

Australian media COVID propaganda barrage intensifies ahead of schools' reopening

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Ahead of the scheduled reopening of Australia's schools in late January and early February, the media is pumping out a daily barrage of propaganda and disinformation denying the dangers posed by record high COVID infections to teachers, school workers and children.

Among the most prominent piece was an open letter published in the *Sydney Morning Herald* on Wednesday, "For the sake of the 'forgotten voices' of the pandemic, reopen Australia's schools," issued by 35 academics, doctors and "community leaders."

The four lead authors were epidemiologist Catherine Bennett, Professor of Psychiatry Patrick McGorry, Professor of Child Health David Isaacs, and Professor of Paediatrics and Epidemiology Fiona Russell.

At least two of these figures, Bennett and McGorry, have ties with the federal government of Prime Minister Scott Morrison. Bennett has clearly positioned herself as among the most right-wing epidemiologists who are regularly consulted by the media—consistently supporting every measure of the Morrison government and opposing lockdowns and other emergency restrictions. McGorry has received various state accolades including the Order of Australia and has promoted the federal government's grossly inadequate spending measures on youth mental health, of which tens of millions of dollars have flowed into his own initiatives.

Among the additional signatories are Dr Nick Coatsworth, the former deputy chief medical officer who has become notorious for his diatribes against any further restrictions aimed at limiting the spread of COVID. Another is Tim Soutphommasane, University of Sydney political scientist, an individual with no medical training whatsoever, but who was last year promoted in the press for his calls to "live with the virus," under conditions in which most states and territories had eliminated transmission.

Whatever the motivations of each of the various signatories, the content of the "open letter" can be summarised as combining scientific misinformation with callous indifference to the health impact of mass COVID infection among children and school workers. It serves to justify the homicidal "herd immunity" policy, based on encouraging infections to spread unchecked throughout the population, that is now the policy of every state and federal government, Labor and Liberal.

Three main arguments were advanced for opening the schools on schedule:

(1) "A delay to return to in-person learning is not a proportionate response."

The open letter's signatories insist that COVID "is a mild disease in children" and that "the overwhelming majority of children recover from this virus without adverse effect."

The latter assertion represents a repudiation of basic principles of medical care and public health policy. An assessment of a disease's severity is not based on whether or not a majority of those who contract it are adversely affected. Polio, to take one example, permanently paralyses 1 in 200 of the children who contract the virus, i.e., 0.5 percent. The fact that the "overwhelming majority" of those who contract the virus that causes poliomyelitis are not severely affected has not prevented the global organisation of a decades-long and multi-billion dollar eradication drive.

With regard to COVID's "mildness" for children, the authors of the "open letter" simply ignore the evidence documenting the devastating effects of the virus on a significant layer of young people.

The surge of Omicron variant infections globally has seen an escalation in the numbers of child hospitalisations. In the US, where overall daily infections are higher than 750,000, nearly 800 children are being hospitalised *every day*. While scientific research is still emerging on the health impacts of the Omicron variant compared to other COVID strains, there is evidence that it may cause greater upper-airway issues that are potentially more dangerous for children because of croup and bronchitis.

Among the most serious effects of the virus is multisystem inflammatory syndrome in children (MIS-C), which can trigger multiple organ failure. Several cases have been documented of children with MIS-C having to endure the amputation of multiple limbs in emergency surgery.

The "open letter" made no mention of MIS-C. Even more strikingly, the 35 signatories never once referenced Long COVID. A substantial proportion of those infected develop long term symptoms, including fatigue, muscle and joint pain, and neurological issues including "brain fog." The long term, potentially life-long, health effects remain unknown. A recent British study by researchers at UCL Great Ormond Street Hospital found that 1 in 7 children who contract COVID will still have symptoms 15 weeks after being infected. A report issued on January 6 by the Office for National Statistics estimated that 117,000 children in Britain now live with Long COVID.

(2) "A delay to returning to in-person learning ignores the obligation to deliver the best education possible to children, greatly disadvantages the least privileged and causes unnecessary anxiety and harm."

The "open letter" was silent on the "obligation" to do everything

possible to minimise entirely preventable illness and death. It likewise made no consideration of the “unnecessary anxiety and harm” that is being triggered in children by the infection of their families and friends, as a consequence of the “herd immunity” strategy.

