

Australian COVID inquiry promotes “let it rip,” denounces public health measures

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1 November 2024

The report of a government commissioned inquiry into Australia’s response to the COVID-19 pandemic was released on Tuesday.

The inquiry spanned a year. The report runs to 892 pages. It is, however, completely worthless from an analytical or scientific standpoint, adding nothing to an understanding of pandemics and public health in general, or the experience of COVID-19 in particular.

Instead, the report is a crude promotion of the profit-driven “let it rip” policies that persist to this day. It is noteworthy only as yet another marker of the assault on public health and the rights of the population that this homicidal program has entailed.

That conclusion was preordained. When the Labor government initiated the inquiry in September last year, they instigated a “public discussion” that focussed solely on the adversity associated with public health measures, such as social distancing, lockdowns and school closures. In one interview, for instance, Labor’s Health Minister Mark Butler referred to these measures, declaring: “We don’t want to do that next time. We don’t want to do that in the next pandemic.”

The government selected a three-person panel that was always going to arrive at the conclusion Butler had already outlined. Robyn Kruk, who has been in the upper echelons of the public sector bureaucracy, working with pro-business governments for decades, was its chair. Economist Dr Angela Jackson was on the panel. The only individual of the three with medical expertise was Professor Catherine Bennett, Deakin University chair of epidemiology.

Throughout the pandemic, Bennett was one of the epidemiologists who most aggressively supported the lifting of public health measures and insisted that the population would have to “live with the virus.” Under conditions where many principled epidemiologists and doctors sharply denounced this policy, the selection of Bennett as the sole public health expert on the panel made a mockery of its purported independence.

Most fundamentally, the report presents the COVID-19 crisis entirely as a thing of the past. In a document supposedly about official preparedness for pandemics, the pandemic that continues is all but ignored.

With the dismantling of official testing and reporting across the country, case numbers and other metrics are almost impossible to track. But it is clear that the virus continues to spread. In fact, COVID-contributed fatalities this year have occurred at a rate of 497.5 per month, barely lower than the 512 per month recorded in 2023.

Other basic elements of the pandemic are simply ignored. The fact that COVID deaths resulted in the first decline in Australian life expectancy in at least 50 years does not rate a mention. To the extent that the mass deaths are referenced, more than 25,000 official COVID fatalities, it is in the coldest and most unsympathetic manner.

In a report of such length, there is inevitably substantial padding. The authors attempt at times to adopt a pretence of even-handedness to bolster the credibility of their findings. But the overall thrust is a denunciation of the successful public health measures that limited COVID deaths in the first two years of the pandemic to 2,239, and an insistence that they never

be implemented again.

The authors boldly declare: “There was no ongoing monitoring of proportionality of responses... Interventions such as lockdowns should only be used as a last resort, not as a frontline disease control measure.” In regards to lockdowns and other measures such as mask mandates, they complain: “Effectiveness was inferred from overall reported case numbers, but this is a very limited approach to evaluation and did not reveal which [restrictions] were effective and whether the stringency settings were right.”

Those unqualified assertions, denouncing measures that saved lives, are all the more striking, given that the report notes, “Australia would have had between 15 and 46 times the number of deaths if it had experienced the same COVID-related death rates as comparable countries like Canada and Sweden.” That is, but for the measures that the report denounces, hundreds of thousands, or even more than a million people would have perished out of a population of 25 million.

The report asserts that lockdowns and school closures damaged mental health and caused other negative impacts, such as an erosion of trust in public health authorities. The real concern is made evident by its dozens of references to the “economic” impact of such measures, which it states means they should have been ended sooner. The “economy,” in this case, is a reference to the profit-making demands of the largest corporations and banks, which dictated the adoption of a “let it rip” program.

To justify its claims, the report presents an entirely false narrative of the pandemic. It essentially asserts that the public health measures were imposed by force on a population that was skeptical and then increasingly hostile to them.

To the extent that credit is given for the life-saving public health measures of the first two years of the pandemic, it is to the governments and official institutions. And to the extent that responsibility is assigned for the “reopening” of the economy which led to mass death, it is to the population, which was supposedly braying against lockdown measures.

