Australian hospitals in meltdown amid record COVID-19 infections

Oscar Grenfell 3 January 2022

Australia's COVID-19 infections have broken national records two days running, despite a concerted attempt by state and federal governments to reduce the numbers by suppressing access to testing. The country's daily infection tally is now consistently above the total number of confirmed cases for the entire first year of the pandemic across Australia.

The surge is the direct and foreseeable outcome of the profitdriven "reopening of the economy," presided over by all state and federal governments, Labor and Liberal-National Coalition alike, and their decision late last year to allow the highly-infectious Omicron variant to enter the country and circulate in the community.

Having adopted murderous "herd immunity" policies that have resulted in millions of deaths worldwide, the governments are now engaged in a massive propaganda campaign to downplay and deny the catastrophic consequences of the policies they have put in place.

Government officials, Labor and Coalition, are blocking people from being tested; declaring that the record infections are of no significance; asserting without the slightest evidence that a peak "may be" approaching, and touting a supposedly low percentage of COVID hospital admissions, despite clear signs that the healthcare system is collapsing.

Yesterday, more than 37,000 new infections were confirmed. That record was surpassed today with 47,202 cases reported across the country. There are more than 250,000 confirmed active infections. The national tally since the pandemic began is 547,160, up from 235,562 on December 15.

The most-populous eastern states, New South Wales (NSW) and Victoria, continue to lead the surge. NSW continues to record close to or more than 20,000 cases each day, with a new high of 23,131 infections reported this morning. In Victoria, the exponential rise associated with Omicron is well underway. The state registered its highest increase yet, with 14,020 infections, up from 8,577 yesterday.

Case numbers are rising in almost every other state and territory. Infections rose in Queensland by more than a thousand, to 5,699, while in South Australia, they have exceeded 2,500. In those states, and a number of others, the Labor and Coalition administrations ended border shutdowns and other restrictions last month, allowing the virus to enter their jurisdictions which had previously eliminated COVID transmission.

No confidence can be placed in the official infection figures, as

staggering as they are. In NSW, the positivity rate, indicating the number of confirmed cases per tests, has reached an unprecedented 27.74 percent. This means that more than one in four people who get tested are infected. In Victoria, the rate has exceeded 20 percent for the first time. According to the World Health Organisation, a positivity rate above five percent indicates substantial untracked community transmission.

In other words, the official figures are a snapshot of saturation levels of COVID spread. The numbers, moreover, reflect the situation days before they were announced, given that people now wait up to a week for their results.

As they were embarking upon their criminal lifting of safety measures, governments touted their Test, Trace, Isolate and Quarantine regimes as a supposed protection against an uncontrolled outbreak. But these assertions have been exposed as bald-faced lies. Within the space of a few weeks, the testing systems of every state and territory have collapsed.

In NSW, today's record cases were drawn from just 83,000 tests, in a state that has a population of more than nine million. At the height of a Delta outbreak last year, more than 200,000 tests were being administered each day.

The testing debacle is bound up with the privatisation of health services, with most COVID tests being conducted and processed by lucrative for-profit pathology companies. To slash costs, they heavily rely upon batch testing, whereby multiple test samples are put together. If there are no traces of COVID in the batch, all those tested are notified of their negative result. It is now clear that this system only works when there is little transmission and few positive cases.

In the latest evidence, private provider Australian Clinical Labs announced yesterday that it was closing 28 of its 29 testing sites in Sydney, the country's largest city, because it could not cope with demand. The testing places affected include more than a dozen in key working-class suburbs. Even before the announcement, people were waiting hours for a test, in some cases being turned away after queuing for an entire day. A number of testing centres have also been closed in Victoria and Queensland.

There is an element of conscious design to the testing shortage. Last week, the national cabinet, comprised of all the state and territory leaders, together with the federal Coalition government, "updated" its definition of a "close contact." Now, only those who have been in a residential dwelling with a confirmed case for more than four hours are counted. The move was aimed at forcing workers exposed to the virus to remain on the job. It is now being invoked in the states and territories to limit testing, with many jurisdictions declaring that only narrowly-defined "close contacts" are eligible for a subsidized PCR test.

