

Australia's official COVID-19 deaths toll surpasses 10,000

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Australia's official COVID-19 death toll reached 10,014 yesterday, amid an ongoing wave of infection, illness and death. Almost 7,800 Australians have died from the virus in 2022 alone.

While governments, health authorities and the corporate media pretend the pandemic is over, the virus remains among the three leading causes of death in Australia. In June, an average of almost 46 COVID-19 deaths were reported each day, a rate not seen since February.

With hospitals, ambulances and other health services constantly overwhelmed with COVID-19 patients and staff shortages exacerbated by mass infection among staff, the virus has also indirectly contributed to thousands of otherwise preventable deaths.

According to data released by the Australian Bureau of Statistics last month, total deaths from all causes in the first quarter of 2022 were 17.5 percent higher than the historical average.

More than half of the 6,609 excess deaths were not directly caused by COVID-19. Deaths from diabetes were 20.7 percent higher than average, while dementia deaths were up 19.7 percent to 3,859, making it the leading cause of death over the period.

This devastating loss of life, on a scale not seen outside of war, is the result of a deliberate program. State and federal, Labor and Liberal-National governments openly adopted “let it rip” COVID-19 policies last December, sacrificing the health and lives of the population for corporate profits.

Every major political party bears responsibility for this program, which amounts to social murder, along with the trade union bureaucracies, which have done nothing to protect their members or the general population from the spread of COVID-19. Instead, the unions have worked hand-in-glove with governments to force workers back into unsafe workplaces and promoted the slashing of COVID-19 public health measures.

Australia's per capita infection rate remains among the highest in the world, with more than 30,000 new cases recorded every day across the country. Hospitalisations are

again rising, with 3,511 people now hospitalised and 118 in ICU.

Global studies indicate that between 10 and 30 percent of those who contract the virus will suffer from Long-COVID—one or more COVID-19 symptoms persisting more than 12 weeks after infection. This means as many as 2.5 million Australians may already be suffering long-term illness as a result of the virus.

Long-COVID patients face lengthy wait times. In New South Wales (NSW), the country's most populous state, the only specialist Long-COVID treatment centre in Sydney has more than 100 people on its waiting list.

In Victoria, demand for neuropsychological treatment is reaching record levels. Neuropsychologist Associate Professor Charles Malpas of the Royal Melbourne Hospital told the *Sydney Morning Herald* last month that he has seen a rising number of distressing neurological complaints, including “brain fog” and memory loss.

People on Victorian public waiting lists could wait between six and twelve months for an appointment, or be forced to pay thousands of dollars to seek treatment through private health providers.

Contrary to the baseless claims by governments and the corporate media that the coronavirus is evolving into milder versions, the circulation of the BA.4 and BA.5 variants is fuelling the growth in cases, including reinfections, hospitalisations and deaths.

Queensland's chief health officer Dr John Gerrard told the Australian Broadcasting Corporation last week that 38 percent of genome sequences for SARS-CoV-2 in the state are these newer, more virulent subvariants. He warned of “a stress on the hospitals in the next few weeks as more and more people get admitted.”

NSW Health noted on June 23 that the emergence of these new variants was “likely to result in an increase in infections, including in people who have previously had Covid-19.”

Despite this, state and federal governments alike have made clear that they will do nothing to stop the wave of

infections and deaths.

While acknowledging the call by scientists and epidemiologists for the reinstatement of mask mandates, Dr Gerrard, speaking for the interests of the government and corporate elite, said: “We want to move away from restrictions, towards more self-regulation and self-responsibility—that means being up-to-date with your vaccines.”

In reality, the experiences in Australia are a damning refutation of this vaccine-only strategy, used to justify the elimination of other crucial public health measures.

While the vaccines are a major scientific advance, the decision by governments to allow the virus to circulate created the conditions for increasingly vaccine-resistant variants. When the Omicron surge began last December, Australia had one of the world’s highest double-dose adult vaccination rates, but two doses provided little protection against the new variant.

Now, even the inoculation efforts are being wound back.

With 67 percent of the adult population having had a third dose of a COVID-19 vaccine, a fourth dose is currently only available to those over the age of 65 and the immunocompromised. There is no indication of any further roll-out.

Numbers of major COVID-19 vaccination hubs across the country are being closed down, reducing access to vaccines. In South Australia, where one mass vaccination clinic closed last month and another is set to be shut on July 14, Health Minister Chris Picton said that this was due to falling demand and also to “free up nursing staff to provide much-needed frontline services at our busy hospitals.”

The crisis in hospitals, the product of decades of funding cuts to public healthcare by both Labor and Liberal-National governments, has been exacerbated by the influx of COVID-19 patients and now a deadly flu season.

Virtually all public health measures to stop the spread of COVID have been systematically dismantled. From Wednesday, overseas travellers arriving in Australia will no longer need to be vaccinated against COVID-19.

Mask-wearing in airport terminals was scrapped last month across Australia, not based on the protection of public health but because “all states and territories have relaxed mask mandates in most settings within the community.” This provides the pretext for the removal of mask mandates in the limited settings where they remain, including public transport and hospitals.

Last week, the Bondi Beach drive-through COVID-19 testing clinic was shut down. The closure of what was formerly the busiest test facility in NSW is a strong signal that the entire public testing infrastructure will soon be eliminated as part of the bipartisan campaign to cover up the

continued spread of the virus.

The newly-elected federal Labor government has made clear that these homicidal policies will continue. Whilst Labor Prime Minister Anthony Albanese has admitted the pandemic “clearly isn’t over yet,” any remaining public health measures continue to be stripped away and the federal government’s pandemic health funding has only been extended by three months, to the end of December.

The \$760 million pledged over this period will do nothing to address the crisis in the health system, which is being pushed to breaking point, with a combination of surging COVID-19 and influenza, chronic understaffing, and lack of resources. Emergency department wait times are at record highs and ambulances in every state and territory are routinely ramped outside hospitals for hours, waiting for beds to become available.

There is mounting anger and opposition from workers, including health workers, teachers and rail workers, who have taken strike action in recent months over these intolerable conditions and real wage cuts. This fight comes up against the trade union bureaucracy, which is isolating workers’ strikes and has worked with governments and management to enforce the dire conditions.

The Socialist Equality Party calls for the formation of rank-and-file committees in every workplace and community, controlled by workers themselves, to implement the measures necessary to halt the transmission of the virus. These include the provision of N95 or better masks, high-quality ventilation and filtration systems in schools and workplaces, free and accessible PCR testing and, where and when necessary, the closure of non-essential business, with full compensation to affected workers.

The fight to end mass illness, death and the pandemic is inseparable from getting rid of the social order that has produced this catastrophe. COVID-19 can be eliminated, through the implementation of public health measures that previously suppressed transmission in Australia and that continue to successfully shut down outbreaks in China.

This requires a fight by the working class for a socialist perspective and workers’ governments, to carry out a massive reallocation of resources to meet social needs, not private profit.



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