This turns reality on its head. When the pandemic began in early 2020, Australian governments, no less than their counterparts internationally, were intent on prioritising profit over lives. They implemented limited public health measures for several interrelated reasons. Going into the pandemic, Australia had one of the lowest rates of staffed hospital beds per capita. Governments knew that if the virus spread, the system would completely collapse.

This intersected with fears of mass opposition from the population. The first public health measures were implemented under the direct pressure of the working class, including health workers, teachers and others. The report is compelled to acknowledge that official directives for school closures in early 2020 were preempted by parents withdrawing their children and schools themselves shifting to online learning. But the implications of this, in terms of mass popular sentiment, are simply ignored.

The report is able to point to elements of the official response during the

first two years of the pandemic that produced public anger. That included the extensive use of police and the military, above all targeting working-class areas of the major cities.

But the use of repressive state forces was not intrinsic to the public health measures. They had far more to do with the half-hearted character of the public health policies, which always included sweeping exemptions for business, particularly impacting low-paid and vulnerable sections of the working class, and fears of social upheaval, bound up with the growth of social inequality during the pandemic.

Notwithstanding this, the public health measures retained overwhelming support. In Queensland, Labor won a major victory in the 2020 state election, and in Western Australia it received a similar overwhelming response in March, 2021. In both instances, those results, bucking the trend of sharp swings against incumbents, were because the Labor governments were identified with the public health response. In Victoria, where lockdowns were the longest, a fact that was sharply denounced in the report, all contemporaneous polling indicated overwhelming support for the measures.

The real dynamic, covered up in the report, was a continuous campaign against this popular sentiment by the corporate press and the ruling elite. Everything was done to sow confusion, while the governments themselves were continuously looking for an opportunity to follow their counterparts in Europe and the US and adopt an open “let it rip” program.

One aspect of this was the ever greater promotion, by sections of the corporate and financial elite, of a virulent anti-lockdown movement. Demonstrations involving a tiny fraction of the population were given extensive airtime and their views were depicted as being representative of popular sentiment. The rallies were also centrally bound up with anti-vaccine misinformation, and in many instances were led by far-right and even fascist organisations.

With the arrival in Australia of Omicron in December, 2021, they found their excuse. The report simply lies, when it states, “Unfortunately Australia’s reopening coincided with the arrival of the even more transmissible Omicron variant in December 2021. In New South Wales and Victoria, ‘test, trace and isolate’ measures were pulled back because they could not sufficiently control the spread of this new variant.”

In reality, governments deliberately allowed Omicron to spread, and then invoked the increased transmission to justify a “reopening” of the economy. That was exemplified by the infamous statement of Paul Kelly, Australia’s Chief Medical Officer, who declared that Omicron was a “Christmas present” because it would justify the end of public health measures.

This statement, and the outright medical misinformation that was promoted at the time, including claims that Omicron was “mild” and that its spread would increase population immunity, are simply not mentioned in the report. In other words, the real crimes of governments, which resulted in the vast majority of Australia’s more than 25,000 deaths and counting, are excused. For a report detailing the pandemic response, the fact that masses of people died in early 2022 and all the way through to 2023 as a consequence is given extraordinarily short shrift. The other result of this program, in deliberately spreading mass confusion and promoting a popular indifference to public health, is similarly buried.

There are a host of recommendations. But none of them address the obvious issues needed to address the current pandemic and future ones. There is no call for an expansion of the public healthcare system, which is in its greatest crisis in decades, even worse than during the most acute phase of the COVID crisis. There is no reference to hospital-acquired COVID infections, which account for a substantial proportion of the ongoing deaths. There is no recommendation for air filtration measures to be rolled out, under conditions where principled epidemiologists insist that this is essential to addressing the dangers posed by airborne viruses such as COVID.

Instead, many of the recommendations focus on communication, i.e., government public relations and the need for greater consultation with business and other sections of the corporate elite.

A bogus methodology and lying assertions

The report has, predictably, been welcomed in the official press, with its “independence” and the esteem of its authors lauded and their conclusions denouncing the COVID restrictions cited uncritically. The report, however, would not survive a rigorous academic peer-review process.

