

“It’s been an utter shambles and a failure of government”

??Australian epidemiologist Adrian Esterman condemns government response to Omicron

Richard Phillips, Max Boddy
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The *World Socialist Web Site* interviewed epidemiologist and biostatistician Professor Adrian Esterman, the current chairperson of biostatistics at the University of South Australia’s department of Clinical & Health Sciences.

Esterman has over 40 years’ experience, having worked for the World Health Organization in Geneva and Copenhagen as a consultant statistician and 14 years as principal epidemiologist with the South Australian Health Commission. He is a statistical reviewer for the *Medical Journal of Australia* and the *Australian and New Zealand Journal of Public Health*, and regularly writes for the *Conversation*, *medium.com* and the *Guardian*.

The following is an edited version of our discussion with Professor Esterman.

World Socialist Web Site: Just before Christmas you wrote an article headlined “Our leaders are living in wonderland if they think COVID case numbers don’t matter.” Could you elaborate?

Adrian Esterman: We have both our Prime Minister Scott Morrison and Brad Hazard, the health minister in New South Wales, saying that the emphasis now should be on hospitalisations and ICU [Intensive Care Units] rather than on cases. In other words, we have to learn to live with COVID and therefore case numbers don’t matter.

But if the multiplications on the number of Omicron cases are done then our hospital system will be swamped. We’re already seeing that in NSW. Supposing 5 percent of those infected end up in hospital, and we’re now getting up to 20,000 cases a day, that’s 1,000 hospitalisations per day. What health system can cope with that?

In addition, a reasonable proportion of those who get infected—no matter what their symptoms are or even if they don’t have any symptoms at all—end up with long-term health problems, which we call colloquially Long Covid. If you have 20,000 people infected a day and just say 5 percent have long-term health problems that’s a lot of people hitting the health system in a year or two.

WSWS: The government initially said people should only be concerned about hospitalisation rates. That’s now been changed to declaring we should take notice of the numbers in ICUs.

AE: Yes. Then they’ll start saying don’t worry about ICUs but look at the numbers on respirators, and later say, don’t be concerned about the numbers on respirators but the number of deaths. They completely forget about Long Covid, that our hospitals are desperately struggling with huge caseloads and that health staff are getting burnt out, not only because of workloads but because they’re getting infected and going into quarantine. Now is the time to reduce case numbers, not ignore them.

What we have here is a delicate balance. It’s like a set of scales. On one side, you have infections and on the other you have public health measures. When the two are balanced you have an endemic situation, and an effective reproduction number of 1. This means that the disease is always around, that you’re living with it, but effectively under control.

Currently the scales are heavily on the side of transmission and the best way of bringing it into balance is by increasing public health measures. Instead of this, NSW is removing public health measures. Sensible people, sensible governments around the world would be increasing public health measures.

WSWS: But public health measures are being reduced, not just in NSW but across Australia and internationally.

AE: Yes, that’s right. Boris Johnson has said today that he will not be introducing any public health measures. Yet UK case numbers are now getting up to 200,000 a day and the National Health Services there is falling around its ears. This is like an ostrich sticking its head in the sand.

WSWS: You’ve spent your life working in this field. What do feel when you hear these responses?

AE: All you can do is get the message out there. These things are quite complicated, especially on modelling, and the general public does not have a clue on how to read or interpret a report on modelling. What’s required is for governments to give out simple, easy to understand health messages, but Australian governments are not doing it.

That’s why it’s up to people like me to convey to the public the truth of what’s really happening. I get satisfaction that I have an awful lot of Twitter followers who listen to me when I tell them that governments are not doing a good job.

Changing the definition of what is a close contact is to reduce pressures on testing stations, but it assumes that people have Rapid Antigen Tests which they don’t. This was a ridiculous decision and when you hear things like this, we just shake our heads and keep trying to get the correct messages out there.

WSWS: Are scientists being marginalised here?

AE: No, I don’t think we’re being marginalised. There are many people like us working in the public health system and generally good leaders in Australia pay attention to their public health officials. In New South Wales, however, they are totally ignoring this advice.

NSW has always been pro-business and has consistently refused to go into lockdown when the other states and territories did and got cases down to zero. When it was eventually dragged kicking and

screaming into lockdown it was only a half-hearted lock down and then started seeding cases into Victoria and across the country. The NSW government had a lot to answer for.

