

Remote area general practitioner David Berger denounces abandonment of COVID protections by Australian governments

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More than three years into the COVID pandemic, Australian governments, like their international counterparts, continue to remove the limited measures taken to slow the spread of the virus, despite their efficacy in protecting people from a disease that has killed more than 21 million people worldwide.

In Australia, where the Labor Party holds power federally and in six out of seven states, this includes the ending of essential mask mandates in hospitals and other clinical areas.

Last month, Dr David Berger, a remote area general practitioner and principled advocate for zero-COVID policies and workplace safety measures, issued an open letter denouncing this socially criminal move.

Circulated on Twitter, where it has currently had 197,600 views, the letter was addressed to Mark Butler, the federal minister for health and aged care and equivalent health officials in Australia's states and territories.

Berger's letter notes that COVID-19 was the third leading cause of death in Australia last year, behind heart disease and dementia, contributing almost 12,000 of the 20,000 excess deaths in 2022, a 12 percent increase compared to pre-pandemic levels. It warns that the current data for 2023 shows no signs of a lessening of the rate of excess death.

The letter sharply criticises the dropping of mask wearing requirements in hospitals and health services by state and federal governments.

Mask mandates, familiar to any patient or health worker during 2020 and 2021, served to stop the spread of hospital associated infections (HAIs) of COVID, which are particularly vulnerable to large outbreaks given they contain thousands of people in close confines.

Hospitals also contain those individuals at the greatest danger of dying from a COVID infection, due to their weakened health from other diseases and conditions. This is not a small group.

Those especially at risk, Berger says, include the elderly and children under 5, pregnant women, the disabled, cancer patients, organ transplant recipients, heart attack and stroke survivors, those with congenital disorders like Trisomy 21 (Down syndrome) and minority ethnic groups.

His letter also points out that the Aboriginal population in central and northern Australia, areas where Dr Berger has worked extensively, "has a rate of severe ill health at a young age, which is

probably amongst the highest in the world, making it arguably the sickest, most vulnerable population in the world."

Yet, as Berger outlined, every Australian state and territory government has quietly removed mask mandates in precisely the settings they are most required to protect vulnerable people. Now visitors, patients, and staff are met with "recommendations to wear masks" based on "personal choice," thus leaving it up to an individual's own understanding, and resources, with no publicly accessible guidelines on what masks are adequate.

As a result, many individuals, patients, and even health workers wear no masks, or only surgical masks, rather than the N95 masks required to protect against COVID infection. This deliberate neglect of hospital patients is causing avoidable disability and death.

Berger notes that in Victoria, "from 1 January to 24 August 2022 there have been 2,957 COVID related HAIs," a figure 10 times greater than in either 2020 or 2021, when COVID quarantines and mask mandates were in effect.

Victoria's Chief Health Officer Brett Sutton has reported that being infected with COVID in hospital had a mortality rate of 7.6 percent, *50 times* greater than the average rate of death from COVID.

Confirming these grim statistics, leaked figures from the Victorian Health Department, published last month in Melbourne's *Age* newspaper and the *Sydney Morning Herald*, revealed that more than 3,200 people likely contracted COVID-19 in hospitals in Victoria between January 1 and October 26 last year. Of these patients, at least 344—over 10 percent—died.

Additionally, 5–10 percent of COVID sufferers will go on to develop Long COVID, a post-viral syndrome with complex and often devastating consequences, like organ failure, blood clots, and early dementia.

The lack of masks also causes an increase in the spread of other respiratory viruses. HAIs caused by influenza and the respiratory syncytial virus (RSV), which had been suppressed in 2020–21, have surged since 2022, even out of season, due to the greater opportunity for transmission.

As Berger correctly raises, this failure to protect hospital patients and health workers from COVID is a denial of their fundamental right to physical safety in hospitals. He writes, "Sickening and killing patients as a result of lack of basic hygiene in a high-

income country in the 21st century is the very definition of negligence and futility.”

