

# Australian hospitals in meltdown as governments allow COVID to take off

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Australia's COVID-19 hospitalisations, together with the number of healthcare workers off sick with the virus, are again reaching or exceeding record levels, as the highly-infectious BA.5 variant of Omicron takes hold.

The spread of the variant, more contagious than the measles and with significant vaccine-evading capabilities, is the direct result of official policies. Governments, Labor and Liberal-National alike, have allowed the virus to circulate endlessly for more than six months, and are responding to the current surge by ditching the remaining minimal public health measures.

Official infections are now frequently exceeding 40,000 per day, with over 46,000 reported in the past 24 hours. Health spokespersons acknowledge that the real spread is at least double that number.

Infections already could be approaching the peaks of well over 100,000 reached during the December-January Omicron tsunami. Since then, the polymerase chain reaction (PCR) testing system has been largely dismantled.

The vast majority of cases are self-reported by people using rapid antigen tests (RATs). Some studies indicate that the efficacy of RAT tests against Omicron is just 60 percent.

The widespread circulation of the virus is evident from one of the few areas in which cases are still tracked, the healthcare system. Over 10,000 nurses, doctors and allied staff are off work because they have contracted or been exposed to COVID.

In New South Wales (NSW), 2,650 health staff are isolating, in Queensland 2,477, Victoria 1,873 and Western Australia 1,557. Even these figures may underestimate the real level of the crisis. Anecdotal reports indicate that in some Queensland hospitals, as many as one third of staff are off.

The entire healthcare system is again buckling. Nurses and other workers are chronically overworked, infection

controls are breaking down or non-existent and staff are being shunted into areas for which they are not trained.

A nurse at a regional Western Australian (WA) hospital told the *Guardian*: "Our emergency department [ED] has become everything: it's the GP centre, it's the high intensive care unit for the region, it's become the locked mental health facility, even though it doesn't have security." Some mental health patients were being placed in ED, because there were no dedicated staff to care for them.

"Wait times for serious priority one cases can be days and days," the nurse continued. "They'll be sitting in ED without anything we can do for them, other than house and feed them because we don't have the specialist skills."

A Victorian nurse in Melbourne told the *Guardian*: "Working in hospitals we are so short-staffed, it's becoming normal to do double shifts, from 16 to 18 hours. People are just getting sick left, right and centre, which is to do with exhaustion."

A regional NSW doctor stated: "If you look at my hospital and GP practice there's issues with having no theatre staff, no emergency medicine trained nurses."

Australia entered the pandemic with one of the lowest ratios of staffed hospital beds per capita in the OECD.

Since then, governments have rejected calls for an expansion of the public health system. A *Medical Journal of Australia* study, published last October, found that two years into the pandemic, Australia had 200 fewer intensive care unit (ICU) beds than when the COVID crisis began.

Despite strikes, state governments, Labor and Liberal-National, have rejected nurses' demands for increased staffing, greater resources and decent conditions. They have been aided by the health trade unions, which have backed the catastrophic "let it rip" COVID policies.

The groundwork has been laid for a catastrophe, with

hospitalisations surging rapidly. Nationally, there are 5,263 COVID patients, up from fewer than 4,000 on July 8, and less than 3,000 on June 19.

In WA, COVID hospitalisations have already exceeded previous records, with 566 current patients. The same is the case in Tasmania, with 184 patients and the Australian Capital Territory, with 170. Queensland is approaching 1,000 patients—its previous record—while there are more than 300 hospitalised in South Australia.

Most of these states had few hospitalisations and deaths during the first two years of the pandemic, until the adoption of “live with the virus” policies last December.

The incidence of influenza is higher than any time since the beginning of the coronavirus pandemic, with the ending of all lockdowns also allowing the flu and other seasonal illnesses to circulate.

Deaths are inevitably increasing. Today there were 72 deaths, on Saturday 77, with 406 over the past seven days. That means the country’s cumulative death toll is set to surpass 11,000 within a week. All but roughly 2,000 of these occurred this year.

The response of governments is to double-down on the “let it rip” policies that have led to these levels of mass death.

The class character of the official policy was most sharply expressed by Victoria’s Labor Party Health Minister Mary-Anne Thomas last week. She told reporters that the state’s chief health officer had recommended the urgent reintroduction of an indoor mask mandate. But after “the opportunity to consult with business leaders,” Thomas decided against this most elementary measure.

The same line has been taken by every other government. In Queensland, WA and Victoria, the Labor governments are now “recommending” indoor mask-wearing. But they refuse to mandate it, because masks are a reminder of the continuing pandemic and could impact upon the economic activities, and therefore profits, of business.

The Victorian Labor administration and the NSW Liberal-National government are continuing to work in a partnership. Victorian Premier Daniel Andrews joined hands with the extreme-right wing leader of NSW Dominic Perrottet to force a return to face-to-face teaching at the beginning of the year.

The two are performing a repeat, with schools returning in Victoria last week and in NSW from Monday. The Victorian authorities “strongly encouraged” children over eight to wear masks. The NSW government said it will “flood” schools with RAT tests.

All this is a cynical cover for the endangerment of children in the interests of profits.

In a speech to the Committee for Economic Development of Australia earlier this year, Perrottet boasted that similar measures in Term One, including the provision of RAT tests for several weeks, had nothing to do with health advice or preventing transmission. It had been a purely public relations exercise to assuage public concerns and “push back” against a “campaign” of epidemiologists who were warning against the mass infection of children.

Once again, experts are speaking out against the refusal of governments to take any measures to contain the spread. This week, Professor Brendan Crabb of the Burnet Institute, which has provided advice to governments during the pandemic, called for a repudiation of the “let it rip” strategy, to be replaced by one aimed at “reducing transmission, getting this under control, reducing cases.”

Such reasoned advice will be dismissed or simply ignored. Governments have emphasised that they are taking their instructions from business, not doctors. Contact-tracing, testing and all other basic measures are off the table, including masking, while the necessary closures of non-essential businesses and returns to remote learning in schools and universities are not even discussed.

Perrottet is now calling for the seven-day isolation period for those with a confirmed COVID infection to be reduced or scrapped entirely. This would be the end of the last, token vestige of disease control.

Doctors who have fought the “herd immunity” program and called for a scientific response to the pandemic are under attack. Dr David Berger, an outspoken fighter for an elimination strategy, aimed at ending the pandemic, is under disciplinary action from the Australian Health Practitioner Regulation Agency (AHPRA).

One of his supposed sins is to have “undermined confidence in public health,” by which is meant the government policy of exposing the entire population to a deadly virus.

Workers and young people must defend Berger, as part of the fight against the deadly “live with the virus” program and all the political forces responsible for it.



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