In the last two years, teachers and school workers developed extraordinary skill in delivering online learning. This was despite being hamstrung by grossly inadequate government support, such as additional funding for information technology resources, professional development support and increased staffing to accommodate extra planning time. Efforts to whip up a moral panic over “learning loss” during lockdown periods suffered a blow last year when the National Assessment Program for Literacy and Numeracy (NAPLAN) showed test results almost exactly equivalent to those from 2019.

With regard to the disadvantages endured by the “least privileged,” there is no question that working class and poor children confront grossly inequitable conditions. The extensively privatised school system in Australia is an engine for perpetuating and deepening social inequality. To address this situation would involve ending the multi-billion dollar public subsidies given to private schools, and the funnelling of vast additional resources into public schools in working class communities.

Herding the “least privileged” children into COVID infested classrooms will do nothing whatsoever to address educational inequality.

(3) “A delay in returning to in-person learning puts children’s mental health at risk.”

Again, there is no question that the pandemic has created mental health pressures for many children, as it has for the population as a whole.

The “open letter,” however, presents the situation in an entirely one-sided manner. It referred to a “worldwide surge in cases of mental ill health and of life-threatening presentations to emergency departments for suicidal risk and emerging mental illness.” This ignored the latest available Australian suicide statistics, showing a *decline* in the number of suicides in 2020, to the lowest level since 2016.

Gideon Meyerowitz-Katz, an epidemiologist from the University of Wollongong, last year told the *Guardian*: “The reality is rarely as simple as binary statements make it out to be. What we found was that lockdowns may harm mental health to an extent, but they are not associated with any increase in suicide, and they also prevent COVID-19 epidemics which definitely cause mental health harms as well.”

Properly implemented lockdown and related emergency health measures ought to involve a vast increase in public funding for medical resources, such as child psychologists and community programs for families. There also needs to be guaranteed income support for adversely affected workers and small business owners. Financial distress is a major trigger for mental health disorders in adults, and when parents suffer from conditions like depression and anxiety their children are invariably affected also.

The “open letter,” however, is silent on such matters. Instead, reopening schools is promoted as the panacea.

The signatories stated patronisingly that they “recognise that mitigation measures such as improved ventilation and/or masks may help parents and teachers feel more comfortable with the return to school,” but insisted that schools must open their doors on schedule, regardless of any problems with basic mitigation measures.

Due to vaccine supply and booking issues, only a minority of children under 12 years will have received a single shot before they

return to their classrooms.

The “open letter” asserted that “it is likely that schools pose no increased risk of transmission compared with the general community even when the virus is circulating at high levels,” and that “opening schools will not materially add to the burden on the health system.” It added, “most infections occur within households, and that schools in general reflect community transmission rather than being a key transmission driver.”

Who do the signatories think they are kidding? Scientists know that the highly infectious Omicron variant is spread when people share the same air space, even for just a few seconds. Even prior to Omicron, schools emerged as centres of infection, in Australia and internationally. Almost all of the major infection clusters in Australia late last year were in schools. In the working class Victorian regional town of Morwell, to take one example, a local primary school that has about 400 students registered 80 infections in a cluster last November.

A major disaster is being prepared with the national school reopening drive. Unless halted by the independent action of parents, teachers and school workers, and students, the inevitable outcome will be mass infection, enormous disruption to children’s education, and needless suffering and death.

This agenda has nothing whatsoever to do with young people’s learning or mental wellbeing. It is a class measure, driven by the demands of big business and finance capital to ensure workers remain in their workplaces, as part of the wider program to eliminate all remaining health restrictions that impinge on the accumulation of profit and private wealth.

Prime Minister Scott Morrison is no longer exerting much effort in concealing these calculations, yesterday declaring: “If schools don’t open, then that can add an additional five percent to the absenteeism in the workforce. So it is absolutely essential for schools to go back safely and to remain safely open if we are not to see any further exacerbation of the workforce challenges we’re currently facing. So schools open means shops open.”

The “open letter” demanding the school system’s reopening will serve as an enduring indictment of its 35 signatories, and, for the medical professionals among them, as a gross dereliction of duty.

The Committee for Public Education is holding an online meeting on January 23 at 11 a.m. (AEDT), “No to Australian school reopenings amid record COVID infections! Educators, students, parents—join the fight for rank-and-file safety committees!” We encourage everyone to register in advance.



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