The working class is the hardest hit by infections. Public hospitals, where the largest outbreaks have taken place due to their bearing the brunt of COVID hospitalisations, are also overwhelmingly relied on by working class people and the poor. These groups, particularly those in the lowest 20 percent of incomes, have died from COVID at a rate three times greater than those in the wealthiest 20 percent.

Given the breakdown in data collection and the abandonment of serious efforts to track and trace COVID cases, the true number and death rate of HAIs are underestimated.

In the UK, a country with a comparable healthcare system to Australia, 30 percent of all COVID infections occur in hospitals. If applied in Australia, where 27,742 COVID cases were officially reported last week, this would mean that in the first week of April roughly 9,000 COVID cases occurred in hospitals.

A freedom of information request by the Australian community group COVID Safe Schools, made to the New South Wales (NSW) government regarding internal government correspondence on COVID HAIs was declined, on the supposed basis that no such documents exist.

In other words, outside of occasional reporting of COVID infections in hospitals, the NSW government claims to have never discussed the matter internally since the start of the pandemic.

Whether or not this extraordinary claim is true, the true extent of COVID HAIs is being suppressed, and the impact is to withhold from the public that hospitals, without appropriate measures such as masks to prevent COVID spreading, represent a danger to patients and healthcare workers.

In this context, COVID cases have been rising for the past two months. In Australia, with an absence of mass testing, it is impossible to know actual numbers, however the average number of daily cases has risen from 2,500 to just over 4,000 since early February, an increase of 60 percent. On average, at least 95 people die of COVID per week, a fact passed over with a yawn by governments and the corporate media.

New variants, including the XBB.1.16 strain, dubbed “Arcturus,” have additional mutations on the spike protein, making them more immune-evasive and likely to cause infections to rise.

Officially, COVID has killed 20,000 people in Australia, representing the single greatest mass death and disability event to the country since World War II. It was the third most common cause of death in 2022.

These figures are undercounts. The Australian Bureau of Statistics (ABS) calculates that there were 25,235 excess deaths last year alone—15.3 percent higher than the historical average. There were also 172 deaths attributed to Long COVID.

Far from responding to COVID by sustained measures to protect people and eliminate the pandemic, government officials resort to lies and suppression of information regarding the severity and consequences of COVID. Any measures to suppress the pandemic are regarded with hostility because they would affect corporate profitability.

Since coming into power in May 2022 claiming to represent the

interests of working people, the Federal Albanese Labor government, whose health department Dr Berger’s open letter is addressed to, has presided over at least 11,836 deaths.

Their response to Dr Berger’s consistent efforts to raise the danger of COVID’s spread and advocate for zero-COVID was to persecute him last year with threats of losing his right to practice as a doctor, a witch hunt carried out by the Australian Health Practitioners Regulation Agency.

Mask mandates have come under fire precisely because their efficacy in protecting against COVID spread would remind the public of the pandemic’s ongoing existence and danger and demonstrate the necessity of public health measures in containing its spread.

Predictably, Berger’s open letter has been ignored by government health officials, the corporate media and greeted with a stony silence by the health unions.

Berger passed on the leaked data on COVID-acquired infections in Victorian hospitals to the *Age* and *Sydney Morning Herald*, which published a story on the shocking figures. But these outlets wrote nothing about his open letter and the seven rudimentary measures (see interview) he says must be implemented to establish zero hospital transmissions of COVID.

The fight to put an end to the COVID pandemic, preserving the lives of the sick and vulnerable requires the mobilisation of health workers, teachers and other sections of the working class in alliance with principled medical researchers and scientists. This means building of rank-and-file committees, such as the Health Workers Rank-and-File Committee (HWRFC) in Australia and internationally, independent of the unions and political parties which are responsible for the “let it rip” pandemic policies now implemented.

The HWRFC has initiated a COVID-19 safety survey for health workers, the results of which will be published on social media and on the *World Socialist Web Site*. We urge all health workers to complete this questionnaire, share your experiences and take forward this fight.



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