

# Australian life expectancy declines as a result of COVID “let it rip” policy

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An annual statement by the government’s Centre for Population has underscored both the homicidal implications of the “let it rip” COVID policy and the immense historical retrogression that it represents from the standpoint of public healthcare.

The Population Statement notes that: “The increase in [COVID] deaths in 2021–22 and 2022–23 has resulted in a temporary drop in life expectancy in these 2 years. Compared to 2020–21, life expectancies are projected to decrease by 0.4 years for both females and males in 2021–22 and 0.2 years for males and 0.3 years for females in 2022–23.”

The statement is a prosaic, bureaucratic document. It is concerned primarily with the implications of population trends for economic growth, i.e., corporate profits.

In a clear case of burying the lead, the decline in life expectancy is mentioned just once in the statement’s summary. That reference is preceded by comments downplaying COVID fatalities by noting that they have been lower in Australia than in a number of other countries.

In the entire 76-page document, the phrase “life expectancy” appears just nine times, two of them in footnotes and four in an explanatory glossary at the very end of the statement. In a preface to the report, the federal Labor government’s Treasurer Jim Chalmers did not even mention the startling fact that the lifespan of the population was markedly declining.

Despite the attempts to bury the indices, however, they are of major significance. Life expectancy is widely regarded as a key indicator of overall social progress. In the field of public health, it is perhaps the decisive index measuring advancement or regression.

A 2019 study by Alan D Lopez and Tim Adair, published in the *Medical Journal of Australia*, gave an overview of trends in Australian life expectancy from 1950 to 2016 and compared them with other advanced capitalist societies, including the United States and Europe.

The authors documented a modest increase in life expectancy between 1950 and 1970, of 0.9 years for men and 2.5 years for women. While substantial declines in infant and child mortality were registered, high rates of adult mortality related to diseases, especially heart disease, mitigated against substantial advances.

“After 1970, however, Australian life expectancy improved

markedly, comparing favorably with that of other high income countries,” they noted. “Clear declines in mortality from specific causes, especially among men, have been attributed to public health interventions, including those for reducing tobacco smoking and improving road safety. By the year 2000, life expectancy at birth for Australians was among the highest in the world.”

The gains over that period were more rapid than in a number of comparable countries.

Lopez and Adair commented that the increase in life expectancy began to slow in the early 2000s, a trend that grew more marked beginning in 2016. Without drawing any definitive conclusions, they pointed to rising risk factors of premature adult mortality, including such indicators of social distress and dysfunction as opioid use and obesity.

As in the US and elsewhere, the deepening hardships facing working people are undoubtedly at play. It is nevertheless the case that the stark decline in life expectancy documented in the Population Report, over such a short period of time, is unprecedented in post-World War Two Australia.

That this is the foreseeable and foreseen consequence of government policy—allowing the virus to spread without restraint, because of the impact safety measures would have on business activities—makes it all the more striking.

As the *World Socialist Web Site* noted in its New Year’s perspective statement: “There is no precedent in modern history for governments that are not openly fascistic implementing policies that it is known will result in mass illness and death. But this is precisely what all the capitalist states have done over the course of the pandemic.”

In addition to relegating the decline in life expectancy to little more than a mention, the methodology of the Population Statement understates the scope of the fall. It notes that when calculating average life expectancy, against which the years 2021 and 2022 were calculated, 2020 was excluded.

That was because in that year, the first of the pandemic, mortality was substantially lower than trend. That underscores the effectiveness of the public health measures, including lockdowns, that governments were compelled to institute as a result of popular demands, notwithstanding their many pro-business exemptions.

The 129,000 deaths in the first eight months of 2022, the report notes, were 17 percent above the historical average, with COVID directly accounting for 7,770 of them. Those coronavirus fatalities were six times higher than in the entirety of 2021. Death rates for a range of other conditions, including dementia and diabetes, substantially increased.

The report hints that many of those fatalities may actually have been a result of COVID infection.

It states: “Early data suggest COVID-19 may increase the risk of dying from other causes, while pre-existing conditions may also increase the risk of dying from COVID-19. Deaths due to dementia and diabetes increased substantially relative to the historical average (18.9 percent and 20.8 percent). Dementia (including Alzheimer’s disease) and diabetes are among the most reported pre-existing chronic conditions that increase the risk of developing severe illness and dying due to COVID-19 in Australia.”

The precise breakdown of direct versus indirect deaths may be unknowable, especially now that widespread testing has been dismantled. In addition to the impact of COVID on pre-existing medical conditions, the “let it rip” program has resulted in a breakdown of the chronically-underfunded hospital systems, undoubtedly resulting in a diminution in the extent and quality of care.

Despite the political inclinations of its authors, the Population Study exposes the “herd immunity” program of mass infection. The spike in deaths last year was a direct consequence of the ending of all restrictions, with a bipartisan “reopening of the economy,” in December 2021.

But the Study blithely declares that life expectancy will begin to increase again from 2023-24. There is simply no basis for this assertion, which the report does not even attempt to substantiate.

In reality, everything suggests that the decline in life expectancy will continue, or even accelerate. The substantial increase in excess mortality from 2021 to 2022, recorded by the study, was the result of the lifting of safety measures, including such things as mask mandates and restrictions on large gatherings.

But since then, under the current Labor government, further steps have been taken in the dismantling of a coordinated public health response to the virus. That includes the abolition of any requirement for people who test positive to isolate, or even to report their test result to the authorities. This measure, aimed at forcing sick workers to remain on the job, was nothing less than an edict for the virus to be allowed to spread without hindrance.

Now, the highly-infectious and immune evading XBB.1.5 or “Kraken” subvariant has been detected in Australia. It is leading to a surge of infections across the United States and a growing number of countries.

In the state of Victoria alone, there were 108 deaths in the week ending January 6. That is the first time since July 2022

that more than one hundred deaths have been recorded in a week, apparently through the spread of Kraken.

Asked over the weekend what the federal government would do about the new subvariant, Prime Minister Anthony Albanese could only ramble about his government “taking advice” and “being transparent.”

Extraordinarily, he claimed that the government was “continuing to engage with the precautionary principle.” That principle dictates that the authorities not expose their population to risks, when the full consequences are unknown, i.e., the precise opposite of allowing a deadly virus to endlessly circulate.

The Australian political and media establishment continues to exploit the COVID surge in China, which is being used by the US and its allies to ramp-up the geo-political confrontation with China. The Labor government followed Washington’s lead in imposing mandatory COVID testing for inbound passengers from China. It has condemned the inaccurate and incomplete COVID data emanating from that country.

Meanwhile, the Labor government has substantially restricted access to testing, introducing new guidelines which only permit the vulnerable to access a more reliable Polymerase chain reaction exam at most testing facilities. Even that cohort requires a doctor’s referral to take the test.

Labor also ended daily reporting of COVID indices last year, switching instead to stripped-back weekly updates in a bid to restrict public knowledge of the spread. Over the holiday season, a number of states stopped issuing even those weekly reports. In the Labor-led state of Queensland, the first weekly report of the year is not being issued until January 13. The same is true of the Labor-controlled Australian Capital Territory, where the last weekly report was released on December 18.



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