Prime Minister Scott Morrison has declared that this is part of a shift to the use of less accurate Rapid Antigen Tests (RATs). His government, having given hundreds of billions to the major corporations throughout the pandemic, has rejected calls for the tests to be free.

In addition to suppressing testing, Morrison spelled out that this was another boon to big business. He declared: "By making that policy very, very clear, then that means the private market, whether it's in the big warehouse pharmacies or the other pharmacies or the supermarkets, they can now go and stock their shelves with confidence that they won't be undercut by the government." For those not deemed close contacts, a pack of rapid tests costs upwards of \$70.

Labor leaders, who have marched in lockstep with the government, have bemoaned the announcement, but have accepted its profit-driven premise, calling only for the tests to be made "affordable."

An editorial in the *Australian* this morning hailed the denial of free testing to the population as a means of artificially reducing infection rates. "While it is possible things may change, on the current trajectory of milder health problems from infection, our sights should be lifted from the current fixation on case numbers and testing rates to properly assess the bigger picture," it stated.

But the claims that Omicron is a "mild" virus are also being refuted. For weeks, governments insisted that infection rates were irrelevant and hospitalisations the only metric of significance. Now, however, admissions are soaring. They have reached 1,344 in NSW, up from 901 on Saturday. This is higher than the peak of a Delta outbreak in October. Intensive Care Unit (ICU) admissions have increased in the same period from 79 to 105. In Victoria, hospitalisations stand at 516, with 56 patients in the ICU.

Yesterday, Prime Minister Morrison declared that up to 50 percent of the new admissions were incidental, with people attending hospital for other reasons testing positive on arrival. His comments, about a supposed issue that had not previously been mentioned, were backed by the Labor government in Victoria and the Coalition administration in NSW.

The unsubstantiated assertion is questionable at best, given it comes as the governments are openly seeking to reduce other metrics of the pandemic, including infection rates. To the extent that there is any truth to the claim, it highlights the breakdown of testing and the saturation levels of transmission. Many of the patients in this purported category, moreover, are undoubtedly at a heightened risk because they have COVID on top of other health issues.

The attempts of Morrison and the state leaders to downplay the hospitalisations are being refuted by the situation on the ground. Yesterday, the Victorian Labor government urged people to stay away from hospital emergency departments unless necessary, as though people were attending them for trivial complaints. Multiple hospital administrations have revealed that they are not coping with the demand.

The situation is the same in NSW. Last week's "national cabinet" declared that under "exceptional circumstances" health workers could be forced back onto the job if they had been isolating as close contacts of a confirmed infection.

But a report in the *Guardian* today revealed that the situation is beyond even that level of criminal endangerment. The article, based on information provided anonymously by healthcare professionals, revealed that NSW nurses are frequently being compelled to continue working, even if they test positive. Some health workers said that the infected staff on the job included those with symptoms, and that some of them were being placed in non-COVID wards, transforming the hospitals into incubators and transmitters of the virus.

Health experts have warned of a looming disaster. Professor Adrian Esterman, the chair of epidemiology at the University of South Australia, has predicted daily cases in NSW alone could exceed 100,000 by the end of January. He and other experts have warned that this will crash the health system, unless urgent action is taken.

Officials from the Health Services Union and other healthcare unions have bemoaned the crisis. But they, no less than the government leaders, have been exposed by the current surge as political criminals, willing to subject working people to a deadly disease in the interests of big business. The health unions have collaborated with the governments, enforcing understaffing and horrendous conditions. The trade unions have assisted in herding workers back to unsafe places of employment and have sought to suppress widespread opposition.

The Omicron explosion in Australia, as is the case internationally, underscores the urgent need for an independent movement of the working class. Rank-and-file committees, independent of the corrupt, pro-business unions, must be established to prepare industrial and political action for immediate safety measures, including the closure of non-essential workplaces with compensation for all affected workers and small businesspeople. This must be linked to a fight for the elimination of COVID and a socialist program which prioritises health and lives, not corporate profit.



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