

Shergold Review into Australia's pandemic response rails against lockdowns

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A report released last month entitled “Fault Lines” claimed to provide an “independent review into Australia’s response to COVID-19.” The independence and purported impartiality of the report was promoted by the media, which dubbed the document the “Shergold Review” after its lead author, Western Sydney University Chancellor Peter Shergold.

These assertions, however, are far from the case. In reality, the review is essentially a political document. Its overriding purpose is to provide a retroactive justification for the lifting of virtually all COVID safety measures by Australia’s governments, regardless of the health consequences, and to insist that restrictions such as lockdowns never be imposed again in the ongoing coronavirus crisis or any future pandemic.

The review was effectively funded by corporate sources. Three charitable foundations are listed as its sponsors. They are Minderoo, established by mining billionaire Andrew Forrest, the Paul Ramsay Foundation, associated with one of the largest private healthcare providers in Australia, and the John and Myriam Wylie Foundation, founded by one of the country’s more prominent investment bankers.

The opening section of the final report states that the review was conducted through consultations with over 200 “health experts, public servants, epidemiologists, community groups, businesses, economists and many more.”

But none of its authors are senior health experts or epidemiologists. The only member of the review with any medical training was Isobel Marshall, a 24-year-old social entrepreneur and undergraduate medical student. The other three members of the panel are senior public servants with close ties to the political and business establishment.

The review was released in a definite context. Australia’s governments, Labor and Liberal-National, have dispensed with virtually all safety measures that previously suppressed COVID transmission. Having “reopened the economy,” they have now done away with even the pretense of a whole-of-society public health response to COVID-19.

The current federal Labor government, with the support of the entire political establishment, has presided over the ending of mandatory isolation and paid pandemic leave for those infected with the virus. It has abolished daily reporting of all indices related to the virus. In the two largest states, New South Wales and Victoria, it is no longer even mandatory to self-report infection to the health authorities.

These policies, amounting to a social crime against the population, are well worthy of “review” and condemnation. But there is no such accounting in the Shergold Review. Instead, it is in line with calls from sections of the establishment, including the Murdoch press, for a

denunciatory “review” into those safety measures instituted in a previous period which limited infections and deaths, not the criminal policies that have resulted in a tsunami of infections and unprecedented deaths.

There is a clear contradiction at the heart of the Shergold Review. In an opening section, it states:

“Australia saw initial success in limiting COVID-19 case numbers and deaths, particularly compared to the rest of the world. Australia recorded only 1,097 cases of COVID-19 per million people during 2020. Restrictive measures targeted at limiting disease spread saw Australia record its lowest ever death toll. We had 137 fewer deaths than what we would normally experience from all causes (so called ‘excess deaths’) per million people (in age standardised terms). If we had recorded the same excess death toll as Canada (327 excess deaths per million), the UK (1,154) or the US (1,322), we would have had between 12,000 and 37,800 additional deaths during 2020.”

The review notes that the emergence of Omicron and the “easing of restrictions” resulted in increased infections and deaths in 2021, though still below most other OECD countries.

And then: “Cases and deaths have risen even further during 2022, dramatically reversing our early competitive advantage. As of 30 September 2022, Australia has recorded 378,617 cases per million people in 2022.6 That is more than double the OECD average. The latest available official data shows that by May 2022 excess deaths in Australia had spiked to almost 359 per million people in 2022, 16 per cent higher than the OECD average in 2022.”

The timeline is clear enough. In the early stages of the pandemic, governments, despite their inclinations, were compelled to institute safety measures, including lockdowns, as a result of the demands of teachers, healthcare workers and medical experts. While they were instituted falteringly and with a host of pro-business exemptions, these restrictions repeatedly succeeded in eliminating transmission, thus limiting illness and death.

With the removal of those safety measures, fatalities, the fundamental metric of a health crisis, have soared, with more than 13,000 this year, compared with a little over 2,200 in the first two years of the pandemic.

The clear conclusion from the timeline provided in the review is that the overturning of the safety measures was a disaster. But the review authors draw the opposite conclusion.

Lockdowns, it states were “brutal,” “harsh” and “blunt.” The mercenary pro-business motivation for these denunciations is evident enough. Lockdowns “had a negative effect on economic activity and national morale.” And “Snap lockdowns and border closures left households and firms stranded. Already groaning supply chains were

hobbled.”

