

# COVID-19 now leading cause of death in New Zealand

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COVID-19 is now the leading cause of death in New Zealand, equal with heart disease. The *New Zealand Herald* reported on August 7 that in the week ending 17 July, 120 deaths were directly attributed to COVID-19, nearly 15 percent of all deaths. The figure rises to one in five if one includes all deaths within 28 days of a COVID infection being reported.

Epidemiologist Michael Baker told the *Guardian* that 15 percent was likely an undercount, as some people would have died from the virus without being tested. He expressed concern that “at the point where we’re seeing peak mortality, we’ve seen, seemingly, public interest and concern dropping to quite a low level.”

Baker pointed out to the *New Zealand Herald* that “there will be people dying from conditions which are not attributed to Covid-19, but are actually caused by it.” In more than one in 10 cases, coronavirus infection leads to long-COVID, a condition which can severely affect the lungs, heart, brain and other organs.

As of August 9, a total of 2,475 people had died within 28 days of being reported as COVID-positive. While the Ministry of Health previously described all such deaths as COVID-related, its reporting guidelines changed on July 19, wiping hundreds of deaths off the tally. According to the Ministry, there are now 1,688 “confirmed” COVID-related deaths, which certainly underestimates the real toll.

Baker has previously noted that if COVID kills 3,500 people by the end of the year, this would add 10 percent to New Zealand’s overall mortality rate, and would have a measurable impact on life expectancy.

According to the *New York Times’* COVID tracker, New Zealand’s death rate is the sixth-highest in the world, at 0.36 deaths per 100,000 people. Close to 20 COVID deaths and 6,000 cases are being reported each day, and over 600 people are in hospital with the virus.

This is down slightly from a peak of more than 10,000 cases and more than 800 hospitalisations last month.

In total, almost 1.7 million COVID cases have been reported, and there are estimates that more than half of New Zealand’s 5 million inhabitants have been infected. Over 26,000 reinfections are recorded, and this figure will increase as people’s immunity from vaccination wanes.

The Labour Party-led government and the media, however, are promoting the maximum level of complacency and encouraging the illusion that cases will soon fall to a “manageable” level.

A *New Zealand Herald* editorial on August 4 noted that public health restrictions are “barely visible in many situations” and there is an “almost complete laissez-faire environment whether to mask, boost vaccinations, test, report, or even isolate.” While observing that the pandemic “is not over,” the editorial welcomed the change, saying that “we should be capable of thinking for ourselves.”

On August 9, New Zealand’s minister for COVID-19 response Ayesha Verrall announced that the government will maintain the current, grossly inadequate, public health settings—once again rejecting calls from experts for mask mandates and other mitigation measures in schools.

Verrall declared that New Zealand was “heading in the right direction, with case numbers coming down,” despite “considerable pressure on the health system.”

Prime Minister Jacinda Ardern told the media that masks should still be worn in many indoor settings, and positive cases should still be isolated. However, she hinted that the government may remove even these measures if hospitalisations continue falling, saying: “we of course hope that we’ll continue to... see a decline in the impact on our health system, which is a

major factor for us in the consideration of the settings.”

New Zealand’s COVID death toll is the outcome of deliberate and criminal policy decisions. For most of the pandemic, the government had an elimination policy: it used temporary shutdowns of schools and businesses, as well as border quarantine and other measures, to keep the country almost entirely free from the virus.

On October 4, 2021, however, Ardern suddenly declared that COVID could no longer be contained and the elimination policy would be abandoned. Ardern also stated, falsely, that an elimination strategy was no longer required because of the availability of vaccines—which do not prevent all deaths and severe illnesses and have hardly any impact on transmission. At that time, New Zealand had only recorded about 30 deaths for the entire pandemic.

Bowing to pressure from big business, the government adopted the same policy of mass infection that has been imposed internationally, except for China, leading to more than 20 million deaths. Schools and workplaces have been kept open this year as the country was hit by the far more infectious Omicron variant. The unions, acting as the agents of big business and the state, played an indispensable role in enforcing the reopening of schools and workplaces.

Hospitals, already understaffed and rundown before the pandemic, are now experiencing an unprecedented crisis, with emergency departments swamped and staff continually getting infected with COVID. The *Herald* reported on August 3: “A woman was left lying in a hospital bed soaked in her own urine for 14 hours, while another patient was forced to wait for eight hours in the emergency department of an Auckland hospital.”

Thousands of operations are being repeatedly postponed, often leaving patients waiting in chronic pain, including some with cancer and heart conditions. *Stuff* reported on July 30 that “more than 8000 Auckland women [are] currently waiting for gynaecologist appointments, with some waiting nearly two years for care.”

People with COVID may also be missing out on essential medical care. Radio NZ reported that since March, 87 people have died from COVID-19 in their homes, an average of four per week. The Ministry of Health has not said how many of these people received any hospital care or whether they had been given

antiviral treatments. Maori and Pacific Islanders, who are largely among the more oppressed sections of the working class, made up 37 percent of these deaths.

Meanwhile, New Zealand is completely unprepared for monkeypox, which is rapidly developing into a new global pandemic. So far, three cases have been identified. Officials have asserted that there is no community transmission. Very few people are being tested, however, and the country has no vaccines.

The Burnett Foundation (formerly the AIDS Foundation), the Sexual Health Society and Auckland University expert Peter Saxton wrote to Ardern on August 3 calling for an immediate response, including a vaccination plan. They said “we cannot afford to wait for a widespread outbreak to justify a plan to address monkeypox” because it would “further overwhelm our already strained health system.” According to the World Health Organisation, 10 percent of cases require hospital treatment.

There have been more than 31,000 monkeypox cases reported in the outbreak globally. While it is currently spreading largely among gay and bisexual men, the virus is not a sexually transmitted disease and can be transmitted through physical contact, surfaces, clothing, and via airborne transmission—a fact that is being covered up by governments and public health authorities internationally, including in New Zealand, as they seek to downplay the risks.



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