Australian government, media silent on last COVID wave that killed one thousand people

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Over the summer period, Australia was wracked by its sharpest wave of COVID illness and death in six months, with well over a thousand lives lost. The vast majority of people would have no knowledge of the toll, however, because it has not been commented on by the federal Labor government or any of the state administrations and has been buried in the official media.

As is the case internationally, what has been created and imposed upon the population is an invisible pandemic. While the authorities pretend that COVID is a thing of the past, thousands are continuously infected with a potentially deadly disease that has claimed more than twenty million lives worldwide over the past four years.

A key component of this campaign has been an assault on accurate data. Standardised, daily figures of hospitalisations and deaths were terminated long ago, leaving in their place a deliberately confusing patchwork of weekly reports. Even these figures are often incomplete and subject to substantial revision months after the fact. With the dismantling of any form of testing system, and the abolition of reporting mechanisms for positive rapid antigen tests, infection levels are entirely unknown.

The most recent consolidated figures from the Australian Bureau of Statistics (ABS) show that in the three months from last November to the end of January, 1,184 lives were lost to COVID. That was the highest toll over a three-month period, since a mid-year wave that caused 1,664 fatalities between April and June, 2023.

The "waves" of mass death, reflecting surges of viral transmission often associated with new variants, take place amid a baseline of continuous illness and fatality. From July to October, i.e., between the two recent peaks, monthly deaths ranged from 153 to 335.

According to the ABS, COVID deaths for November were 399, for December 376 and January 409. But even those figures are potentially an understatement. The ABS report notes: "As the pandemic has progressed the number of people dying 'with' COVID-19 has increased. In December, 124 people died with COVID-19 as a contributing factor to their death (i.e., COVID-19 was certified on the death certificate but it was not the underlying cause of death)."

That is, 124 people perished in December having tested positive with COVID and with it contributing to their deaths, but they were not included in the overall COVID mortality figure. If they were, the December fatalities would have been exactly 500.

The concept of "dying with" COVID as opposed to "of" COVID has been aggressively promoted by governments and compliant medical authorities, as they have abandoned any coordinated, society-wide response to the ongoing pandemic.

Even accepting that distinction, the high number of people "dying with" COVID points to two developments underscoring the severity of the coronavirus crisis.

Firstly, any attempt to shield the vulnerable has largely ended. That has included the removal of mask mandates in most patient-facing areas of hospitals, meaning that severely unwell people are at risk of catching the virus. Aged care facilities, where existing health problems are prevalent, have been centres of outbreaks for the past four years and remain so.

Secondly, if people are dying of other causes, but are also positive for COVID, it indicates mass transmission of the virus.

The recent wave occurred under conditions of the spread of the JN.1 (Juno) variant, which is now dominant in Australia and much of the world. The existence and implications of Juno have been the subject of minimal public discussion.

One exception, an article in *GP News*, publication of the Royal Australian College of General Practitioners, noted the significance of Juno within the broader context of the pandemic. Authored by Associate Professor Stuart Turville, Emma Pakula and Professor Brendan Crabb, it described Juno as an "an evolutionary 'step change' in the pandemic."

They noted that "JN.1 is so distinct and causing such a wave of new infections that many are wondering whether the WHO will recognise JN.1 as the next variant of concern with its own Greek letter."

They explained: "JN.1 has inherited more than 30 mutations in its spike protein. It also acquired a new mutation, L455S, which further decreases the ability of antibodies (one part of the immune system's protective response) to bind to the virus and prevent infection."

The experts drew attention to preliminary studies, which indicated that Juno may affect the lungs more than other

Omicron variants, which are characterised by a high viral load in the throat. Pointing to some counter indications, they raised the need for further study to examine whether Juno was intrinsically more severe than other strains, or if its high toll was the consequence of its substantial infectiousness.

