

# Rutte government lifts COVID-19 measures in Netherlands as infections surge

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Over two years of the pandemic, the pseudo-scientific policy of herd immunity coupled with the impact of three decades of austerity have devastated the chronically underfunded and understaffed Dutch public health care system.

Prime Minister Mark Rutte's government relaxed public health measures on February 25, though the official count of daily COVID-19 infections was fluctuating between 35,000 and 50,000 with thousands of hospitalisations each day. In two years, in a country of 17.6 million, 7.6 million people were officially infected with COVID-19. There were well over 32,000 deaths between March 2020 and September 2021 alone, according to the Dutch Central Bureau for Statistics (CBS).

Besides the rise of COVID-19 hospitalisations, the public health system is straining to “catch up with the more than 110,000 operations that were postponed due to the pandemic,” *De Telegraaf* writes. It adds that “the largest backlog of postponed operations is in orthopaedics: 50,000 Dutch people await hip or knee replacements. Before the pandemic, this number was 10,000. In addition, thoracic surgeons said a total of 2,300 heart patients are waiting, 1,300 more than before the pandemic. There are also backlogs in urology, plastic surgery and gynaecology.”

Beyond mounting numbers of COVID-19 patients and the backlog of other patients, the RIVM (Dutch public health and environment institute) estimates that around 238,000 health care workers (of a total of 592,000) have been infected by the coronavirus. Thousands of them report burnout, PTSD or Long COVID symptoms; many of them have lost or left their jobs, while those remaining suffer from the continuing impact of the pandemic and unprecedented workloads.

At the beginning of March, staff shortages in the

Dutch health care system reached a peak. Hospitals in Noord-Brabant told their staff that tested positive for COVID-19 to remain at work. Thus, “they are trying to prevent surgeries and other treatments from having to be postponed due to staff shortages,” Bart Berden of the province's acute care consultation (ROAZ) told *Omroep Brabant*.

Berden continued, “[W]e see an enormous amount of coronavirus infections, without people having many symptoms. It now looks more like the flu than the coronavirus, as we knew it two years ago. To ensure that we as hospitals can continue to provide good care, we will now also approach it more like the flu.”

This is pseudo-scientific call to “work with COVID” and thus spread the virus to coworkers must be opposed. This brings infected hospital staff into contact with uninfected staff and with patients with underlying critical conditions, creating the conditions for massive contagion ending in a public health disaster.

This continues the politically criminal policies of the previous Rutte government at the beginning of the pandemic. On February 24, *NOS.nl* reported that thanks to an *Open Government Act* request, thousands of emails between RIVM's management team and the previous Rutte government in 2020 had been revealed. These show that the RIVM alerted the government, which nonetheless downplayed the significance of the pandemic in its public statements.

According to now available information, by February 9, 2020 alarm bells had rung at the RIVM. A “response team” had reportedly been set up to estimate the number of casualties and consequences of the pandemic in the Netherlands. It classified a nCoV (new coronavirus) “epidemic” as “a serious to a catastrophic” threat to public safety. One researcher emailed to his superiors, warning them of a

“catastrophic” scenario with well over 10,000 deaths and “a disruption to society.”

Nonetheless, the Dutch government was among the most obstinate in Europe in opposing public health measures to halt the spread of the virus.

In this context, the case of 52-year-old ambulance nurse, Lenny Wagemans, has attracted media coverage. On February 19, Lenny told *RTL Nieuws* that she was exposed to COVID-19 in March 2020 during an ambulance ride along with two of her colleagues. She helped a man struggling with shortness of breath, not even wearing a face mask because it was “not yet” standard procedure at that point in the pandemic, she explained. The Netherlands was one of the last European countries to introduce mitigation measures to limit the spread of COVID-19.

Now, at least five more Dutch health care workers are suing to hold their employers accountable for emotional and financial damage caused by infection at the workplace and the effects of Long COVID. This comes as tens of thousands of public health care workers internationally are walking out and striking, most recently in Turkey, Sri Lanka and Australia.

In New South Wales (NSW), Australia’s most populous state, nurses and midwives are opposing longstanding staff shortages, declining pay and intolerable working conditions worsened by the coronavirus pandemic. In New Zealand, after 10,000 allied public health care workers voted overwhelmingly for a two-day, 24-hour strike, an “extraordinary” last-minute ruling by the New Zealand’s Employment Court banned the strike, declaring any strike activity to be illegal.

In Turkey, doctors held a nationwide strike this month after a national health care strike in February, as inflation has slashed their salaries, and official indifference to mass infection claims hundreds of thousands of lives in Turkey.

In Sri Lanka, nurses, paramedics, public health inspectors, medical laboratory technologists and pharmacists are waging a national strike with urgent demands, despite its government’s strike ban. Their demands include the rectification of salary anomalies, higher transport and on-call duty allowances, increased overtime rates and improved promotion procedures.

Around the world, union bureaucracies that have played a key role in enforcing state policies and block

working class opposition to the politically criminal policies of capitalist governments that are now moving to derail and sabotage health strikes.

In the Netherlands, the largest trade union confederation, the Federation of Dutch Unions (FNV), is working hand in hand with the Dutch ruling class and political establishment in imposing austerity, downplaying the risk and human cost of the pandemic and selling out health strikes. These strikes have attracted growing attention since the first ever nationwide strike in 2019.

According to FNV sources themselves, by January 2022 alone, over 500 health care workers were facing the loss of their jobs due to Long COVID. According to another union source, at least 1,850 health care workers have contacted an FNV hotline for this issue that was opened in December 2021.

The union has claimed that health care workers are suing the state and criticizing top officials “to point out their role and responsibility.”

In reality, workers in health care and other industries aim to hold state officials implicated in right-wing herd immunity policies legally, financially and politically accountable. The policy of “living and working with the virus,” which has claimed nearly 2 million lives across Europe, has hit no part of the working class harder than health care workers. The mobilization of health care workers in the Netherlands and internationally is at the heart of a struggle to mobilize the working class to demand a scientific health policy to put an end to the mass death and suffering of the pandemic.



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