

# Twenty percent of Australian health workers lack PPE as infections in the sector soar

By Oscar Grenfell  
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As the number of doctors and nurses infected with COVID-19 skyrockets in the state of Victoria, the current coronavirus epicentre, the Royal Australasian College of Physicians has revealed that some 20 percent of health workers across the country lack access to adequate personal protective equipment (PPE.)

The findings, based on a survey of some of the College's 22,000 members, are an indictment of state and federal governments. Since May, they have pursued a pro-business "reopening of the economy," leading to the current surge of the pandemic.

As they were dispensing with limited lockdown measures throughout June, the governments claimed they had sufficiently increased hospital surge capacity and equipment, to cope with any spike in infections.

Now, however, six months into the pandemic, frontline health workers lack the most basic protective equipment, including masks, and are falling ill in their hundreds every week. This demonstrates that government pledges to boost healthcare spending were a public relations fraud.

Undeterred, the federal Liberal-National Coalition, along with the state governments in Victoria and New South Wales (NSW), the country's two most populous states, have blithely dismissed the findings, signalling that they will do nothing to remedy the situation.

Victorian Labor health minister Jenny Mikakos summed up the contemptuous response, baldly declaring yesterday that "there is sufficient PPE for all our healthcare workers." Contrary to this empty assertion, 19 percent of the 677 doctors who participated in the survey across the public and private healthcare systems, stated that they had "limited access" to surgical masks. Three percent said they had "no access."

Around 45 percent had restricted access to N95 and P2 masks, which are regarded as being more reliable in preventing the transmission of communicable diseases than standard surgical masks. Of those, 11 percent had not been provided with any items of the better protective equipment. Some 20 percent of survey respondents who work in public hospitals said they had been compelled to purchase at least some of their own PPE.

A doctor cited by the *Age* said that he had been sharply criticised by a hospital manager for requesting greater PPE. "I am in an unsafe working environment and feel unsupported and vulnerable," the doctor stated.

A separate survey of 1,270 nurses, concluded by the NSW Nurses and Midwives Association earlier this month, similarly found that 19 percent of respondents had experienced difficulties in accessing PPE. Ten percent had been told that they did not require PPE, in circumstances where they believed that they did, and almost 7 percent were forced to reuse disposable equipment.

The results demonstrate that the surge in Victorian health workers contracting the virus is not the result of the inherent characteristics of COVID-19, but stems from criminally negligent government policies.

Two weeks ago, there were around 400 active coronavirus cases among Victorian health workers, including hospital doctors and nurses. That figure now stands at roughly 1,000, an increase of 600 over 14 days. This means almost 43 health workers are falling ill every day.

Because contact-tracing in the state is in a shambles, the exact source of transmission in many cases appears to be unknown. While health authorities have suggested that some of the infections may have been

contracted outside of work, it appears highly likely that most did so in hospitals and other medical facilities.

The rapid rise has sparked warnings of a looming staffing crisis from the Australian Medical Association and other expert bodies, as well as from with rank-and-file workers.

On Wednesday, Stephen Parnis, a physician in a Melbourne hospital, wrote on Twitter that he had finished a “rough, understaffed shift in emergency.” He stated that “the stress is showing in many colleagues, but I’m so proud of the way they just keep stepping up,” before warning that if the increasing number of serious cases continues, “we’ll struggle.”

The extent of the crisis in Melbourne’s hospitals is shrouded in secrecy, in line with the refusal of the state and federal governments throughout the pandemic to provide timely and accurate information to the public. The seriousness of the situation, however, was indicated by an urgent appeal over the weekend for nurses in Western Australia to travel to Victoria and help staff the public healthcare system for the next six weeks.

Hospitalisations are growing at an exponential rate. A week ago, there were 385 COVID-19 patients in Victoria. Yesterday, the figure stood at 634, including 43 in intensive care. A month ago, on July 11, there were less than 50 hospital patients suffering from the virus.

Deaths are increasing, with a record 19 fatalities announced this morning, surpassing the previous high of 17 revealed yesterday. The tragic losses are expected to mount, with around 1,700 active cases across 123 Victorian aged-care facilities.

The spike in hospitalisations appears to be partly driven by the belated government decision to transfer some aged-care patients to hospital, after weeks of leaving the majority of the highly-vulnerable elderly people in under-staffed care facilities.

The crisis of the healthcare system sheds further light on the decision of the Victorian Labor government to declare a “state of disaster” on August 2, and to implement sharper “stage four” restrictions including some workplace closures. This was only carried out after daily infections grew from a previous high of 288, to 725, under the three-week “stage three” lockdown, and was clearly precipitated by fears of an Italian or New York-style collapse of the hospital sector.

The refusal to close any schools or workplaces for weeks, in line with the demands of business, has resulted in clusters throughout working class areas.

Modelling by the *Age* and the *Sun-Herald* reported over the weekend found that Victoria’s coronavirus surge has revealed that “Melbourne is a city divided. Of its five most disadvantaged municipalities, four of them have the most active COVID-19 cases... In Brimbank, in Melbourne’s west the number of active cases is in excess of 800—that’s more than 10 times the level of Boroondara in the leafy inner east.”

The affected areas were “also where the most insecure work is. It is minimum wage workers, often migrants, and often in contingent or casual jobs who are suffering unduly from the disease.”

Despite the “stage four” lockdown, workers are continuing to report unsafe conditions at Melbourne factories and warehouses. Kmart Toll warehouse workers walked-off the job last Friday, protesting inadequate contact-tracing after COVID-19 was detected at the facility. Some 60 workers at a Melbourne Mitre-10 warehouse went on strike this morning after cases there were revealed.

The conditions are not only an indictment of the state government and employers, but also the unions, which have compelled workers to remain on the job in unsafe circumstances, while collaborating with managements in the gutting of their wages and conditions. In some industries, including construction, the unions have actively lobbied alongside corporate chiefs for exemptions from COVID-19 restrictions.

Meanwhile, in New South Wales, where the state Liberal government has ruled out any lockdown measures, cases continue to be around the low double-digits on a daily basis. Clusters have emerged throughout Sydney, as well as in Newcastle. Three more Sydney schools were closed over the past days after infections emerged, bringing the total number of shuttered schools to 17 over the past three weeks.

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