

New Zealand COVID deaths continue to mount

Tom Peters
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New Zealand is currently experiencing its fourth wave of COVID-19 infections since the Labour Party-led government ended its Zero COVID policy in late 2021 and adopted the criminal program of mass infection demanded by the corporate and financial elite.

Since the start of the pandemic, according to the Ministry of Health, there have been 2,682 confirmed COVID deaths and another 392 where data is “not available,” but which occurred within 28 days of getting the virus—a total of 3,074 deaths.

A further 1,080 people died within 28 days of testing positive, but the Ministry claims that these deaths had nothing to do with COVID-19, giving no further details. The country’s all-cause mortality increased by 10 percent in 2022, with 3,642 more deaths compared to 2021.

Epidemiologist Michael Baker estimated last month that 1,000 people could die from COVID-19 in 2023—about twice as many as die from influenza each year. In fact, if one includes all deaths within 28 days of a COVID-19 infection, the weekly death toll has averaged about 35 a week over the last four weeks, which would mean more than 1,800 deaths annually.

The toll could well be higher if there is a spike in deaths during the winter months (June-August), as happened last year, or if more immune-evading and severe variants become dominant. The Arcturus or XBB.1.16 variant, which has fuelled an explosion of cases in India and is spreading throughout the world, was detected in New Zealand in mid-April.

Hospitalisations have risen sharply in the past two months. In the week ending April 23 there were 365 hospital admissions for COVID-19, more than double the 148 admissions for the week ending February 19.

So far, New Zealand has recorded a total of 28,223 hospitalisations for COVID-19, including 3,060 among

children under 10 years old. It is estimated that about half the population has been infected at least once, meaning that tens of thousands of people are likely to have Long COVID, a debilitating condition affecting multiple organs including the heart, lungs and brain.

The government insists that working people must accept continual waves of infections, deaths and long-term illnesses from COVID-19. Last September, mask mandates and practically all other remaining public health measures were lifted, leaving few obstacles to the spread of infection.

On April 11, Prime Minister Chris Hipkins told the media: “We are heading towards a point where COVID-19 is becoming normal,” with hardly any public health restrictions remaining. “We are moving to that era where COVID-19 is just one of those things the Ministry of Health manages,” he said, adding that the mandatory seven-day self-isolation period for positive cases could be lifted in coming months.

The government is also refusing to keep track of the real levels of infection. On April 27 the Ministry of Health announced it would not proceed with two planned surveys—an infection prevalence survey and a sero-prevalence survey—that would have indicated the amount of COVID-19 in circulation and the level of immunity in the population.

A spokesperson for the Ministry told the *New Zealand Herald* that the country had “passed the emergency stage” of the pandemic and such surveys “would be unlikely to meaningfully alter any current public health response.”

Despite official claims that the “emergency” is over, COVID-19 is still tearing through schools, workplaces, and aged care facilities. The unions, which fully collaborated in reopening the economy and scrapping public health measures such as masks, have remained

silent about the crisis.

Otorohanga College in the central North Island has announced on Facebook that it will move to distance learning this Thursday and Friday because of the rise in staff testing positive for COVID. The closure has not been reported in the media or by the Post-Primary Teachers' Association (PPTA), which raises the question: how many other schools are having to make similar decisions?

An editorial in the *New Zealand Medical Journal* in March, by epidemiologist Amanda Kvalsvig and colleagues, pointed out that the Disability Rights Commissioner had called on the government to reinstate mandatory masking in schools during periods of high transmission, but this and other recommendations to improve air quality and properly track infections had been ignored. Meanwhile, "when families opted to keep children at home these absences were recorded as 'unjustified.'"

The scrapping of public health measures is part of a broader austerity agenda. Speaking to a business audience on April 27, Hipkins boasted that "between now and 2024, government spending is set to fall by the largest amount since at least 1987, due in part to the rapid rollback of COVID spending underway."

The government is slashing spending from about 35 percent of gross domestic product to "the low thirties," with major cuts to health, education and other services.

Around 1,600 administrative jobs are likely to be lost in a restructure of the public health system. This is in the context of a deepening staffing crisis, with a shortage of 4,000-5,000 nurses and a major shortage of doctors and other staff.

According to a parliamentary select committee report, in the Counties Manukau district of South Auckland alone last year there was "a shortfall of 127 [general practice doctors] already, and with population growth, this situation could worsen."

Throughout the country, hospital emergency departments are often dangerously overcrowded. Today, *Stuff* reported that a 79-year-old man with serious heart and breathing problems, taken by ambulance to Palmerston North Hospital on April 24, had to wait 30 hours to be admitted. A staff member said the hospital was "hugely unsafe, underfunded and under-staffed."

Health NZ spokesperson Lyn Horgan said: "An

increase in patients presenting with COVID-19 and winter-related illness, especially over the past two weeks, has stretched our capacity even more."

Waiting times for vital surgeries have also soared. Dunedin Hospital, which serves a population of 300,000 people, has reportedly closed down some of its cancer services due to a shortage of radiation oncology consultants. Brain Tumour Support Trust spokesperson Chris Tse told Radio NZ on April 3 that the situation was "a slow-moving train wreck" leading to shorter lives. In one case, a patient diagnosed with "an aggressive brain tumour" in December had still not seen a radiation oncologist by late February.

The working class cannot continue to live with the present policy of unending infections and deaths from COVID. The Socialist Equality Group calls on workers to contact us to discuss how to build rank-and-file workplace safety committees, including in schools and hospitals, independent of the pro-capitalist unions. These new organisations are urgently needed to coordinate the fight for a fully-funded, scientific elimination strategy that places health and lives ahead of the demands of the profit system.



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