In another article published by the *Saturday Paper*, Professor James Wood, an applied mathematician with a focus on immunology, took up a similar theme. Headlined "Why this Covid wave is different," Wood stated that Juno had caused "the largest and most rapid wave we've seen since mid-2022." He added: "My rough estimates are this wave has infected about 20-25 per cent of the population—about the same as in the summer wave at the end of 2022."

Both articles made the point that the emergence of Juno, which itself is likely mutating, points to the ongoing danger of new and more dangerous variants. Contrary to official assertions, none of the experiences of the past four years gives cause to assume that the pandemic will simply end of its own accord or that the next variant will be less deadly than the last.

The ABS figures include the most reliable estimate of COVID mortality in 2023 to date. They indicate that at least 4,544 people across the country died directly as a result of COVID. The ABS, seeking to downplay the toll, notes that is less than half the 10,305 fatalities registered in 2022.

Last year's deaths, however, compare with 906 in 2020 and 1,356 in 2021. COVID fatalities in 2023, in other words, were twice as numerous as in the first two years of the pandemic. Total deaths are now at 24,414, a significant number in a population of 25 million, given the low figures in the first two years.

In 2020 and 2021, governments were compelled to institute limited but successful safety measures, including partial lockdowns, contact tracing and mass testing. This was overturned in December 2021, with a reopening that resulted in an Omicron tsunami. This was followed by the junking of even minimal protections such as mask mandates.

The ABS noted that: "Monthly mortality rates were generally higher in 2023 than in 2020." It also stated that: "In most years, the highest monthly mortality rates occur in winter (typically July or August). This was different in 2023, when the highest mortality rate occurred in May." That coincided with the major mid-year spike, further indicating that COVID remains a key contributor to overall mortality.

More generally, the ABS commented that: "The proportion of deaths from all respiratory diseases (9.0%) was higher in 2023 than the previous 3 years." A by-product of the successful COVID measures of the first two years of the pandemic was a massive decrease in flu and other respiratory infections, to almost negligible levels. With the full reopening, and in the absence of any effort to improve air quality through filtration and other devices, those respiratory conditions are again taking a major toll.

This policy amounts to a program of deliberately killing the elderly, which aligns with business complaints of the growing cost burden of an aging population. Some 4,170 of last year's COVID deaths were of people over the age of 70.

When they ditched safety measures, governments claimed that the basis for this was the development of vaccines, which would particularly protect the vulnerable. But any serious nationwide campaign of inoculation has also been abandoned. As Wood noted: "The most recent data on aged-care vaccination published by the Department of Health and Aged Care puts uptake at 39 per cent in the past six months, with only the Australian Capital Territory above 50 per cent and Western Australia and the Northern Territory both below 30 per cent."

Adults under 65 are now only eligible to receive COVID vaccine boosters once every 12 months, unless they are severely immune-compromised. Australian health authorities no longer recommend booster shots at all for children and teenagers under 18 if they have no serious underlying health conditions.

The longer term consequences of the continued circulation of the virus, with infection and reinfection the norm, remain unknown. There is, however, a growing body of evidence of a range of debilitating conditions described as Long COVID, despite government attempts to deny and obfuscate the danger.

It is significant that the forever pandemic is now being presided over by a federal Labor government, together with Labor administrations in all the states and territories, bar Tasmania. Together with the ruling elites internationally, they have decreed that any measures to stem the tide of the virus are unacceptable, because of their potential impact on profit-making activities.

This position, which means supporting mass death for the indefinite future, is of a piece with Labor's support for the Israeli genocide in Gaza, for broader US militarism, including preparations for war with China, and its role in inflicting the cost-of-living and social crisis on working people.

As the Socialist Equality Party alone has insisted, the measures required to end the pandemic, including universal N95 masking in indoor spaces, contact-tracing and the mass rollout of high-quality air-filtration, are well known. But experience has shown, the implementation of these will require nothing less than the development of a mass socialist movement of the working class, directed against a capitalist system that subordinates everything to profit and wealth accumulation for big business and the rich.