

New Zealand emergency doctor describes crisis caused by lifting COVID public health measures

Tom Peters
24 June 2022

The *World Socialist Web Site* recently spoke with Gary Payinda, an emergency doctor in Whangarei in Northland, one of the poorest areas of New Zealand, about the out-of-control spread of COVID-19 and the crisis in public hospitals.

In recent months, hospitals have been overwhelmed by COVID-19, influenza, and other respiratory illnesses. There are numerous reports of long waiting times at emergency departments, sometimes with tragic consequences, including the recent death of a 51-year-old woman in South Auckland due to a brain bleed.

The Labour Party-led government decided in October 2021 to lift its elimination strategy, which had kept the country free from COVID-19 for most of the pandemic. In 2022, lockdowns were abandoned and schools and non-essential businesses were reopened, as the highly-infectious Omicron variant spread across New Zealand.

In November 2021, during the outbreak of the Delta variant, Payinda warned that New Zealand was risking a “preventable catastrophe” due to inadequate vaccination levels and a chronically under-resourced, rundown public health system.

Now, more than 10 people are dying of COVID-19 each day. In a country of just five million people, there have been 1,431 COVID-related deaths, all but 59 of which have occurred in 2022. Nearly 1.3 million infections have been recorded, i.e. one quarter of the population. The real number is likely much higher. More than 300 COVID patients are in hospital.

The government is downplaying the situation, with Health Minister Andrew Little saying that the hospital system is “under pressure” but “coping.” Healthcare workers have responded angrily to such statements.

Payinda told the WSWs: “These are real human lives, and it’s not a very small number. It’s a fair number of deaths each day, and we are doing so little to try to prevent that, it’s really awful.”

He said that with the ending of public health measures, “what people didn’t count on is just the incredible infectiousness, or transmissibility, of Omicron. Even though any one individual case may not be as lethal, when you have so many more people getting infected, it becomes overwhelming, so you end up seeing more deaths, more hospitalisations, more minor cases, more severe cases.”

The spread of COVID, combined with “an already overwhelmed healthcare system that wasn’t really able to deal with demand even as it stood pre-COVID,” had created “a perfect storm.” Payinda observed that the same problems were now playing out in New Zealand as internationally: “If I read about or talk to colleagues in Australia, the situation’s very bad over there as well.”

Overcrowded hospital wards mean that patients could not always be admitted, and were left stuck in emergency departments (EDs) for “6, 12, 24 or more hours.” This “slows everything down in ED and creates dangerous situations that you’re reading about in the newspapers now: people calling ambulances and not having them arrive, showing up to ED and having to wait hours in the waiting room.”

Hospital staff are increasingly burnt out and “some nurses are retiring earlier than they would have, because they say: ‘I can’t keep going at this pace.’” Part of the problem is that they “don’t see a light at the end of the tunnel and don’t see any hope that it will improve in the near future.”

The out-of-control spread of the virus in schools is contributing to the shortage, as healthcare workers get infected by their children and are required to self-isolate. Despite the use of N95 masks and other precautions in hospitals, Payinda said, “basically anyone who interacts with kids has no way of protecting themselves from COVID.”

Tens of thousands of patients are unable to access treatment, as hospitals defer non-urgent operations to try and cope with the winter surge. Those deferred patients “don’t just disappear: someone who needed surgery last year is still around, and they’re probably sicker now than they were a year ago.”

He warned that the situation could get even worse with the new BA.4 and BA.5 subvariants of Omicron, detected in New Zealand in recent weeks: “The new variants often prove our vaccination efforts less efficacious; you can get reinfected more quickly.” In the United States, these variants caused an estimated 35 percent of new COVID infections last week, according to the Centers for Disease Control and Prevention.

A large number of people are not fully vaccinated. About 95 percent of people aged over 12 have received two doses of the Pfizer vaccine. According to the Ministry of Health, 2,676,744 people have received a third vaccine dose, which is essential to provide any protection against Omicron—although even triple-vaccination does not prevent every severe case. This represents just over half the population.

With the arrival of Omicron, Payinda said, “we lost our way somewhere and failed, miserably, to get people boosted. There are so many millions that need boosters but haven’t received them—let alone childhood vaccination.” Only 27 percent of children aged 5 to 11 have received two doses, and nearly half have not received even one shot.

Prime Minister Jacinda Ardern and her government have repeatedly described two doses as “fully vaccinated.” Payinda said: “That doesn’t apply whatsoever to Omicron. We should have said: to be

fully vaccinated means you're fully vaccinated and up to date... We would be having a very different conversation now had we got boosters out there with the same initiative that we did for the first two shots."

Instead, the government had declared "mission accomplished" after almost all adults were double-vaccinated, and "then we opened up everything and we got rid of public health measures that are absolutely essential."

