Northland, about how the growing spread of COVID-19 would impact the healthcare system, particularly with relatively low levels of vaccination in much of the country.

The northern part of Northland is currently locked down, and there are 21 active cases in the region. Whangarei Hospital admitted two COVID-19 patients in recent days, who were subsequently discharged, including a six-week-old baby.

Northland, with a population of about 180,000, is one of the poorest regions in the country. The median personal income was just \$24,800 in the 2018 census. It also has

one of the lowest COVID-19 vaccination rates: just 69 percent of people aged over 12 have received both doses of the Pfizer vaccine. Nationwide, 78 percent of eligible people are vaccinated. The figure is just 57 percent for Māori, who make up about a third of Northland’s population.

Dr Payinda said the vaccination figures were “horrendous” and described the situation facing the region as “a slow motion, preventable catastrophe,” with Māori among those most vulnerable to the virus.

He explained that low childhood immunisation rates have been a problem for years in Northland, in large part because of “poverty and lack of access to doctors, and a very small pool of general practitioners for a very expansive area... We’ve had measles epidemics before, and they hurt because they’re preventable.” Payinda has seen patients with serious complications from measles, including encephalitis and pneumonia. “We’re setting ourselves up very well to have that play out again,” he said.

Other poverty-related illnesses in the region include rheumatic heart disease, “something you just will not see in North American hospitals unless the patient is from a Third World country,” as well as rheumatic fever, strep throat and kidney problems. Many of these diseases will greatly exacerbate a COVID-19 infection.

Payinda was recently part of a New Zealand medical team that assisted the Cook Islands’ vaccination campaign, which resulted in 96 percent of those eligible being vaccinated by late August. “They understood that vaccination would reduce their risk of hospitalisation and death by 90 percent,” he said.

It was a “missed opportunity” that New Zealand “didn’t have a much more aggressive rollout, when the supplies did become available,” in order to achieve “Cook Islands levels” of vaccination. Payinda pointed to the recent surge in hospitalisations and deaths in countries

like Germany, showing that “if you only have two thirds of your population vaccinated, you will be crushed by the onslaught of cases as the unvaccinated get sick.”

Payinda praised aspects of the NZ government’s response, including the recent introduction of vaccine mandates for specific workforces. But he said vaccination should have been mandatory from the outset, “with the implicit understanding that if we want to live in a functional, healthy society, you need to take steps to reduce this infectious disease which in the [United] States has killed [more than] 700,000 people.”

Payinda said politicians were seeking to “cater to the loudest screaming voices,” the small minority opposed to vaccines, masks, lockdowns and other public health measures. He criticised social media companies and the mainstream media for amplifying anti-vaccination messages. “The people that get forgotten about are patients like mine, who are living rurally, are quite poor, don’t have a big voice and also haven’t been socialised to complain.”

With the current vaccination rate, Payinda said there could soon be “thousands” of COVID-19 patients nationwide requiring hospitalisation, “and a subset of those will die.” Hospitals would be overwhelmed because they already “lack the capacity to manage all the rest of our patients in an efficient, equitable and prompt manner, on a fairly regular basis.”

Describing the run-down state of public hospitals, Payinda said that when he began practicing in Northland 14 years ago “we had begun outgrowing our hospital” in Whangarei, much of which is around 60 to 65 years old.

In a typical morning shift in the emergency department (ED), “there are patients in the waiting room, waiting to be seen, and a third of your beds may be occupied by patients that were admitted last night... Without a staffed bed upstairs available to them, those patients can’t go upstairs, they remain in ED and they reduce the ability of the ED to see the next patient.” This is known as “code red” and “occurs fairly frequently.”

“When you have that situation, I have to ask: How are we going to cope with an influx of COVID-positive, sick, and sometimes very sick patients with low oxygen levels, who need a lot of nursing care? Where are we going to put those patients if our EDs are already chronically backed up?”

Health Minister Andrew Little has claimed that the healthcare system can “surge” to provide 550 intensive care (ICU) spaces in an emergency, up from a current nationwide capacity of about 340. Dr. Payinda said the

real capacity is “very hard to pin down accurately” because ICUs require highly trained intensive care nurses and specialists, as well as technical equipment.

He noted that at Whangarei hospital, government figures say that there are eight ICU beds, “but if you were to ask a doctor at our hospital how many patients can our ICU typically, routinely cover or surge to, they would say the number is half that.” That is, four ICU beds for a population of nearly 200,000 people.

“So you can see it wouldn’t take much to overwhelm the capacity of the hospital. Another thing to think about is: there are patients in those ICU beds now, who have real medical, surgical needs, traumas, you name it. Are we assuming that that demand will just dry up? Probably not. Likewise, what happens when staff get ill [and need to be isolated]?... You can’t be operating on a skeleton crew routinely, just barely squeaking by, and then expect that you will be able to rise to the surge.”

Payinda said there was an “entrenched” trend towards privatisation that had undermined public healthcare. Instead of using public funds to hire more nurses, for example, the system is routinely sending patients away with vouchers to be treated in private, for-profit urgent care centres.

He posed the question: “Why do we have a public health system that utilises general practitioners as private, for profit entrepreneurs?” At present, GPs are allowed to turn someone away because they cannot afford to pay. In Northland, people commonly “have to choose between, say, buying more groceries this week and going in for an unexpected asthma flare-up where the GP will charge you to be seen.”

Payinda concluded that the appalling health problems in Northland and other parts of the country, compounded by inequality, were “political problems.” “We know how to fix these problems, we just lack the willingness to actually fix them,” he said.



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