WSWS: How reliable are the current figures, given that Australian governments are now discouraging people from getting PCR tests?

AE: There's always been a lot of discussion of what constitutes hospitalisations—some states and territories include hospital in the home, others don't. This brings me to another point. There is no national definition for these things.

When I first came to Australia in 1981 there wasn't even a national data collection for health. It wasn't until years later that we got the Australian Institute of Health and Welfare to collect this information from each state and territory.

What was needed from the beginning, even before this current pandemic, was a national centre for communicable diseases, independent of government.

The federal government is responsible under the constitution for laws relating to quarantining. You'd think that they would take responsibility for a national approach to a major epidemic, but instead Scott Morrison said he wanted the states and territories to look after their own.

There's no national approach. There are different definitions for things, different ways of calculating, different contact-tracing systems that don't talk to each other, different border regulations and different testing situations. The list just goes on and on. The whole thing is an absolute mess. Right from the start it's been an utter shambles and a failure of government, with each state and territory doing its own thing.

We now have Labor saying it would be willing to establish an Australian version of the CDC [US Centers for Disease Control and Prevention] and establish quarantine stations, but when and if it got into power there's no guarantee it would enact those things.

WSWS: What do you think of Chief Medical Officer Paul Kelly's comment that his "number one Christmas present would be if everyone got Omicron" or Queensland chief health officer John Gerrard saying today that everyone will get the virus?

AE: These are very irresponsible comments. The fact is not everyone will get COVID. I've not had flu in 30 years because I have a flu jab every year. To say that everyone will get COVID is simply nonsense, and it frightens people. What you'll have is everyone will be either infected or vaccinated. We know that if you're not vaccinated there's a very high chance you'll be infected.

I've no idea what's behind these statements, I'm not in the minds of these people, but they need to refrain from making such statements. If everyone is going to get it then let it rip through the population. This is what the discussion about herd immunity was all about. They also forget that a lot of people have impaired immune systems or are frail and elderly and will be killed and up to 30 percent who catch and survive will have long-term health problems.

WSWS: Government responses to COVID are driven by big business demands that there not be any lockdowns.

AE: Lockdowns, of course, are only one public health measure. They are many other measures that can be used which don't particularly impact on business. For example, reducing the time for the booster shot down to three months has no impact on business and yet they are waiting until the end of January.

I don't buy this argument that there's nothing that can be done because it might impact on business. Public health measures, such as mandated face mask wearing, which does not impact on business,

improved ventilation, which may incur an initial cost, and other measures that can be introduced and ramped with no real impact on business, and yet they are not being done.

One single public health measure cannot stop the virus but a combination will work. In public health we use the Swiss cheese metaphor. Swiss cheese is full of holes, but the holes don't interline and so when you bunch together various slices you effectively block transmission.

South Australia and Western Australia successfully got down to zero cases, albeit with Delta. It will be harder with Omicron but I believe we could have kept it at zero cases in Australia, but it wasn't possible because NSW refused.

Countries like China can do it because they can shut down whole cities, which is good in terms of public health but not from the standpoint of how authoritarian a regime is.

Vietnam also did well, which has a socialist government, but a benign government and it does its best to help the people. In 2020 they did extremely well in keeping COVID cases low but now they have massive case numbers.

WSWS: We wouldn't agree with your description of China or Vietnam as socialist countries, but their responses did show that elimination is possible.

AE: I'm not sure how you'd describe these governments. Because I'm apolitical I'll praise any government that does it's best for its people and criticise any government that doesn't. I don't care what the political persuasion of that government is.

WSWS: You recently told the media that the NSW could easily hit 100,000 daily cases by the end of January, that it would not be able cope with the wave of hospitalisation and that "something has to change." What changes are necessary?

AE: The Netherlands has reintroduced lockdown and, as we know, lockdowns do work. Australia will be reluctant to go into lock down again but Portugal, which has much higher vaccination rates than Australia, is having to boost public health measures. We must do this across the country to flatten the curve and reduce the peak load on the health system. NSW will be forced to do this. Its health system simply cannot manage the caseloads and that situation is going to happen very soon. No matter what they say about not doing anything, they will have to. My question is why on earth aren't they doing it now?



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