

# Netherlands' criminal herd-immunity policy puts hospitals on brink of collapse

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As the COVID-19 crisis ravages the globe, capitalist governments in Europe and across the world are putting the profits of the super-rich above the lives of millions of working people. The Dutch government's "intelligent lockdown" strategy, implemented starting on March 16, exemplifies this politically criminal strategy.

Since then, even though the pandemic continues to rage, most European countries have announced or implemented "back-to-work" orders that sacrifice workers' health and lives to profit-making. In the Netherlands, most of the retail sector and other non-essential industries were kept in business throughout, with limited "social distancing" measures taken in an attempt to somewhat slow the contagion.

Addressing the public on April 21, Prime Minister Mark Rutte announced the extension of its lockdown until May 20, while easing some restrictions on primary and secondary schools. Although there has been a reportedly minimal decline in contamination rates and hospital admissions over the past two weeks, lifting school restrictions poses a grave public health danger by exposing school children, teachers and caregivers to COVID-19.

This is a continuation of the Dutch government's policy of "herd immunity," that is, trying to infect as many people as possible with the virus, hoping the population will collectively become immune. In a televised speech on March 16, Rutte baldly declared, with stunning indifference to human life, that "the reality is that a large part of the Dutch populace will contract the virus." After weeks of promoting the criminal idea of "herd-immunity", even commissioning studies to see if the Dutch people were getting closer to it, the government is now methodically loosening the lock-down.

The current promotion of a "Dutch intelligent lockdown" aims to project the illusion that the Rutte government is fighting the virus, while legitimising and effectively continuing the herd-immunity strategy. In fact, the measures implemented by The Hague have done little to slow the spread of the virus.

Yesterday, the Netherlands have 37,845 confirmed cases of COVID-19, over 10,281 hospitalisations and 4,475 dead in a population of only 17 million. Most infections are in the southern provinces of Brabant and Limburg, while the northern provinces of Drenthe, Friesland and Groningen report fewer confirmed cases. It is only since April 6 that the Communal Health Service (GGD) started testing its personnel more broadly. Members of the general public are tested for COVID-19 only when admitted to a hospital with serious symptoms, so these statistics are underestimates.

In his last speech, Rutte said his government's chosen "strategy" was "maximum control" of the spread of the virus via social distancing and a partial lock-down. "With this approach, where most people will only develop mild complaints, we gain herd immunity," Rutte claimed.

These criminal policies go hand-in-hand with Rutte's pledge of full support to Dutch corporations, promising he "will not let them down". An initial €15 billion was reserved from state coffers as subsidies for large corporations, whilst the Dutch and French governments discuss bailing out Air France-KLM. In return, Rutte and the Dutch king had nothing to offer than a brief and insincere "thank you for a fantastic job!" to its chronically underfunded and over-worked health care staff.

The Dutch health care system has been stripped bare over the past decades by successive liberal

governments. The privatisation of hospitals and clinics has reached such levels that in 2018 a conglomerate of five hospitals was no longer deemed profitable and allowed to go into bankruptcy. The patients were hastily moved to other nearby hospitals and all medical equipment and furniture were auctioned to pay off the hospitals' creditors—the banks, insurance companies, and pharmaceutical corporations.

For years, health care workers have been fighting for high staffing levels to cope with ever-rising workloads and better wage increases to keep up with the rising cost of living. In 2019, no less than 25 regional health care strikes resulted in the first-ever national strike last November, which closed down 83 hospitals.

The combined capacity of intensive care units (ICU) in Dutch hospitals stand only at a shockingly low 1,150. This has been expanded over the past week alone to 2,400, with just 505 beds reserved for non-COVID-19 patients.

Referring to the extra work-pressure on ICU medical staff, Diederik Gommers, the chairman of the Dutch Association for Intensive Care, said: “You are asking your personnel to stretch out. An ICU nurse who is used to tend to two patients, now has three or maybe four to care for. (...) Then one can make critical mistakes where patients can die. That is where we are right now.”

*De Volkskrant* reported that the past weeks have seen a jaw-dropping 30 percent decline in cancer diagnoses due to cancellations of annual public examinations en masse as a badly overstretched health care system prioritises COVID-19 treatment. Also, a Gupta Statistics investigation found that some 40 percent of regular hospital care is no longer provided, and many diagnostic procedures are currently on hold.

As a result of profit maximisation in hospitals, the usage of personal protective equipment (PPE) like face masks were already reduced to cut operational costs per intervention.

With total disregard for public health, the Dutch “State Institute for Public Health and Environment” (RIVM) is trying to white-wash the massive shortage of protective gear, advising against the use of face-masks in public, falsely claiming it would not help to slow the spread of the virus and could even exacerbate the risk of contamination. In an attempt to wash his hands of the matter, and stifle the debate,

Health Minister Hugo de Jonge told the parliament that he cannot “conjure away those shortages.”

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