“We heard that lockdowns have lost credibility with the Australian public,” one of the most quoted passages of the report declares. That may or may not be the case, but for so sweeping an assertion, one would expect a citation referencing serious research.

The inquisitive reader, who checks the footnote accompanying that declaration, will find “956: Meeting 157; Meeting 29; Meeting 67.” There is nothing in the report or anywhere else in the public domain about those meetings, including who participated in them.

That is a theme throughout the report. The authors state that across more than 250 meetings they had “consulted stakeholders on a ‘no attribution’ basis, which allowed frank and fearless discussions on a wide range of sensitive topics.” The “stakeholders” included government representatives, “community groups, industry, business and unions, and experts from a range of fields.”

In other words, many of the assertions in the report are the claims of anonymous individuals, likely politicians and business leaders directly responsible for the mass COVID deaths, who would not even put their names to their self-justifying statements.

This method, already dubious, is used by the authors to place completely false and unscientific statements in the report. For instance: “A stakeholder suggested decision-making did not adequately consider international evidence that pointed to low rates of transmission in schools and reduced health risks to children and young people.” There is simply no such evidence. Every school reopening was followed by mass outbreaks.

Elsewhere, the authors themselves make claims that they do not even attempt to substantiate. For instance, they declare: “The risk of developing long COVID reduced with the latest variants.” There is no footnote, no explanation and no proof for that assertion.

When they do reference academic studies and official figures, the authors on occasion present the data misleadingly.

In the section about the impact of public health measures on young people, which particularly condemns the school closures, they write “The rate of intentional self-harm hospitalisations for females aged 15 to 19 years spiked in 2020 to 2021.” But if one checks the actual data, an almost identical spike occurred in 2017?18. If one were to attribute the tragic 2020?21 spike to COVID and public health measures, one would have to also explain why a major spike occurred prior to the pandemic.

Other examples could be cited.

Another source prominently featured in the report are the results of “focus groups” and “interviews” which supposedly provide an insight into popular opinion. Just 176 people participated. And again, the methodology is highly suspect. The inquiry decided to focus on the experiences of certain cohorts, including Indigenous people and those with disabilities, meaning that aside from the minuscule sample size, the survey results are non-representative.

More troublingly, among the eleven “vulnerable” cohorts selected were anti-vaxxers. Their anti-scientific views are uncritically relayed in the report, despite the fact that they are a tiny minority. While over 95 percent of Australian adults have had at least two COVID shots, opponents of vaccination constituted up to 13 percent of the survey respondents.

Yet the report lends credibility to the anti-vax argument. “The Inquiry heard many personal stories from the pandemic, including on the use of COVID-19 vaccines,” it states. “Some of these were profoundly tragic.

These may not stand out against whole of population safety figures, but we are thankful for the time and bravery of those who came forward to share their stories of injury following vaccination.”

There is simply no basis for the comparisons between the toll of the virus and the impact of adverse vaccine events. Official figures indicate that 14 people have potentially died as a result of adverse reactions to vaccines, under conditions where an estimated 71,054,100 doses have been administered. The mass vaccination has undoubtedly contributed to saving tens if not hundreds of thousands of lives.

The genuflection of the authors to the anti-vaccine layers points to the assault on public health entailed in the adoption of the “let it rip” COVID policies. While they waffle on about the need to “rebuild” trust in public health and vaccination, the authors themselves seek to undermine it as they fulfill their mandate of producing a tendentious report that will be used to prevent any public health response to future pandemics.

The authors claim that elimination of the virus was impossible. But that is refuted by the experiences in Australia and globally. Australian governments rejected an elimination strategy on the grounds that it would be too costly. But the public health measures they were compelled to implement in the first two years of the pandemic repeatedly eliminated transmission in major population centres. In New Zealand and China, whose governments did initially adopt elimination, the same basic truth was established.

What was also made clear is that elimination could not be maintained in a single country or region. It required a unified global effort, and one that rejected the subordination of health and lives to the profit interests of the ruling elite. But that is impossible under capitalism. The real lesson of the pandemic is that the fight for the social rights of the population, including the elimination of COVID and the prevention of future disasters, requires a movement of the working class aimed at establishing an international socialist society.



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