

COVID-19 surges in Australia's remote Aboriginal communities

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28 January 2022

A surge in COVID-19 infections in the Northern Territory (NT), coupled with the poor underlying health conditions in impoverished Aboriginal communities and limited health facilities in remote areas, is resulting in a major crisis.

Since quarantine requirements for domestic visitors to the NT were dropped on December 20, more than 11,000 new infections have been recorded in the territory. Prior to the border reopening, just 363 cases had been detected in the 21 months following the first positive test in the territory. Almost two thirds were overseas arrivals in quarantine.

There are currently 95 people hospitalised for COVID-19 in the NT, up from 13 on December 20. The territory has officially recorded two COVID-19 deaths, both in the last two months, and both in Aboriginal communities. The first was a woman in her 70s from the Binjari community near Katherine, and the second a fully-vaccinated woman in her 40s from the Bagot community in Darwin, the NT capital.

Another death was reported yesterday, of a man in Tennant Creek, who died of a cardiac arrest while in the “early stages of COVID,” according to NT Health Minister Natasha Fyles, but this has not been included in official figures “at this stage.”

In a joint open letter sent to Michael Gunner, chief minister of the NT Labor government, the Central Land Council, Central Australian Aboriginal Congress and the Aboriginal Medical Services Alliance NT said the territory’s failure to act quickly had “directly led to Covid spreading out of control in the Aboriginal communities of Central Australia and beyond.”

The groups called for an “immediate lockdown” of Central Australia, in the southern part of the territory.

The region is currently under a limited “lockout,” meaning unrestricted movement is allowed within the area for people who have received at least two doses of

vaccine, while unvaccinated people are limited to a 30-kilometre radius and only allowed to leave home for essential goods and services, medical treatment and masked exercise. An indoor mask mandate is in place for all residents.

Since reopening the border, the territory government has done little to stop transmission. Mask wearing was not mandated until December 31 and, while QR-code check-ins were required, the check-in app sent no exposure alerts for 10 days over Christmas, just as the surge was picking up speed.

Under these circumstances, when people have not been provided with the necessary resources or public health education to prevent the spread of the virus, the role of lockouts is to punish the most vulnerable layers for the reckless policies of government.

On Monday, the *Guardian* reported that an elderly woman with COVID-19 was forced to sleep outside and self-isolate under a tree in an effort to avoid infecting her relatives, including a person on dialysis and a young child.

One of the woman’s relatives said: “Positive people have been staying in their houses, in every house in Yuendumu [a remote Aboriginal community 260 kilometres northwest of Alice Springs], that’s how the spread went really fast.”

More than 140 people in the community of around 800 have contracted the virus since the outbreak was first reported on January 8. Yuendumu is just one among dozens of Aboriginal communities across the territory in which COVID-19 is circulating.

While 95 percent of the NT’s population is fully-vaccinated, only 67 percent of Yuendumu has received two vaccine doses. In some remote Aboriginal communities, that figure is as low as 38 percent.

The rapid spread of COVID-19 through Aboriginal communities is a stark expression of the class issues at the

centre of the pandemic. Decades of oppression and malign neglect have resulted in widespread poverty and third-world health and living conditions. According to 2016 census data from the Australian Bureau of Statistics, just 10.8 percent of Yuendumu residents work full time, and 50 percent of the population is unemployed.

In 2019, 19-year-old Kumanjayi Walker was shot by police in Yuendumu and bled to death without receiving professional emergency care. The local health clinic had been closed by NT authorities the day before.

Across Australia, 98 deaths were reported today, 39 in Victoria, 35 in New South Wales (NSW), 18 in Queensland, 5 in South Australia and 1 in the Australian Capital Territory.

Of the deaths in NSW, 8 people had received three vaccine doses, 15 had received two, and 12 were unvaccinated. One of those who had received two vaccine doses was a man aged in his 40s.

As fatalities mount, government figures around the country continue to claim the Omicron surge has peaked or soon will, as part of a propaganda barrage to force teachers and students back to school, and parents back to work.

While daily infection numbers do appear to be declining in most parts of the country, the complete breakdown of polymerase chain reaction (PCR) testing since late December and the lack of availability of rapid antigen tests (RATs) mean the official figures are a vast underestimation of the true extent of the spread.

Over the past two years, private pathology companies have raked in billions of dollars from government-funded PCR testing. With test positivity rates at 1 percent or lower throughout much of the pandemic, these companies were able to maximise profits by pooling up to 20 samples in each test run, reducing the need to invest in more lab equipment.

When the more infectious Omicron variant arrived, and was met with the repudiation of virtually all public health measures, positivity rates soared to 30 percent or more, meaning samples had to be run individually.

Without the testing capacity to do this, testing sites were shut down, and people waited days for test results, which in some cases never came.

The response of Australia's governments to this crisis was to change the rules, limiting PCR testing to close household contacts and people with symptoms.

Despite the complete breakdown of testing, more than 2 million COVID-19 infections have been recorded in Australia this year, more than four times as many as in

2020 and 2021 combined.

The relentless promotion of the idea that the virus has peaked deliberately obfuscates the fundamental character of pandemic viruses. The return to in-person learning around the country will lead to a surge in infections, as has been acknowledged by the very leaders forcing the reopening.

Dr. Gaetan Burgio, from the Australian National University, told NCA NewsWire: "In my view, it is too early for Australia to ease restrictions given schools are reopening and another spike in infection is anticipated."

The onset of winter, Burgio said, "will certainly impact the transmission of the virus and its spread." Burgio noted: "With the Omicron surge, it is now clear that Australia is no longer different to Europe or the US."

Already, a new sub-variant of Omicron, BA.2, is circulating in at least 40 countries. University of Melbourne epidemiologist Professor Nancy Baxter yesterday warned that initial data showed "it could be more contagious than Omicron." Baxter said "if it gets here, it may extend our waves and they may take a lot longer to get out of."

This is the direct result of "let it rip" policies imposed by virtually every capitalist government worldwide—with the notable exception of China—which continue to ensure mass infection and continuous mutation of the virus.

As the current surge of infection in Australia's Aboriginal communities makes clear, it is the most vulnerable layers of the working class who will suffer the worst consequences of the subordination of public health to the profit demands of big business. This includes schoolchildren and teachers who are currently being forced back into unsafe face-to-face learning.

The only alternative to continued waves of mass infection, illness and death is a fight by the international working class for the global elimination of COVID-19. This is inseparable from the struggle for the social interests of the entire working class, including a major expansion of high-quality public housing, health and education, and well-paid, secure jobs in remote areas.

This means a fight for socialism and the reorganisation of society to put the health and lives of ordinary working people ahead of the interests of the wealthy elite.



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