

Australian governments reject health advice amid COVID-19 surge

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As COVID-19 infections and deaths continue to mount and with hospitalisation figures approaching those seen at the height of the first Omicron wave in January, Australian governments are refusing to implement any public health measures to suppress transmission.

Victorian Health Minister Mary-Anne Thomas made this explicit yesterday when she told reporters: “The Chief Health Officer has provided his advice and I have accepted his advice, except that I have chosen not to extend mandates for mask wearing.”

Rather than following the recommendation of the state’s most senior health official, Thomas explained she had taken “the opportunity to consult with business leaders” and based her decision on their demands that nothing can be allowed to stand in the way of profits.

It is significant that the most open expression of the fact that health policy is now being entirely dictated by big business comes from Victoria. During earlier stages of the pandemic, the Victorian Labor government of Daniel Andrews implemented more stringent public health measures than most other states, albeit only in response to a crisis in the health system and seething anger from medical experts and workers.

The newly elected federal Labor government is not merely continuing the homicidal “let it rip” policies associated with former Liberal-National Prime Minister Scott Morrison, but deepening the attacks on the health and lives of working people. Prime Minister Anthony Albanese yesterday ruled out any extension to government-funded pandemic leave payments, which ended in June, citing the need to be “fiscally responsible.”

Federal Health Minister Mark Butler told the Australian Broadcasting Corporation’s “Insiders” program on Sunday: “We’re beyond ... lockdowns and mandates and emergency payments.”

Butler also refused to extend the supply of free rapid antigen tests (RATs) to pensioners and welfare recipients beyond the end of July. As infections surge, he claimed it was “about the right time” to end the program.

In other states, governments are proceeding along precisely the same lines. In Queensland, Labor Premier Annastacia Palaszczuk refused to reintroduce a mask mandate, declaring

“It’s people’s personal responsibility, okay, so if you’re in a crowded area, it is your choice to put on that mask.”

In New South Wales (NSW), the Liberal-National government has also ruled out mask requirements, despite Chief Health Officer Kerry Chant declaring face masks were “common sense,” and warning of the increasing danger of reinfection with Omicron BA.4 and BA.5.

The removal of virtually all COVID-19 restrictions across the country, far from appeasing industry lobbyists, has provoked increasingly strident opposition to any hint that even the most limited public health measures may be reintroduced.

The mere suggestion yesterday by Butler that employers could consider allowing some employees to work from home “for a little period” provoked a vitriolic outpouring from business groups.

Australian Industry Group chief executive Innes Willox said the public health crisis was no excuse to impose “draconian restrictions or wind down the economy as some of the medical fraternity clearly want to do.”

Restaurant and Catering Association Chief Executive Belinda Clarke declared: “This winter season is a test for governments throughout Australia on their stance on whether they want to live with Covid-19 or shut down the economy with every variant in the years to come.”

This statement makes clear that the corporate elite is fully conscious of the fact that the pandemic is not over, and that the “let it rip” strategy condemns the population to ongoing and worsening waves of infection, illness and death. They simply do not care as long as it is not allowed to interfere with production and profits.

These are the interests that are directing the COVID-19 policy of all capitalist governments, throughout Australia and around the world, with the exception of China.

The homicidal agenda demanded by big business requires the muzzling of all those who advocate a scientific response to the deadly pandemic. This is what is behind the decision of the Australian Health Practitioners Regulatory Authority (AHPRA) to level disciplinary action at Dr. David Berger, a general practitioner and Zero-COVID advocate, over his continued criticism and exposure of the official response.

While governments openly reject health advice for even

limited safety measures, Berger faces censure for consistently advocating scientifically-based policies aimed at protecting the lives of the population.

Across Australia, there are more than 314,000 active cases of COVID-19, according to official reports, which vastly underestimate the real spread of infection due to the dismantling of the public testing infrastructure and increasing reliance on self-reported rapid antigen tests (RATs). Epidemiologists estimate that the real figure is likely at least double what is reported.

More than 4,400 people across the country are hospitalised for COVID-19, an increase of 38 percent over the past two weeks, while 130 are in intensive care.

In Queensland alone, 860 people are being treated for COVID-19 in hospital, more than on all but six days during the pandemic and the most since February 1. In addition, over 100 patients are being treated for influenza in the state. Queensland hospitals have been forced to begin cancelling elective surgery due to both the influx of COVID-19 patients and the inability of more than 2,300 health staff to work because they are infected.

At least 4,200 more health workers are in COVID-19 isolation across New South Wales (NSW) and Victoria. In NSW, more than 2,000 people are hospitalised for COVID-19 for the first time since February 8, while the Victorian figure of 739 is the highest in that state since February 3.

In Tasmania, over 100 people are hospitalised for COVID-19, the highest number since the start of the pandemic. This is more than double the 44 hospitalised on June 30, when the requirement to wear masks in health care settings ended in that state.

This situation in aged care is particularly stark. There have been at least 2,972 COVID-19 fatalities in the sector since the beginning of the pandemic, including more than 2,000 this year and 302 between June 10 and July 8, a rate of over ten per day.

Since the beginning of the pandemic, more than 62,000 aged care residents and 46,000 staff have been infected. On July 8, there were 5,897 active COVID-19 cases in 737 ongoing outbreaks in residential aged care facilities across Australia. Of these, 3,816 cases were among residents and 2,081 among staff.

Over the past week, 311 people have died from COVID-19 in Australia, bringing the total to 10,442, including 8,203 in 2022 alone. At the current rate, the country will record almost 16,000 deaths this year, which, based on historical figures from the Australian Bureau of Statistics, would make COVID-19 the second-highest cause of death.

In fact though, the actions of Australian governments this year have created the conditions for the real toll to be far higher. The systematic elimination of even the limited public health measures that were still in place during the first Omicron wave will mean even more widespread transmission of the virus.

More of those infected will suffer severe illness as a result of waning immunity from vaccines. While 95 percent of the adult

population is “fully vaccinated,” meaning they have received two doses of COVID-19 vaccine, less than 68 percent have received a third shot, as a result of the concerted campaign by governments, corporations and the media to declare the pandemic over and the Omicron variant “mild.” Fourth doses were only made generally available to people under 65 on Monday, and less than 13 percent of the adult population has received one.

Even four doses of vaccine provides minimal protection against the new Omicron subvariants, BA.4 and BA.5, which now account for two thirds of COVID-19 samples subjected to genomic testing in Australia and 80 percent of those in Queensland and Tasmania. These are the most infectious strains to date, comparable to measles and twice as contagious as Omicron BA.1.

The new subvariants are also more likely to cause reinfection, which has led to governments in NSW, Western Australia, Victoria and the Australian Capital Territory reducing the period in which those who have had COVID-19 are considered “immune” from 12 weeks to 4 weeks.

The open refusal of governments to reintroduce even the most basic public health measures, in the face of these stark figures, and in opposition to doctors, epidemiologists and even their own health authorities, demonstrates that the working class must take matters into its own hands.

Rank-and-file committees, independent of Labor and the unions, must be established in schools, hospitals, workplaces and neighbourhoods, and link up with other such committees across the country and around the world to fight for a scientifically grounded program for the global elimination of COVID-19.

Above all, this means a fight for socialism, a society in which health and lives will no longer be subordinated to the profit interests of the wealthy elite.



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