

# A 28-year-old disabled man dies as COVID is “let rip” in Australia’s state of Queensland

Gary Alvernia  
22 January 2022

The tragic death of Lachlan Moore, the youngest person yet to die with COVID in Queensland, is the result of a criminal policy by the state’s Labor Party government and Australia’s other governments to let the virus spread uncontrolled throughout the population.

The 28-year-old man had Angelman syndrome, a rare genetic disorder causing cognitive and physical disabilities. His parents brought him to the emergency department of Redcliffe Hospital, in a northern suburb of Brisbane, the state capital, on New Year’s Eve.

Despite suffering high fevers and seizures, combined with evidence of a respiratory infection and a pending COVID PCR test, he was sent away after a few hours, and died in his sleep several hours later.

Many questions have yet to be answered regarding the events during Lachlan Moore’s assessment in hospital. According to the coroner, the cause of death could have been a brain bleed known as a subarachnoid hemorrhage, which may or may not have been related to his COVID infection.

However, the evidence points to an inadequate review by hospital clinical staff of Moore’s condition, and that his rapid discharge from hospital was premature and inappropriate.

Moore’s parents allege that despite having a pending PCR test and clear signs of a COVID infection, doctors and nurses refused to use a rapid antigen test (RAT) to quickly confirm the diagnosis, stating that hospital policy only allowed RATs on ventilated patients in the intensive care unit (ICU).

His family, devastated and outraged, spoke to “Nine News,” denouncing the senseless denial of a RAT. His mother asked: “Why can’t I do a \$4 test on a patient with COVID’s symptoms? It’s not just about protecting Lachlan; it’s about protecting staff.”

Moore’s parents said they “never considered” they would outlive their son. The loss of a child is the most painful experience parents can endure, yet growing numbers of families in Australia, and all over the world, have been subjected to it as a result of “living with the virus.”

While Moore’s parents grieve for their son, they have chosen to fight publicly for better treatment for other disabled persons. His mother said: “Just to be a statistic is really hard, but at least he’s now part of the statistics and hopefully somebody will look at it and think about how do we treat people with complex needs with possible COVID.”

The circumstances of his death have only come to light because Moore’s parents filed a formal complaint, indicating that he was not thoroughly examined, with understaffing given as the reason for the sub-standard care. While noting the cause of death as the brain bleed, Moore’s father stated: “COVID was the sail that drove it.”

Regardless of the immediate cause of death, a young man with symptoms of a serious infection and seizures, with significant disabilities putting him at increased risk of death, certainly warranted hospital admission and assessment by specialist services.

State Health Minister Yvette D’Ath was dismissive in her response, making no reference to the COVID crisis. “I understand the matter was referred to the coroner,” she said, saying it would be investigated. Such investigations invariably scapegoat individual staff members.

The responsibility for Lachlan Moore’s tragic fate lies not with overworked doctors and nurses, but Premier Annastacia Palaszczuk’s state government, which has committed to the national bipartisan “full re-opening” of the economy since last month, dismantling

measures to control the spread of COVID.

The predictable outcome has been an explosion of cases and deaths. In a state that had avoided large outbreaks due to a popular and publicly demanded policy of border closures and travel quarantines, Queensland has gone from having virtually no daily cases in early December to almost 20,000 reported cases per day.

Where the state had only *seven* COVID deaths until December, it has now recorded 95, nearly all in the past two weeks. Moore's death, far from being a tragic anomaly, is an increasingly disturbing norm.

For all the false claims of the Omicron variant being a "milder disease," Australia is enduring tens of thousands of cases per day, and record numbers of deaths, with a high of 93 on Friday. Many of these victims, including Moore, were at least double vaccinated.

These figures do not show the full extent of the disaster. Cases and deaths are under-reported, due to a breakdown in testing and lack of available hospital beds. In Queensland, at least one-fifth of COVID deaths have taken place at home. In a state of 5 million people, 884 COVID patients are currently hospitalised, and 52 are in ICU, occupying 1 in 8 available beds.

Inundated by thousands of COVID patients, hospitals and emergency services are unable to perform many essential functions, including management of non-COVID diseases. There are cancellations of life-saving surgeries and delayed responses to community emergencies.

The *Brisbane Times* reported that since December, code yellow alerts had been declared an unprecedented 26 times across various hospitals, meaning they had no bed capacity and had to divert patients to other hospitals, delaying emergency treatment and care.

Palaszczuk's government has long known these realities. Even before re-opening, and despite two years to prepare, Queensland's public hospitals were already at overcapacity, unable to manage pre-COVID patient volumes.

Last June, the Metro North Hospital Service in Brisbane was forced to cancel elective surgeries for two weeks due to bed shortages, despite no COVID cases at the time.

In October, the crisis in beds was so severe that patients were reported by the *Brisbane Times* to be

waiting for days in emergency departments to be admitted to hospital wards.

No new ICU beds have been added in the past two years, and there has been no expansion in hospital beds or staff. Queensland Labor, re-elected in a landslide in 2020 on promises to protect the population from COVID, has done the opposite, criminally pushing for re-opening. At the same time, hundreds of billions have been funnelled by the state into big business, particularly mining, tourism and hospitality, and real estate.

As in other Australian states, and internationally, Queensland's Labor government opposes measures to eliminate or even curb the spread of COVID, regarding them as obstacles to ensuring the profitability of major corporations. Compelled by increasing working-class opposition, its only token measure has been to delay the re-opening of primary and secondary schools by two weeks, as most children remain unvaccinated and especially vulnerable.

There is no reason to believe that the increasing death toll will change the current murderous course. In reporting COVID deaths last week, John Gerard, Queensland's chief health officer, declared: "There have been relatively few surprises in terms of the type of people who have died from COVID... most of the deaths we are seeing are relatively predictable, demographically, older people, with pre-existing conditions."

Earlier in the month, Gerrard proclaimed: "I think we just have to assume that all of us are going to be exposed in the next few weeks."

This is an anti-social and inhuman perspective, insisting that there is nothing to be concerned about as long as the sick, disabled and elderly form the majority of COVID deaths. In opposition to this crime, only the working class can eliminate COVID and defend lives over profit, including those of the especially vulnerable like Lachlan Moore.



To contact the WSWs and the Socialist Equality Party visit:

**[wsws.org/contact](https://wsws.org/contact)**