

Australian governments continue to drop health measures as COVID-19 surges

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Australia is currently reporting an average of more than 57,000 new COVID-19 infections each day, higher than at any point during February or March. There are over half a million active cases in a country with a population of 25 million.

The Omicron BA.2 surge is underway as further evidence of the true impact of previous waves continues to emerge. New South Wales (NSW) Health last week announced 331 previously uncounted COVID-19 deaths that had occurred between January 1, 2020 and March 23, 2022. This represents more than 13 percent of the state's total of 2,461 deaths, and almost 16 percent of NSW COVID-19 deaths this year.

Of the newly reported deaths, 270 occurred in 2022, 58 in 2021 and 3 in 2020. While 131 of the deaths were in aged care facilities and 120 were in hospitals, 66 people died at home and 14 at unspecified other locations. In 75 cases, people died without having recorded a positive COVID-19 test with NSW Health.

More than 30 percent of the “historical” deaths were in working-class south-west Sydney, a region that was already known to be by far the worst-affected, with 26.7 percent of previously reported deaths in the state. The fact that this already disproportionate figure—the area houses just 12 percent of the NSW population—was exceeded in the unreported deaths is a product of the massive underfunding of health, aged care and emergency services, especially in areas of socio-economic disadvantage.

The additional fatalities were discovered through the examination of death certificates submitted to the state Registry of Births, Deaths and Marriages.

The NSW revelation points to broader issues of under counting and under reporting. According to an Australian Bureau of Statistics report released last week, 5,090 “excess deaths” were recorded in 2021.

The majority of these were in Victoria, where 2,782

more people died than would be expected in an average year. The state's official COVID-19 death toll in 2022 was 705, indicating either massive undercounting of pandemic deaths, or, more likely, that most of the excess deaths occurred because hospitals, paramedics and the entire health system were overwhelmed by the surge of COVID-19 infections.

Victoria's hospital system was forced to declare a “code brown” in January, meaning “category one procedures,” including urgent cancer and heart surgery, were postponed. Before the “code brown,” at the end of December 2021, 80,000 people in the state were already waiting for surgery, a number which has likely swelled far higher.

Officially, a total of 6,391 COVID-19 deaths have been recorded in Australia, including 4,091 in 2022 alone. The conditions have now been created for the current and future waves of the pandemic to cause even more infection, illness and death. Nationally, 2,642 people are hospitalised for the virus, the largest number since February 18.

The resurgence of the pandemic is the direct result of the “let it rip” program of all Australian governments, Labor and Liberal-National alike, and the shift to managing COVID-19 “like influenza,” meaning the removal of virtually all public health measures and the dismantling of testing, tracing, isolation and quarantine.

From April 18, international travellers to Australia will no longer be required to take a pre-flight COVID-19 test. Cruise ships, which have been significant disease vectors since the beginning of the pandemic, will again be allowed to dock at Australian ports from the same date.

The reopening of schools for face-to-face teaching, spearheaded through the close collaboration of Victorian Labor Premier Daniel Andrews and right-wing NSW Liberal-National Premier Dominic Perrottet, has been a major driver of the COVID-19 surge. In NSW, between

March 21 and March 25, at least 80,000 more students were absent from public schools than usual.

In Queensland, 418 patients are being treated for COVID-19 in hospital, including 12 primary and secondary school students. A further 3,047 people are being managed under “hospital in the home” arrangements. A Queensland health worker told the *World Socialist Web Site* this morning, “for three days in a row, there have been periods of time where there has not been a single free ICU bed in Brisbane,” the state capital.

While Queensland is recording an average of more than 9,200 new infections per day, the state Labor government last Monday relaxed isolation rules, meaning people who have recovered from COVID-19 do not have to test or isolate for 12 weeks, even if they develop symptoms.

In Western Australia, an average of more than 8,000 COVID-19 cases are being recorded each day. Prior to the McGowan Labor government’s reopening of the state’s border on March 3, a *total* of just 12,198 cases and 10 deaths had been recorded in the state since the beginning of the pandemic. Since the reopening, the state has registered 46 COVID-19 deaths.

In South Australia, there were 34,640 active COVID-19 cases yesterday, the second highest figure recorded throughout the pandemic. Last month, the Liberal Party suffered a heavy defeat in the state election, largely as a result of public concern over the growing pandemic and the government’s “let it rip” policies.

Rejecting the clear mandate for action against the virus, the newly elected Labor government immediately moved to further dismantle restrictions. This has continued, with vaccine mandates for teachers, public transport workers, taxi and rideshare drivers and maritime workers lifted from today.

The official infection figures vastly understate the real scale of community transmission. University of South Australia Professor of Biostatistics Adrian Esterman told the *Guardian*: “There are certainly far more cases than officially reported. This is primarily because about 30% of people infected with Omicron have no symptoms and, therefore, are unlikely to get tested.”

Australian governments’ dismantling of the polymerase chain reaction (PCR) testing regime and shift to self-administered rapid antigen tests (RATs) has also served to obfuscate the true spread. While it is mandatory to report positive RAT results, this is impossible to enforce, meaning many positive tests are not being counted. There is no requirement to report negative results, making it impossible to accurately gauge the overall positivity rate.

Additionally, as Monash University infectious disease modeller Dr Michael Lydeamore told the *Guardian*: “The sensitivity of a RAT is not as high as a PCR. That’s a well-known limitation of RATs: they just won’t detect as many people as PCRs.”

Senior doctors and nurses last week told the *Age* Victorian emergency departments were facing the worst overcrowding in years, with patients waiting up to 12 hours to be seen. Last Tuesday night, 99 percent of the state’s ambulances were unavailable, largely due to hospital ramping.

The NSW ambulance network went into “status three,” its highest crisis level on four occasions over the past fortnight. In March, 27,000 more triple-zero calls were recorded in the state than in February. As of March 28, 4,296 NSW health workers were unable to work due to COVID-19 infection or exposure.

The crisis in the health system, the product of decades of cuts by Labor and Liberal-National governments, exacerbated by the pandemic, is driving health workers into struggle. Last Thursday, NSW nurses and midwives held their second statewide strike in six weeks, defying a government ban, and up to 25,000 other health workers and paramedics plan to hold stoppages this Thursday.

The Health Services Union and NSW Nurses and Midwives’ Association, which are entirely on board with the “let it rip” strategy of the government, are working to isolate the struggles, suppress any discussion of the pandemic itself, and divert workers’ anger into support for the Labor Party at the state and federal level.

This raises the urgent need for health workers to form their own organisations of struggle, rank-and-file committees, completely independent of the corporatised unions. Through such committees, workers could link up with other sections of the working class, including teachers, parents and transport workers, in Australia and globally, to take up a fight to eliminate the COVID-19 pandemic.



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