Payinda is one of hundreds of medical professionals and scientists who have signed a petition urging the government to adopt a "Vaccines Plus" strategy. Their demands include a renewed vaccination push, as well as mandatory masks in schools, better ventilation of indoor spaces and other mitigation measures, such as monitoring carbon dioxide levels and using HEPA air filters.

HEPA filters are "wonderful for pulling COVID out of the air," but cost about \$600 to \$800 per room, Payinda explained. "It's very expensive and it's not where we have chosen to deploy the funds, which is a bit scary if a variant arises that is much more deadly. It's going to become a real issue and we're going to wish we had done adequate ventilation and filtration in our schools, in our public places, in our hospitals."

While governments, in New Zealand and internationally, justified the reopening of schools by claiming that children have a low risk of getting sick and passing on the virus, Payinda said: "We know that kids do get it, we know that kids end up with MIS-C [multisystem inflammatory syndrome in children], they end up with the long-term chronic symptoms of Long COVID, they end up getting hospitalised, young kids, at quite high rates.

"The thing that beggars belief is that we're exposing people to these risks, especially kids, not really understanding the full impact of what these infections will do to their immune systems and their general health in the future. We don't know how they're going to be affected by this, how it will modulate their response to other infections."

Removing mask mandates "in dense public places like schools, workplaces and whatnot, was really an incredibly poor decision," he said. Without masks, people are risking "perpetual rounds of infection and reinfection."

Regarding the growing complacency around mask use, Payinda noted that "there's not much you can do that is as easy as putting on a mask. It weighs almost nothing, it costs almost nothing, it doesn't hurt you, and it may prevent you from infecting someone else and someone else from infecting you. So the fact that we can't do this most minimal of things, it's almost like we're going back in time to the days of Ignaz Semmelweis."

In 1848, Dr Semmelweis, while working at a Viennese hospital, "said to the doctors: 'You need to wash your hands, I think there's something on your hands that's causing women to die of puerperal fever, you need to maintain a level of hygiene.' The people of his time made his life hell and said: 'You're crazy, this is unnecessary, stop bugging us.' I think we're at that stage now."

There are now demands for New Zealand's remaining public health measures to be ditched. The right-wing nationalist NZ First Party leader and former deputy prime minister Winston Peters recently called for the COVID vaccine mandates for healthcare workers to be removed, as they have been for other workers.

This was an example of public health being "weaponised" for political gain, Payinda said. "You have to ask yourself: where does this madness stop? Instead of saying we should be vaccinating healthcare workers against influenza so that we can protect vulnerable

patients from getting influenza—patients on chemotherapy and compromised folks—we're actually entertaining the idea of going backwards. What's the next step? Stopping masking of healthcare workers?"

He also blamed the media for "broadcasting the sort of anti-public health opinions of business people and tourism experts, [while] ignoring the actual impact on health." Payinda pointed to the growing complaints about the cancellation of flights around the world, which failed to make the connection with "people onboard airplanes not being masked, staff not being masked, and staff getting sick and unable to work. How can you not draw the connection between that and the disruptions to your family's holiday or your business travel, or the greater expense?"

Payinda said there were not enough strong voices in the media debunking common myths about COVID—including false claims that the disease will become milder over time, and that if enough people are infected the population will achieve "herd immunity."

"For a disease that doesn't create any lasting immunity, there can't be herd immunity," he said. "Within a few months of infection, you could be infected again." Recent studies have found that "in some cases, people who've been previously infected with a variant of COVID may actually be less well-protected against COVID than those who weren't infected at all. In some groups of people, their immune systems are rendered weaker after the COVID infection than they would have been had they not had it. So they're less able to fight off the next one. That's a pretty sobering thought."

Payinda is seeing "a lot of patients stuck with the prolonged after-effects of a COVID infection. More and more, when you enquire: 'How did your COVID go three months ago?' you're hearing: 'It went good, but I still have this residual cough or I'm not exercising the way I did before.'"

The number of people with Long COVID in New Zealand is not being tracked, but a recent US survey found that one in five people who get the virus develop long-term symptoms.

Payinda referred to studies showing that "once you've had COVID, you're at increased risk of stroke, of pulmonary embolism, blood clots in your legs, widespread problems related to clotting and to chronic inflammation... and that risk seems to be elevated for as long as we've been studying it, so even out to 12 months people are still having more events than they would have otherwise, if they hadn't had COVID."

Payinda stressed that practical measures can be taken now to prevent more severe illnesses and deaths. "What I really fear is we've set ourselves up very badly for the future and we are going to lack all kinds of resilience—not just within the health system, but generally—for when we do get a worse variant. The odds are quite good that sooner or later we will, and hopefully we'll react at the time."

He hoped more people would "realise that this pandemic is affecting people profoundly, and there's something we can do about it. It's not like this is beyond us. We have the means to protect ourselves. We're just choosing not to employ them."



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