The review states: “[T]he balance between the costs and benefits of lockdowns swung towards costs long before governments were willing to lift them.”

In other words, lockdowns were an unacceptable impost on corporate profit-making activities. In fact, big business made a bonanza during the pandemic, in large measure as a result of the hundreds of billions of dollars in handouts from governments. But the essential message is that no measures, however successful in saving lives, are permissible that could impact production and consequent bottom lines.

This thrust is most evident in one of the reports four key findings, which states: “Schools should have stayed open. It was sensible to close schools where there was an outbreak and when little was known about how the virus spread. But it was wrong to close entire school systems, particularly once new information indicated that schools were not high-transmission environments.”

This was because: “For children and parents (particularly women), we failed to get the balance right between protecting health and imposing long-term costs on education, mental health, the economy and workforce outcomes. The same applies to closing universities and vocational education and training centers. The social and economic costs were likely significant.”

Again, the preoccupation is above all with “economic costs.” The issue of the schools was so central to the “reopening” drive, because of the impact that school closures had on the workforce and business activities. As then Prime Minister Scott Morrison stated late last year during the “reopening,” face-to-face teaching had to be resumed because otherwise 10 to 15 percent of the workforce would be off due to parents remaining home to supervise their children.

The assertion in the review that schools “were not high-transmission environments” is simply misinformation. Nothing is cited to back up this claim, which defies not only medical science, but also common sense. One does not need to be an epidemiologist to recognise that having hundreds of children and their teachers in crowded and badly unventilated classrooms, during an airborne pandemic, will result in the spread of the virus.

The education authorities, governments and unions covered up school infection figures when face-to-face learning resumed at the beginning of the year. Then they ensured that accurate figures were not collected. But anecdotal evidence makes clear that infections have been recorded in most schools in the country. Teachers have recounted mass outbreak after mass outbreak.

Serological studies, released this week, have found that an overwhelming majority of the population contracted COVID this year. Contrary to the claims that children are unlikely to contract and spread the virus, their rates of infection were higher than the general population.

The WSWS reported yesterday: “Nucleocapsid antibodies were detected in 64 percent of the paediatric survey participants. Among school-aged children and teenagers, the prevalence was slightly higher, at 70 percent for 12–19 year olds and 67 percent for 5–11 year olds. Of those school-aged children who were unvaccinated, 75 percent were nucleocapsid positive, including 81 percent of teenagers.”

That the schools have functioned as vectors of the virus and have contributed to infections of parents and others who have died is beyond question.

Two other aspects of the Shergold review should be noted.

Firstly, it includes favorable references to the pandemic response in Sweden. That country was the testing ground for the “herd immunity” program of deliberately engineering mass infection, to ensure that economic activity continued at all costs. Some epidemiologists have aptly branded the Swedish response, which amounted to culling the elderly and jeopardizing the health of the entire population as a “crime against humanity” and a “cruel medical experiment” on a mass scale.

The serious epidemiologically-grounded review of the pandemic would not reference Sweden, except to condemn its response in the strongest terms. But the Swedish model, of mass infection and death, is now the global policy of the ruling elites.

Secondly, in all its discussion of the “consequences” of the pandemic, above all lockdowns, the review contains a solitary reference to Long COVID. “The direct long-term impacts of COVID-19 remain largely unknown, but the evidence suggests that the prevalence of long-COVID is increasing,” it states.

In fact, studies have shown that anywhere from 10 to 40 percent of those infected with COVID, including in “mild” cases, could become afflicted with the series of conditions described as Long COVID. The virus can affect virtually every organ of the body, can be completely debilitating and the effects could last a lifetime. Their prevalence is one of the reasons experts have described the pandemic as a mass disabling event.

The review is another indication of the irreconcilable conflict between science and the needs of the population on the one hand, and the imperatives of big business and the profit motive on the other.

At various points, the review seeks to cover its essentially right-wing conclusions with platitudes about the “inequity” of the pandemic response, including the immense social difficulties facing working people.

But those difficulties only underscore the fact that the fight for a scientifically-grounded program to eliminate COVID and end the pandemic must be connected to a broader reorganisation of society to meet social need, not private profit. In other words, a struggle for the political power of the working class and for socialism. That is one conclusion that the review, and its wealthy sponsors, were never going to draw.



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