

German government's new "infection protection measures" let coronavirus run wild

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The summer wave of the coronavirus in Germany is already pushing hospitals to the breaking point, and the death toll of 700 per week is 12 times higher than at the same time a year ago. Despite this, the government is preparing for an even greater wave of deaths. The package of measures announced Wednesday by Health Minister Karl Lauterbach (Social Democratic Party, SPD) and Justice Minister Marco Buschmann (Liberal Democratic Party, FDP) is not an infection control law, but an epidemic-spreading law.

The provisions, which are to replace the current Infection Protection Act that expires on September 23, represent a further relaxation of the measures that have been in place until now. The only two measures that will still be mandatory nationwide in the future are a requirement to wear a mask on long-distance public transport, in hospitals and care facilities, and "3G" regulations (vaccinated, recovered or tested) in hospitals and care facilities.

On paper, the individual German states are allowed to take certain other measures—mandatory mask wearing on local public transport, mandatory testing, and mandatory use of masks in schools, restaurants and cultural institutions (from which vaccinated and recovered persons are excluded, however). But the experience of the pandemic to date has shown that state-specific coronavirus measures are generally not applied.

States may only enact measures beyond the limited ones mentioned in the law if there is a threat of overburdening the health care system or critical infrastructure. In plain language, infection can run through the population up until the health care system is on the verge of collapse or the maintenance of capitalist profit maximization is in jeopardy.

But even then, no action would be taken that might

interfere with profit accumulation. "All these things that are understood by the term lockdown—curfews, plant closures, school closures—all these things, we don't think are appropriate anymore," Bushman declared, summing up the viewpoint of the entire ruling class.

The new Infection Protection Act is to apply until next Easter. This means that even if there is an unprecedented wave of deaths in the winter, no new measures will be taken.

In fact, a fatal wave is already occurring this summer. Although the official 7-day incidence rate has recently dropped somewhat to 451 per 100,00 inhabitants due to the summer vacation, it threatens to rise again even more with the end of the travel season and the return to schools. Nevertheless, 137 districts have an incidence level above 500, and one is even above 1,000.

However, the officially reported incidences have long since ceased to reflect the actual numbers infected. Testing is now only mandatory in very few areas, testing capacities have been cut across the board, and even free public tests have been abolished. The extremely high test-positive rate of 54 percent also underscores the enormous number of unreported cases.

The actual extent of infections can be guessed at, among other things, by the growing number of outbreaks in medical treatment facilities as well as in nursing homes and those for the elderly. In these, there were 150 outbreaks last week (144 in the previous week) and 26 deaths. In nursing homes and homes for the elderly, there were 370 outbreaks (305 the previous week) and 58 deaths.

The burden on hospitals also shows the seriousness of the situation: the adjusted hospitalization incidence rate has been stagnant at 12.5 for several days, equivalent to 10,000 hospitalizations per week. The number of

patients receiving intensive care continues to rise and now stands at 1,395, with 457 ICUs currently reporting limited operations, 331 partially limited operations and only 385 regular operations.

The rising numbers are pushing more and more hospitals to the edge of their capacity. On Monday, the Bavarian Hospital Association said that emergency rooms in Bavarian hospitals were currently overloaded due to the coronavirus wave and staff shortages. The number of hospitalizations in Bavaria is currently greater than at the height of the Delta wave last winter.

Some hospitals have had to postpone scheduled operations and ambulances must travel longer to find a hospital ready to receive patients. The *Allgäuer Zeitung* reported Tuesday that hospitals in the Lindau district in Bavaria's western Allgäu were so overloaded that ambulances had to transport patients as far away as Reutte, across the border in Austrian Tyrol. A third of the emergency patients in recent days had to be accommodated in hospitals outside the district.

In addition to the direct consequences of a coronavirus infection, the subsequent long-term effects are also becoming increasingly apparent. Children, who usually have comparatively milder illnesses due to the disease, are particularly affected by the long-term consequences. Last Wednesday, the medical journal *The Lancet Child and Adolescent Health* published a study by Danish scientists involving 11,000 infected individuals, which is considered the largest study of Long COVID to date.

The study came to a dramatic conclusion. About 40 percent of 0 to 3-year-olds, 38 percent of 4 to 11-year-olds and 46 percent of 12 to 14-year-olds were still dealing with long-term effects more than two months after infection. Symptoms ranged from rashes and abdominal pain to memory problems and difficulty concentrating.

Numerous doctors and other experts report the drastic long-term effects they observe. Stephan Gerling, a senior physician and paediatric cardiologist at the KUNO Klinik St. Hedwig in Regensburg, and head of the Long COVID paediatric outpatient clinic there, told *Der Spiegel*, "Many children don't notice anything at all as long as they are sitting. But they can't even manage to go for a six-minute walk anymore—let alone play and romp like other children."

In an interview with Merkur.de about the

consequences of Long COVID for younger individuals, Dr. Jödis Frommhold, chief physician for lung diseases at the Median Clinic in Heiligendamm and expert on Long COVID, also reported, "With young people it is often like this after Omicron: They drag themselves to work, somehow that is still possible. They still manage their duties, but then they sleep at home for the rest of the day."

She goes on to warn, "Long-term effects in coronavirus are still not talked about enough. But in the future, we're going to have a lot of absences from work because of Long COVID. You must plan for that. Hundreds of thousands of people are affected. And it's becoming more and more." Studies show that once people are reinfected with coronavirus, the likelihood of Long COVID doubles. Already, more than a million people are suffering with Long COVID symptoms in Germany alone.

The ruling class is not only aware of the catastrophic consequences of its herd immunity policy of allowing deliberate infection, it is purposefully pushing it to extremes as part of its cutthroat profits-before-lives orientation. "There will be a great many absences among hospital staff, and at the same time, the number of COVID patients in normal and intensive care units will increase significantly," Lauterbach stated. At the same time, he hailed the new Infection Protection Act, which is preparing the ground for precisely this development, as "very good."



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