

# Australian Labor government restricts COVID testing

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The federal Labor government in Australia has launched another major attack on the public health response to the pandemic, confirming that from the beginning of next year most Polymerase chain reaction (PCR) tests for the virus will require a doctor's referral.

The clear intent and purpose of the measure is to suppress testing for the virus. Already, official infection numbers bear virtually no relationship to the actual spread of COVID. As they lifted all restrictions in December 2021, unleashing an Omicron tsunami, the country's state and federal governments effectively crashed the PCR testing system.

Since then, they have shifted to less reliable Rapid Antigen Tests (RAT), which must be purchased and self-administered by members of the public. It is no longer even mandatory to report a positive RAT test to the health authorities or to isolate when infectious.

Under the new system, the situation will only worsen. This decision, moreover, is being taken when infections, illnesses and deaths are once again rapidly rising. All of the conditions exist for a massive surge of the virus over the holiday period, with large gatherings, travel and shopping all being heavily encouraged, when even the minimal public health measures of the past, such as indoor masking, have been abolished.

The hospitals, moreover, are at breaking point, with emergency department wait times, bed and nurse shortages and virtually every other metric showing an unprecedented crisis. The restriction of testing, which will enable the further spread of the virus, will lead to a further inundation of the healthcare system.

The latest changes are contained in a "National COVID-19 Health Management Plan for 2023." It is based on and extends earlier roadmaps adopted by all of the governments, state and federal, for the lifting of basic safety measures.

The 2023 plan proclaims that "Australia will transition to managing COVID-19 in a similar way to other respiratory viruses, moving away from bespoke arrangements." In other words, the coronavirus will be treated no differently than a cold or the flu.

However, based on excess death figures, COVID has claimed more than 20 million lives internationally in less than three years, in a pandemic unprecedented in recent history. In

Australia alone, the virus has killed some 14,000 people this year as a consequence of the abandonment of successful suppression measures and the adoption of a "let it rip" program.

In a preamble to the plan, the Chief Medical Officer Paul Kelly acknowledged that the pandemic "continues to throw up new challenges." He continued: "The likely emergence of new variants, including those able to partially evade immune responses, mean the Australian community can expect to experience new waves on a regular basis for at least the next two years."

Kelly, infamously, described Omicron as a "Christmas present" in December 2021, peddling the pseudo-scientific claim that the mass infection of the population would lead to heightened immunity. Now, however, he acknowledges that the continued spread of the virus will in fact result in "new variants, including those able to partially evade immune responses." The message, however, is that the plan will be implemented regardless.

In the area of testing, the plan declared: "From 1 January 2023, to obtain a Medicare-funded PCR test you will continue to require a referral from a medical or nurse practitioner. There is no public health requirement or recommendation for low-risk individuals to seek PCR testing."

Those who are deemed "low-risk" are effectively shut out of the PCR testing system altogether, being told to "take a RAT if they have respiratory and/or other COVID-19 symptoms," and to "stay at home" if they test positive. Even "low-risk" people who live with "high-risk" individuals are instructed to first take a RAT test, and only if they test negative and their symptoms persist, to try and get a doctor's referral for a PCR test.

The risk categories are entirely arbitrary. Australian Bureau of Statistics data this year showed that more than 78 percent of the population has a long-term health condition. Many of them, from cardio-vascular to respiratory issues, diabetes and excessive weight, increase the risk of severe illness during a COVID infection.

Even those recognised as immuno-compromised will be compelled to seek a referral for a COVID test.

However, as a result of an effective federal funding freeze, a growing number of general practitioners (GPs) are turning

away from bulk-billing, under which patients are provided with free or subsidized treatment. In August, Umair Masood, a representative of the Australian Society of General Practice, bluntly stated: “The bulk billing model will collapse in the next one to two years.”

Without bulk-billing, people will be compelled to pay \$70 or more for a consultation to obtain a referral for a PCR test. With GPs inundated with patients, they need to wait days for an appointment and could still be denied a referral.

The premise of the change, that there is little difference between PCR and RAT tests, is false. The unreliability of RAT tests in detecting newer Omicron variants has been known for months.

In July, for instance, Dr Chris Moyes, the vice-president of the Australian Medical Association, warned: “The RATs have been useful at various stages of the pandemic, but they now have reduced sensitivity. As the variants have grown worse, the efficacy has really dropped off.” He estimated their accuracy at about 60 percent and warned there were often delays in their picking up positive cases.

Most experts place the accuracy of PCR tests above 90 percent. They are far more effective at identifying asymptomatic cases than RAT exams.

The announcement of the new testing policy provoked opposition from doctors and an outcry on social media. The AMA warned that it would create “significant disincentives” to test for the virus and declared that it was “bitterly disappointed.”

Labor’s Health Minister Mark Butler took to Twitter to claim that “COVID testing remains the same.” He and other ministers have said that no referral will be required to access PCR testing at state-run clinics and hospitals. But those testing sites have closed in Queensland and are set to shut in Tasmania and South Australia at the end of December. They have been wound back in every other state and territory.

The 50-50 federal-state funding model for pandemic services is set to end with the new year. Butler claimed it would be renewed by Labor but gave no details. The plan, however, makes clear that COVID patients will increasingly be directed to GPs and phone consultations, with all but the sickest instructed to fend for themselves.

Labor is also cutting back the number of Medicare-subsidized psychological appointments from 20 to just 10.

These changes are being made as infections skyrocket. Labor ended daily reporting of COVID indices in September, and the state of the testing system renders the figures meaningless. Even so, infections and hospitalisations have doubled in little over a month (see: “Australia faces holiday surge as COVID infections, hospitalisations grow”).

The virus is once again sweeping through aged care facilities. Figures cited by the *Australian* showed that there were 3,000 cases in the sector last week and 63 deaths. Infections had increased five-fold since early October and the death toll eight-

fold.

In its plan for 2023, the federal Labor government speaks of “protecting the vulnerable.” But these claims are a sham, under conditions where the virus is permitted to spread everywhere and the most basic public health measures have been eliminated.

As in the US and internationally, the virus is reaping a deadly harvest through older generations of the population. The latest breakdown from the federal Department of Health, released in August, showed that of the 12,351 deaths during the pandemic, 4,463 had occurred among people in their 80s and 3,520 among those aged over 90, accounting for more than half the total.

The terrible death toll among the elderly, stemming directly from government policy, is in line with complaints from the corporate and financial elite over the “cost” of an ageing population that is no longer able to work and produce profits.

Meanwhile, immunisation, which was presented as the silver bullet justifying reopening, has stalled. Only 72 percent of the eligible population has received a third booster dose. Just 44 percent of those eligible have received a fourth shot. Most of the first three doses were administered late last year, or early in 2022, meaning that little immunity remains. The same is the case for many of the four doses.

In other words, the governments, led by the federal Labor administration, are once again creating the conditions for a catastrophic surge. They are implementing a “forever COVID” policy that threatens continuous mass illness, disability and death.

That underscores the critical importance of workers and young people mobilising in the fight for a scientifically-grounded program aimed at eliminating the virus. Such a struggle, that is necessarily international in character, must be directed against the entire political establishment and the capitalist system, which subordinates everything, including life itself, to profit interests.



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