

# New Zealand deaths increased 10 percent last year

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With barely any media coverage, and total silence from the Labour Party-led government and opposition parties, New Zealand's COVID-19 disaster is continuing. In the past fortnight alone there were 58 COVID-related deaths reported, including two children under 10 years old.

The media has provided extensive coverage relating to the 15 deaths in catastrophic flooding in January and February. Prime Minister Chris Hipkins and other political leaders have expressed condolences to the affected families and communities. There are serious questions about whether lives could have been saved with more resilient infrastructure and housing and better disaster management.

By contrast, no details are reported about COVID-19 victims, only statistics about age, gender and ethnicity. Politicians do not speak about these deaths and generally behave as though the pandemic is over.

Since December 18, 2022, according to the ministry of health, 311 people have died from COVID, an average of 28.2 per week. This is likely an undercount.

Since the start of the pandemic, 4,010 people have died in New Zealand within 28 days of a COVID-19 infection. The government claims that nearly a quarter of these, 969, were not due to COVID and 493 are unconfirmed, but there is no detailed information about these deaths.

These deaths were not inevitable, but the result of deliberate and criminal policy decisions. All but 30 fatalities occurred after then Prime Minister Jacinda Ardern announced the abandonment of the COVID-19 elimination policy in late 2021, and adopted the "let it rip" agenda that has killed more than 20.5 million people globally.

The removal of all public health measures, including mask mandates, social distancing and temporary

lockdowns, caused the country's total all-cause mortality to increase by 10 percent in 2022, with 3,642 more deaths compared with 2021. This was the largest annual increase since the 1918 influenza pandemic, when deaths jumped by 55.4 percent.

Hipkins, Health Minister Ayesha Verrall and other politicians made no statement when this extraordinary surge was revealed on February 20. Until recently, the government would often boast about New Zealand's relatively low death rate.

On May 18, 2022, for instance, Hipkins and Verrall issued a press statement hailing statistics that showed deaths had not increased during the first two years of the pandemic.

Hipkins, who was then the COVID-19 Response Minister, declared: "This reflected the benefits of our COVID-19 response in reducing exposure to the virus and protecting our more vulnerable New Zealanders... Vaccination has played a key role, along with border and isolation measures, in keeping people safe from the more deadly variants of COVID-19 by keeping them out of the community or significantly limiting their spread."

These words read like an indictment of the current policy. Scrapping the zero COVID policy has had devastating consequences for vulnerable people.

Recent data from the ministry for disabled people shows those receiving Disability Support Services are only 9 percent less likely to test positive for COVID, but 4.2 times more likely to be admitted to hospital for the virus and 13 times more likely to die from it.

According to the health ministry, 60.5 percent of people who died after a positive COVID test were over 80 years old. The virus has ripped through aged care facilities, killing people that the corporate elite regards as unproductive and a drain on profits.

While COVID deaths have been lower over summer, the weekly toll will undoubtedly rise as temperatures fall, immunity wanes and people are infected again and again. Last week, 42 percent of the reported cases (4,811 out of 11,453) were reinfections, which increases the risk of debilitating Long COVID.

The coronavirus has contributed to a crisis in public hospitals, already understaffed and under-resourced before the pandemic.

According to Radio NZ, in December in Counties Manukau, South Auckland, there were 6,637 patients who had been waiting more than four months for a first specialist appointment—an increase of 46 percent compared with a year earlier. The number of people in the district waiting for so-called elective surgery—often vital operations such as knee or hip replacements—had increased by 69 percent to 1,569.

Last Friday, *Stuff* reported that Christchurch Hospital was recently at 106 percent capacity and has had to transfer patients to other hospitals for surgery due to a shortage of anaesthetic technicians. The hospital was also recently understaffed by 100 nurses for a whole day, due to large numbers being sick.

In the year to November 2022, according to *One News*, hospitals hit 100 percent occupancy a total of 656 times, meaning “on average each day roughly two hospitals around the country were running at an occupancy higher than they were resourced for.”

Far from allocating more resources to the crisis, this year the Labour government halved funding for the COVID-19 response. Most COVID patients are now forced to pay for follow-up doctor appointments, something that was previously free.

More cuts are in the works, as the government seeks to impose the cost of the country’s worsening economic crisis on working people through austerity measures.

Last week Rob Campbell, the outgoing Health NZ chief executive, told the media that “many hundreds” of workers would soon lose their jobs following the amalgamation of the country’s district health boards into the new centralised health service.

Prime Minister Hipkins confirmed the change, telling *Stuff*’s “Newsable” podcast the cuts were about “making the back office as lean and efficient as possible, so that the funding and the people and the resource can be directed to frontline health services.” In

the same interview, however, he acknowledged the government’s cuts to COVID-related “frontline” services.

Campbell said the cuts should be imposed in “partnership” with the union bureaucracy. Public Service Association (PSA) national secretary Kerry Davies told *Newsroom* that “some redundancies are inevitable” and the union wanted “sufficient and appropriate support for all workers through this challenging time.” The role of the PSA is to ensure the cuts are implemented in an orderly fashion.

Working people cannot accept the forever COVID agenda of the ruling class, which is leading to a mounting death toll and a decline in life expectancy worldwide. To defeat this criminal agenda, workers need new organisations, independent of the pro-capitalist trade unions, which have enforced the removal of COVID protections in schools, public transport and other workplaces.

The Socialist Equality Group calls for rank-and-file safety committees to be built in every workplace, including hospitals and schools, to fight for a fully-funded elimination strategy to save lives. This fight requires a socialist strategy: the resources needed to stop the virus and to rebuild the healthcare system must be expropriated from the corporations and banks, which have made record profits during the pandemic.



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