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By James Cogan
05.03.2020

Australia's health system could be overwhelmed by large-scale coronavirus outbreak

The international spread of the coronavirus Covid-19 has provoked alarm in Australia, as it has around the world. Experts are warning that the public health system has been run down to such an extent that it will struggle to cope with an influx of patients requiring intensive care. Federal and state governments are preparing measures to curtail peoples' movements and public gatherings.

The first Australian to die from the coronavirus passed away on Sunday morning. James Kwan, 78, had been a passenger aboard the Diamond Princess cruise liner and was quarantined in Yokohama port, Japan, along with the rest of its passengers and crew. He was evacuated with other Australian citizens to a quarantine camp in Darwin, where he was formally diagnosed with the virus and transferred to a hospital in Perth, Western Australia, on February 21, where he died. His wife is also infected and remains under treatment.



People wearing masks in China [Credit: AP Photo/Kin Cheung]

The first cases of local transmission of Covid-19 were confirmed this week. A 53-year-old doctor working at Ryde Hospital in Sydney's West tested positive. It is still unknown how he became infected. He reportedly had contact with numbers of patients. Thirteen doctors, 23 nurses and four other health workers with whom he worked closely have been placed under home isolation.

A 41-year-old woman is believed to have contracted the virus from a relative who recently returned from a visit to Iran. Overnight, a third case was reported—a woman in her 50s who is employed at an aged care centre in north-west Sydney. Passengers arriving on three international flights into Sydney are being contacted to be placed under monitoring and isolation, as passengers on each of those flights have sought treatment and been confirmed as infected with Covid-19.

At present, there are 39 confirmed coronavirus cases across the country, but dozens and potentially hundreds of other people are likely infected. Infectious diseases expert Robert Booy, from the University of Sydney, told the Australian Broadcasting Corporation: "We're going to get increasing cases. We've got the start of the epidemic now."

Prime Minister Scott Morrison, who became the focus of mass popular anger over his indifferent and belated reaction to the bush fires that impacted on millions of people across Australia from October to January, has attempted to portray his government as acting decisively. Last week, he pre-empted the World Health Organisation and declared that Australia would treat the coronavirus as a pandemic and launched federal and state health emergency plans.

These plans set out how the authorities will respond to worst-case scenarios, such as more than half the population becoming infected. Nothing remotely close to such a situation has taken place in Hubei province, China, the epicentre of the coronavirus outbreak. Nevertheless, the activation of the plans led to media headlines speculating about 12–13 million infections, over 2 million people requiring hospitalisation and more than 260,000 deaths.

Hubei, with a population of 58.5 million—well over double Australia's entire population—has registered 67,217 cases and 2,835 deaths so far, in three months. Australian health officials have said that an outbreak of similar dimensions would overwhelm the hospital and wider health system.

Simon Judkins, a former president of the Australasian College for Emergency Medicine, told the media: “We do operate most of our hospitals either at or over capacity. That’s why we have ambulances ramping out the front of hospitals and patients spending a lot of time in emergency departments. There is not a lot of additional capacity in our system as it is, so it’s not like we can just open up new wards and get new staff.”

To treat an influx of coronavirus patients, hospitals would have to turn away people with other conditions or who have been waiting, sometimes for months or years, for surgical procedures. Daniel Andrews, the premier of the state of Victoria, stated today: “It may be the case that we need to defer or cancel a whole range of non-urgent care.”

Authorities have begun accessing the National Medical Stockpile—a reserve of equipment and drugs—to provide health workers with protective gear that is in short supply. Some 1.4 million surgical masks reportedly have been distributed to hospitals, local medical clinics and pharmacists so far, as well as to police, immigration and other state officials.

Among the greatest concern about the pandemic is that frontline health professionals, such as doctors and nurses, could become infected in such large numbers that it would further compromise an over-stretched health system.

The official plans focus not on how people would be treated medically, but on repressive measures to forcibly quarantine large numbers of people and essentially close down much social interaction and economic activity.

State government powers include requisitioning hotels and sports stadiums to convert them into isolation centres. Police could be deployed to “protect” essential medical supplies. Public transport could be shut down and public gatherings banned. Schools, universities and other educational institutions could be closed.

The South Australian state government has foreshadowed draconian legislation to enable the chief public health officer to issue verbal orders for the detention of any person deemed a “health risk”—conjuring the image of police raids on the homes of sick people. Private security companies also could be used to carry out such arrests. The New South Wales government announced today that it already has the power to carry out such measures.

Attorney-General Christian Porter told federal parliament yesterday that the Morrison government is contemplating using, for the first time, sweeping powers contained in laws that were passed in 2015 to update biosecurity and quarantine legislation.

“It’s very likely that Australians will encounter practices and instructions and circumstances that they have not had to encounter before,” Porter warned.

Porter said the powers included the imposition of “a human biosecurity control order on person or persons who have been exposed to the disease.” A person could be compelled to provide information about their movements and contacts, and could be “directed to remain at a particular place or indeed undergo decontamination.”

The federal government also could declare an area a “human health response zone.” Any person seeking to leave or enter the zone would have to undergo screening, under threat of arrest and criminal prosecution. Schools, universities, aged-care facilities, shopping centres, regional towns or entire city suburbs could be subjected to such orders for as long as three months. In addition, the laws give federal agencies the power of “entry to premises without consent in situations of emergency or serious danger to public health.”

As with the Morrison government’s response to the fires, there is little doubt that plans already exist for the deployment of the military.

The law-and-order rhetoric about mass quarantines and detentions has contributed to anxiety over the spread of the virus. Supermarkets across the country reported panic-buying of essential items, medical supplies and preserved food items.

This fear also stems from mass distrust in the official establishment. After the recent experience with the fires, people have ample grounds to conclude that the hospital system will be overwhelmed and any government assistance will be inadequate and incompetently delivered.

World Socialist 4 March 2020