

# Australia: COVID-19 swamps Northern Territory schools and Aboriginal communities

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Hundreds of students and teachers have been infected with COVID-19 in the Northern Territory (NT) over the past two weeks as infections surge across the vast area, pushing existing hospitals and local medical services to breaking point.

NT has a population of about 247,000, spread across 1.34 million square kilometres—six times larger than the UK and double the size of Texas. Three-quarters of its residents live in Darwin and Alice Springs, the remainder in smaller towns and remote communities.

On December 20, the Territory's Michael Gunner Labor government, in response to tourist and mining industry demands, dropped quarantine rules for domestic visitors, declaring that the measures would not work because Omicron was "too infectious." Prior to this there were only 363 cases detected in the 21 months since the pandemic began. NT's first COVID death was recorded two months ago, on December 3.

NT urban area public schools returned to face-to-face teaching on January 31, with a resumption in remote areas on February 1. This proceeded with the full backing of the Australian Education Union.

On Tuesday, local media reported that 967 students and 217 teachers and other educators had tested positive since the reopenings with cases at 84 schools. While this represents a third of all NT government schools, not a single school has closed. Instead, emergency teachers have been deployed across the territory to replace infected staff.

Marching in lockstep with the Labor Party administration, Australian Education Union NT secretary Adam Lampe told the media before the new term began that the union anticipated staff shortages and sicknesses. "We're just hoping it all doesn't happen at the same time," he glibly declared. "We want schools open, kids have suffered from not having that face-to-face learning."

Yesterday, the NT government reported 1,161 new coronavirus cases, 168 people in hospital, 30 of them requiring oxygen and three in ICUs. The 7-day average of new daily cases is about 1,000 and there are 7,411 active

infections. Two women in their 60s were reported to have died at the Royal Darwin Hospital, the sixth and seventh fatalities since the pandemic began in early 2020. An Aboriginal man in his 60s died in Kintore, more than 500 km west of Alice Springs.

According to Deakin University chair of epidemiology Catherine Bennett, the NT now has Australia's highest rate of COVID-related hospitalisations per capita in Australia. During NSW's coronavirus peak last year, the state had roughly 3.5 patients hospitalised with the coronavirus per 10,000 residents. By comparison, the NT now had roughly 6.32 COVID-related hospitalisations per 10,000 people.

About 31 percent of the NT's population—or over 78,000 people—are Aboriginal, the overwhelming majority struggling to survive in impoverished and overcrowded communities with dangerously limited or non-existent health services.

Health authorities have told the media that 90 percent of those hospitalised with COVID infections and dying from the diseases are Aboriginal. Pre-pandemic, the NT had Australia's highest rate of potentially preventable hospitalisations, the largest percentage of adults with type 2 diabetes and the greatest hospitalisation rate for dialysis.

While the first COVID-19 infection in an NT jail—at Darwin's 1,048-bed prison—did not occur until mid-January this year, the disease is now in all of the Territory's largest and most overcrowded prisons and youth detention facilities.

Last week over 300 prisoners—or half the total number in Alice Springs Correctional Centre—tested positive. The virus is also in the Alice Springs Youth Detention Centre and the notorious Don Dale Youth Detention Centre. Calls by the North Australian Aboriginal Justice Agency for emergency action by the government, including the early or temporary release of inmates to prevent total spread throughout the prison system, fell on deaf ears.

Two weeks ago, the Central Land Council, the Congress Aboriginal Health Service and the Aboriginal Medical Services Alliance Northern Territory issued an open letter attacking Chief Minister Gunner and his government for

allowing the coronavirus to spread out of control throughout Central Australia.

“Many of the issues we are facing were foreseen, and plans made to address them. But there has been a catastrophic failure by government to discharge its responsibility to all Northern Territory residents by implementing these plans in Central Australia,” the letter said. It called for lockdowns in Central Australia and other emergency health measures.

“This is our last chance,” the letter continued. “We have been advocating continuously for firm action to slow the [Omicron] outbreak since it began in the early days of 2022. However, our requests have been ignored, or action taken too late or on too small a scale to make a real difference.”

The letter criticised the government for its slow contact tracing, belated introduction of mask mandates and failure to remove positive cases from crowded households. “When positive cases were located in crowded households, they were left at home for more than 48 hours, by which time the virus had spread within and between households, and then to other town camps and houses,” it said.

Yuendumu, which has a population of 750 and is the largest remote community in Central Australia, has had more than 100 cases in recent weeks. In an ABC News interview, senior community leader Ned Jampijinpa Hargraves denounced the health department, the federal government and the Gunner administration.

“They knew this was coming. They knew what was going to happen to us,” Hargraves said. He called for the proper quarantine facilities, pointing out that it was all but impossible to self-isolate in seriously overcrowded homes.

Up to 20 people, including children sharing a single home, with one kitchen, bathroom and toilet, is commonplace in Aboriginal communities across the NT. Proper treatment and care for those infected with the virus cannot be undertaken in these conditions. Securing adequate food and other essential provisions is also a major issue.

According to the most recent Australian Bureau of Statistics figures the rate of severe overcrowding in the NT is 483.5 per 10,000 people compared to the Australian rate of 21.8 per 10,000 people. The five Australian regions with the highest percentage of homeless people are all located in the NT with Aboriginal people accounting for 88 percent of the Territory’s homeless population.

The Gunner government has imposed two-week “lock-ins” of numerous regional and remote communities and biosecurity zones declared by the federal government around many of these communities. None of this will do anything to overcome the desperate lack of health facilities, trained medical workers, N95 masks, PPE, RATs, vaccines, proper isolation or quarantine facilities and other basic requirements

to contain and fight the coronavirus in these areas.

Concerns have also been raised by Aboriginal medical organisations and other health professionals that the Royal Darwin Hospital, the NT’s largest facility, will not be able to deal with the rising COVID-19 hospitalisations. In 2021, it was forced to call four code yellows, signalling critical demand for services, despite there not being any outbreaks of COVID at the time.

Last Friday, Chief Minister Gunner rejected warnings that the NT’s health system could not cope and lyingly claimed that the authorities had prepared for the widespread transmission of Omicron.

“There are some very loud voices, who would like you to think that every case of COVID is a catastrophe, that everybody should be taken out of their home and put into a hospital,” he arrogantly declared. “A response like that will be the medical equivalent of panic buying.”

Gunner’s vicious attack on those calling for proper treatment of COVID victims, comparing it to “panic buying,” is yet another expression of the total indifference of Australian governments—Liberal-National and Labor alike—to the health and lives of workers, young people and the most oppressed layers of the population.

It further demonstrates that the COVID catastrophe cannot be stopped by appealing to these governments and the unions that defend them. Instead, what is required is a unified mass movement of the entire working class against the official profit-driven response to the pandemic. This poses the necessity for a socialist and internationalist perspective, aimed at reorganising society to meet social need, not the profit interests of a tiny corporate elite.



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