

# Australian medical specialist speaks out about escalating COVID crisis

Our reporters  
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As COVID-19 infection numbers surge throughout Australia, state, territory and federal governments continue to dismantle testing, tracing, isolation and quarantine measures. While officials peddle the unsubstantiated claim that the Omicron variant is “mild,” hospital admissions are rising rapidly in New South Wales (NSW), where the strain is dominant.

In that state, there are almost 71,000 active COVID cases, an increase of 44,000 in the past week. Of the 97,201 test results reported today, 12.58 percent were positive, up from yesterday’s record high of 7.1 percent.

Currently, 746 people are hospitalised for COVID in NSW, more than double in a week, with 63 in intensive care units (ICUs) and 24 requiring ventilation.

*The World Socialist Web Site yesterday interviewed a Sydney-based medical specialist about the situation confronted by hospital workers and the reality of treating severe COVID-19.*

WSWS: What does the rapidly increasing number of daily COVID cases in NSW mean for the hospital system?

Specialist: About 5 percent of everyone who is diagnosed with COVID will require hospitalisation, according to NSW Chief Health Officer Kerry Chant. More than 10,000 people were diagnosed today, so that means in excess of 500 people will be hospitalised in two weeks’ time. It’s a very simple equation.

I hope desperately that there are enough hospital beds, but the mathematics tells me that there won’t be. The health system will probably be overwhelmed by mid to late January, unless something changes.

We have another 21 COVID admissions at my hospital today. The hospitalisation rate is doubling every five days at the moment and that will narrow as time goes on. Case numbers are doubling every three

days and there is a lag of about two weeks between infections and hospitalisation.

The numbers you are seeing reported in the press are a fraction of the real numbers. The disease is much more prevalent. Thousands of people are going to die of this virus in the next three to five months.

There’s going to be misery and suffering and death that is totally unnecessary. The policies our governments are taking will cause further death, much, much further death. Add to that the unknown effects of long COVID, and the terrible things pneumonitis does to a person. It gives you pulmonary fibrosis that reduces your activity and reduces your ability to move and to function.

WSWS: Despite the mounting disaster, the NSW government led by Premier Dominic Perrottet, in line with all other Australian governments, has not only refused to implement a lockdown, but has torn down contact tracing, and halved the isolation period for health workers exposed to COVID to one week. What do you think of these policies?

Specialist: Lockdowns have become *verboden* because economic turnover is so much more important to governments than peoples’ lives.

Mandatory masking and density limits should never have been lifted in the first place. The contact tracing system in NSW has been disbanded. It is all based on self-reporting.

[Reduced period of isolation of health workers] is simply a function of the fact that, if we continued with the previous rules, there would be no health workers around. The problem is that so many health workers, particularly nurses, have been furloughed that there wouldn’t be any way to actually run the hospitals. It’s a function of the government’s own incompetence in allowing the infection rate to get so high.

Potentially, these health care workers will now be making everyone else in the hospital sick. I just think it's madness. I've been in the health system for more than 35 years, and I think it's the stupidest idea I've ever heard.

WSWS: We know that the vast majority of COVID patients are not reflected in the official hospitalisation numbers. As of last Monday, 8,536 people in NSW were being "cared for outside of a hospital setting." NSW Health stated yesterday that "most people can manage COVID-19 at home." How does that fit with your experience of treating this disease?

Specialist: "Hospital in the Home" has been dissolved. Now, people are told to manage their COVID at home, alone. We've already seen cases where people have died at home—young, fit people, who were previously asymptomatic.

[When we treat severe COVID in the hospital], we're running infusions of noradrenaline, adrenaline and vasopressin to try and support blood pressure. We're running huge doses of oxygen, both down the trachea and into an oxygenating machine on the side of the bed.

We've got devices that try and support the kidneys while they're failing. We've got devices that keep you asleep and anaesthetised because the things we're doing to you are so incredibly horrific that you don't want to remember them.

And they're saying "manage this at home." If you're really serious about managing it, you need an intensive care unit. Septic shock cannot ever be managed at home, unless your intention is to let someone die.

You need incredible concentrations of very powerful and dangerous drugs running through a drip line that is so big, the only place we can run it is directly into your heart, because that's the only place the blood is dilute enough to make these drugs effective and safe.

I'm not saying that all COVID patients managed at home will die, of course. I'm saying that an unreasonable proportion will, and that load will fall unfairly on the poorest sectors of society.

The disparity between the wealthy and the poor manifests in terms of rates of infection and survival outcomes for people with COVID. You see people in western Sydney postcodes doing so much worse in terms of COVID outcomes. Eastern suburbs hospitals are not overwhelmed, western suburbs hospitals are.

WSWS: What would you say to the claims that

Omicron is "mild"?

Specialist: Omicron has been touted as a "less virulent" variant—more contagious, but less virulent. That might be partly true, but mostly what we're seeing is an attenuation of symptoms as a result of vaccines, not of virulence.

The unvaccinated are particularly vulnerable at this time. To my mind, a life is still a life, regardless of your vaccination status.

You see in the press all the time, someone died of COVID, but also had "significant underlying health problems." Well, "significant underlying health problems" includes things like autism. It's entirely irrelevant to the virus, and what is offensive to me is the idea that we can slot these people into a different category and say they're less worthy of care because of their neural atypia.

Death by COVID is a terrible thing. I've seen a lot of it in this hospital. Watching someone die screaming for breath. The last thing you can do as a doctor or a nurse, when you can no longer ventilate them, you can no longer treat them, is just hold their hand while they're desperately gasping for breath.



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