

More Australian mask mandates lifted as continuing mass deaths and Long-COVID hidden

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The state governments of New South Wales (NSW) and South Australia (SA) both announced on Monday that they were lifting mask mandates on public transport. The move came into effect almost immediately—less than 24 hours after it was announced in SA and two days in NSW.

In some respects, the announcements formalised the situation that already existed. While all states and territories deploy ticket inspectors on public transport to harass and impose substantial fines on the poor, they have made no attempt to enforce the mask mandate.

The change is nevertheless significant. It ends the last mask mandates, outside health and aged care facilities, in both states. Across the country, all density and vaccination requirements for indoor activities were lifted months ago. Now, even the most minimal of infection control measures—masks on crowded public transportation—has been dispensed with.

The clear coordination in the announcements is also of note. NSW is led by a right-wing Liberal-National Coalition government, which has long been one of the chief proponents of the profit-driven “let it rip” program. In SA, a Labor government was elected in March, in part on that basis of widespread hostility to the previous Coalition administration’s decision to allow the unfettered transmission of the virus in the state beginning last December.

In comments indistinguishable from his Coalition counterparts, SA Labor Premier Peter Malinauskas declared that the ending of the mask mandates on transport was “another step forward in terms of the management of the pandemic...We have made it really clear that as a government, we are determined to relax restrictions as soon as it is safe to do so.”

Malinauskas also abolished any requirement for visitors to aged-care homes to be vaccinated, in line with the demands of the far-right anti-vax movement. That comes amid ongoing mass deaths in the sector, which have surged from

967 to 3,981 since the “reopening of the economy” in December.

The twin SA and NSW announcements underscore a broader bipartisanship. The federal Labor government, which assumed office in May, has presided over the lifting of the few remaining restrictions through the extra-constitutional National Cabinet. That body is composed of all the state and territory leaders and the federal administration.

Last month, the isolation time for COVID-positive individuals was slashed from seven to five days, prompting experts to warn that half or more of all cases would be circulating in the community while they were infectious. Labor concurrently slashed paid pandemic leave by more than \$200.

Mask mandates were eliminated for domestic flights. Then, in a statement that received almost no publicity, federal Labor Health Minister Mark Butler declared that they were no longer in place for international flights, effective September 9.

The same day, all federal, state and territory administrations, bar Victoria, ended daily reporting of COVID infections, hospitalisations and deaths, making it impossible to track the pandemic with any accuracy.

The campaign is predicated on claims that the pandemic is over, or has moved into a less deadly “endemic” phase, with the coronavirus frequently likened to the flu.

The ending of daily reporting, however, followed the deadliest month in Australia for the entire COVID crisis. There were 2,056 COVID fatalities in August. That is the first month in which more than 2,000 deaths have occurred. The death toll for a single month of August compared with 2,239 fatalities in the entire first two years of the pandemic.

The first edition of the stripped-back weekly report, after the end of daily reporting, showed 323 deaths in the seven days to September 19. That is the equivalent of almost 17,000 deaths a year. If those numbers had been recorded in

the first two years of the pandemic, Australia would have registered 34,000 deaths, rather than the 2,239. The far lower death toll was due to the implementation of limited safety measures following mounting opposition from key sections of the working class and public health experts.

Those experts, however, have been almost entirely sidelined. The changes of recent weeks, including the end of daily reporting and the lifting of mask mandates, have passed with hardly a critical comment in the official media.

The line of the corporate press, to the extent that it even mentions COVID, was summed up by an opinion piece prominently featured in the *Age* on Monday by University of Sydney professor, Peter McIntyre.

The article was headlined “Focus should now be on boosting COVID immunity, not avoiding infection.” Obliquely referring to epidemiologists critical of the lifting of public health measures, it stated: “[In] Australia, familiar voices have been lamenting shortened isolation periods, minimal mask-wearing and low coverage of COVID-19 vaccines among children less than 12 years of age.”

“They say advocates of less rigorous measures are driven by financial or self-interest and ignore expert health advice. These criticisms rang true as little as nine months ago when Omicron was devastating Australia, causing large increases in deaths in residential aged care due to low booster coverage. But the nature of the game has changed.”

Advancing the line of “herd immunity,” the article declared: “The good news is that infection and vaccination offer much stronger and more long-lasting protection than infection or vaccine alone.”

Mehring Books, the publishing arm of the Socialist Equality Party (US), is proud to announce the publication in epub format of Volume 1 of *COVID, Capitalism, and Class War: A Social and Political Chronology of the Pandemic*, a compilation of the *World Socialist Web Site's* coverage of this global crisis.

Many issues were not mentioned. Chief among them was the fact that infection from the latest strains of Omicron provides virtually no protection against reinfection. Secondly, the growing body of scientific evidence indicates that repeat infection weakens, rather than strengthens, the immune system.

The term Long-COVID was not present in the article. It refers to a host of potentially debilitating and long-term conditions resulting from even “mild” infection, which can affect virtually every aspect of the body. Treasury figures show that in June, 31,000 workers called in sick every day of the month as a result of Long-COVID. Some analysts have suggested that up to 10 percent of the national workforce are affected.

Deaths were referenced in the article, solely in relation to

aged care. This is part of a broader trend throughout the media and political establishment to simply pretend that unprecedented fatalities from a preventable infectious disease are not occurring.

Claims that only the elderly are perishing and thus there is little for society at large to worry about, recall reactionary social-Darwinism, which devalues the lives of those who are “weaker” and supposedly no longer productive.

But even this depiction is not accurate. A study by academics at the Australian National University, released last month and based on 2021 data, estimated that for every one hundred COVID deaths in Australia, about thirteen children lost one or both of their parents. That would equate to more than 1,500 people under the age of 18 who have so far witnessed at least one of their parents die in the most agonizing manner.

Australian Bureau of Statistics data, released last month, also indicates that the real death toll of COVID is far higher than the official figure of 14,787.

Between January 1 and May 31, some 75,593 deaths were reported across the country. In that period, official COVID deaths were 6,282. But the ABS reported that excess deaths for those five months were 10,757 more than would be expected based on the historical average.

That is, in addition to the 6,282 COVID deaths, there were another 4,475 fatalities that likely would not have occurred but for the pandemic. In addition to likely COVID deaths which were not recorded as such, the excess toll is doubtless bound up with the overburdening of the hospital system as a result of the “let it rip” strategy. This means that patients with a range of conditions are not receiving the care and treatment they would have in an earlier period.

In other words, if the virus is allowed to continue circulating without hindrance, tens of thousands of people will die every year, in what the corporate and political elite decrees to be the “new normal.” This perspective of a perpetual pandemic, dictated not by science but by profit interests, cannot be accepted by ordinary working people.



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