

Growing COVID hospitalisations and cases in New Zealand

Tom Peters
19 October 2022

Case numbers and hospitalisations for COVID-19 are continuing to climb in New Zealand following the government's removal of all public health measures to combat the pandemic.

As of yesterday, according to *Newsroom*, there were 214 people in hospital with the virus, a 24 percent increase in the past week, and more than double the figure of 105 recorded on October 5. Meanwhile, the seven-day average for officially-recorded infections is 2,211, up 27 percent on a week ago. This is almost twice the seven-day average of 1,344 recorded one month ago (on September 20).

Last week the government reported 34 more people had died within 28 days of contracting COVID-19. Throughout the pandemic, however, deaths have lagged behind hospitalisations and case numbers, meaning the toll is likely to increase soon.

Internationally, there is a renewed wave of the pandemic, driven by more infectious subvariants of Omicron including BQ.1 and BQ.1.1. In Germany, hospitalisations due to COVID doubled nationwide in the space of just one week, and there are reports of hundreds of outbreaks in hospitals and nursing homes. France and Italy have reported 461 and 544 COVID deaths in the last seven days, an increase on the previous week of 32 and 38 per cent.

Despite the alarming trend both in New Zealand and internationally, the Labour Party-led government is doing everything it can to disarm the population and normalise mass COVID infection. Yesterday, acting COVID-19 Response Minister Chris Hipkins announced the removal of emergency powers from the COVID-19 Public Health Response Act 2020, including the ability to impose lockdowns, border restrictions, vaccine mandates, contact tracing systems and vaccine certificates.

Like its counterparts internationally, the government is behaving as though the pandemic is over. All that remains of the public health measures are seven-day, self-isolation periods for positive cases, and mask mandates in healthcare and aged care facilities.

The ministry of health this week made the extraordinary admission that it has been dramatically under-reporting the number of COVID-19 hospitalisations. On October 17, total hospitalisations were revised up from 14,043 to 19,476—an increase of more than 5,000 or one third.

In a 169-word statement, the ministry said the undercount was a “coding issue,” relating to “a data source that has been used for the past three and a half months.” It said the under-count related to people who had “relatively short” hospital stays of between one and three days, and illogically added that the issue “did not affect the hospitalisation numbers released in the ministry’s daily, and now weekly, updates, which counted the number of beds occupied with patients with COVID-19.” In fact, it clearly did affect the reported numbers of people in hospital with the virus, creating the impression that the Omicron wave was considerably less severe than it really was.

One has to ask: Are there other “coding issues,” for instance, relating to reported COVID deaths? The ministry reports that as of October 17 a total of 3,047 people had died within 28 days of a COVID infection. However, it claims that only 2,065 deaths are attributable to COVID.

The contention that one in three people who died within weeks of contracting the deadly coronavirus actually died of something totally unrelated is highly dubious, to say the least.

The vast majority of these deaths were completely preventable. They occurred after Prime Minister

Jacinda Ardern announced in October 2021 that New Zealand was abandoning its elimination policy, which had kept the country mostly free from COVID-19 up to that point. Lockdowns were abandoned and all schools and businesses reopened, with the full support of the union bureaucracy, allowing the virus to spread everywhere.

The decision to embrace a policy of mass infection was made against public health experts' advice and without any democratic input. It was based entirely on the demands of big business for an end to lockdowns and public health measures that were viewed as a barrier to the extraction of profit from the working class.

The latest rise in cases has led to renewed warnings from scientists. Microbiologist Siouxsie Wiles told *One News* on October 18 that infection can lead to long-term problems: "The number of people who are at risk of heart attacks and strokes increases, so it's really not something we should be complacent about." She urged people to wear masks indoors, despite the removal of mandates.

Epidemiologist Michael Baker pointed out to the *New Zealand Herald* that over the last eight months, including two case peaks and varying levels of mortality, the daily average of deaths has been around 8.5. He said there could be another 700 deaths this year if the trend continues, bringing the official COVID death toll to around 2,700, or 7 percent of the expected total deaths.

Based on estimates that half the population has been infected, Baker said as many as 120,000 people could also develop Long COVID, a debilitating condition that can affect the brain, heart, lungs and other organs.

The ongoing crisis in public hospitals is likely to lead to even more deaths. This was highlighted by an independent investigation into the death of a 50-year-old woman from a brain bleed in June, which released its report this week. The woman went to South Auckland's Middlemore Hospital but left after being told she would have to wait eight hours for treatment in the emergency department. The report stated that the overcrowded department "is an unsafe environment for both patients and staff and is not sustainable."

One doctor at the hospital told the *Herald* there were "massive shortages of senior medical officers all over New Zealand and a number of resignations occurring

and still senior management just keep saying everything is fine."

Thousands of nurses across the country recently protested over the staffing crisis and low wages by refusing to work extra shifts.

Health NZ chairman Rob Campbell defended the hospital system, telling *Newsroom* that "bad results do happen in all medical services" due to "[f]allible people, fallible diagnoses, fallible medications, processes and technologies." He declared: "We all bear responsibility, not some object called a system."

In fact, the pandemic, which has killed more than 22 million people, is an unanswerable indictment of the capitalist system, which prioritises profit ahead of people's health and lives.

In opposition to this system, the working class must take matters into its own hands and fight for a fully-funded, scientific elimination strategy, implemented on a global scale, and based on the socialist principle that no expense can be spared to save millions of lives.

This means a political struggle against the Ardern government in New Zealand and the unions that have enforced its policy of mass infection. To coordinate their actions both nationally and internationally, workers need to build new organisations: rank-and-file safety committees, in hospitals, schools and every other workplace.



To contact the WSWs and the Socialist Equality Party visit:

[wsws.org/contact](https://www.wsws.org/contact)