Australian health workers still being denied adequate PPE

By Clare Bruderlin
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As the Australian ruling elite and its political representatives in Labor and Liberal-National governments press ahead with a reckless pro-business drive to lift all coronavirus safety measures, reports have emerged that health workers are still being denied adequate personal protective equipment (PPE).

In Victoria, which has been the centre of a surge in COVID-19 infections over the past three months, the state Labor government of Premier Daniel Andrews has signalled that it will announce this Sunday an accelerated "roadmap" for the full reopening of the economy, despite continuing evidence of community transmission.

The number of health workers in the state who have been infected since the pandemic began has continued to climb, reaching an official total of 3,514. Since Monday, at least 18 of the 66 new COVID-19 cases were among health workers. Another 34 infections have been linked to outbreaks in aged care.

Health worker infections accounted for around 20 percent of new COVID-19 cases between July and August. Data from the Victorian Department of Health and Human Services (DHHS) shows that the majority of health worker infections (48.3 percent) have occurred in aged care, while 30.8 percent of infections were among hospital staff, including doctors and nurses. Health workers in "other settings," such as dentistry, pharmacy and paramedics, accounted for 20.9 percent of cases.

Nearly half of the state's 532 active cases stem from clusters in aged care facilities, where over 1,900 residents have been infected and 614 have died. The Victorian government is yet to provide a full breakdown of hospitals where COVID-19 outbreaks have occurred. This cover-up is bound up with the push by governments to fully reopen the economy, despite the risk to the wellbeing and lives of frontline health workers.

According to the most recent data from the DHHS, hospitals are a major source of coronavirus transmission, with key outbreaks at Footscray Hospital and the Alfred Hospital in Melbourne accounting for at least 22 active cases.

A recent article by the *Saturday Paper* alleged that, according to a confidential government document, coronavirus outbreaks have been reported in at least eight hospitals in the past two weeks, some of which have not been publicly announced by the DHHS. The article states that "Staff at some of these hospitals have not been told about the transmissions happening in their workplaces and are not being offered extra protection."

One doctor told the *Saturday Paper*, "There's a lack of transparency with what's actually going on in healthcare facilities. We need more transparency because I think if you knew that your hospital was responsible for 25 percent of the current infections at the moment, then there's more pressure on the hospitals to be providing enough PPE, improving social distancing and taking other steps to protect staff."

The article also reported that a number of doctors involved in testing and contact tracing "were concerned that outbreaks were disproportionately occurring among migrant workers and international students who are working as nurses and cleaners in aged-care facilities. Those employees are unable to access government support measures, leaving them vulnerable and financially desperate. Many live in overcrowded accommodation with shared bathrooms, creating a risk for coronavirus to spread."

In April, the federal Liberal-National government lifted visa restrictions on some 20,000 international nursing students employed in the health system so they could work up to 40 hours per fortnight. Many were left with no choice but to take on the additional hours in order to remain in Australia, as the government refused to provide any ongoing financial support for international workers and students during the pandemic.

No measures have been put in place to address the rapid spread of COVID-19 among health workers, who have reported PPE shortages, no "fit-testing" procedure for masks, staff shortages and inadequate infection control measures.

Initially, on August 11, Victorian Health Minister Jenny Mikakos claimed that the majority of health workers infected with COVID-19 contracted the virus outside their places of employment and that workplace infections accounted for just 15–20 percent of cases. Two weeks later, as health worker infections surged, the government was forced to reveal that at least 70–80 percent of "second wave" COVID-19 infections among health workers in Victoria were acquired at work.

At the beginning of August there were just over 1,000 confirmed COVID-19 cases among health workers. By September 1, infections had trebled, to over 3,000 cases.

Despite health workers' anger and concern over inadequate PPE and infection control, on August 25, Labor Premier Andrews declared that his government was not responsible for the mounting cases among health staff. He claimed instead that the outbreaks "further demonstrates the wildly infectious nature of the virus."

In a statement signalling that mass outbreaks among health workers would continue, and the government would do nothing to prevent them, Andrews said: "My message to every healthcare worker is, if you get coronavirus at work, put in a WorkCover claim straight away." In other words, frontline workers were told to accept that they would be infected by a potentially-deadly disease, and if they did, it was up to them to ensure that they were not thrown into destitution.

Workers continue to lack even basic PPE. Health staff in contact with COVID-positive patients have said that they are often only provided with surgical masks, rather than the recommended N95 masks. Despite repeated claims by the government that there is sufficient supply of high-grade PPE, Victoria's Chief Medical Officer Andrew Wilson told the Australian Broadcasting Corporation this week that if N95 masks were provided for all workers in contact with COVID-19 patients, the state would "burn through the supplies in one week."

Moreover, despite the fact that DHHS guidelines for PPE state that to be effective, masks must form "a tight facial seal covering the nose, mouth and chin," the state government has only run one "fit testing trial" for PPE, which was for "high-risk" staff at Northern Health. Fit testing has not been made mandatory for hospitals dealing with COVID-19 outbreaks in Victoria.

The refusal of state and federal governments to take any measures to prepare the health system for coronavirus outbreaks is not an accident. It is the result of a deliberate policy. While they have transferred hundreds of billions of dollars to the banks and major corporations during the pandemic, just $2.4 billion was pledged to health spending.

Hospitals and aged care facilities have also been left understaffed and unequipped to deal with a global pandemic. This is the result of decades of funding cuts to public healthcare and the privatisation of services by successive governments, Labor and Liberal-National alike. The process has been facilitated by the trade unions that have collaborated with managements to slash workers' wages and conditions.

In one of the largest outbreaks of coronavirus at Frankston Hospital in August, where more than 600 staff were forced into isolation after being exposed to COVID-19, the Australian Nurses and Midwives Union stated that workers raised concerns with them about infection control practices at the hospital, access to appropriate sizes of N95 masks, fit testing and fit checking and staffing levels in COVID-19 and suspected COVID-19 wards. Despite knowing this, the unions did nothing to address health workers' concerns and advance demands for PPE.

Recent research into a major COVID-19 outbreak at the Royal Melbourne Hospital in August has revealed that the hospital, where health workers had access to "adequate PPE," was still unprepared to manage an influx of coronavirus patients.

The outbreak occurred after the admission of patients from aged-care facilities hit by coronavirus led to the virus spreading through several hospital wards. More than 260 healthcare workers subsequently fell ill between July and August.

Researchers found that some wards for COVID-19 patients were not as well ventilated as others and that while some patients were in single rooms, "[M]any were in multi-bed spaces where it was difficult to physically distance patients. Staff reported patients often suffering from a delirium with accompanying wandering behaviours and repeated vocalisation."

As contact tracing led to large numbers of staff forced into quarantine, the remaining employees experienced high workloads and the care that could be provided to patients was more limited. The researchers found that "many staff reported physical and mental fatigue and stress during these outbreaks" and that "workforce shortages meant that staff were taking on extra shifts at short notice and working in unfamiliar roles." These factors further exacerbated the outbreaks.

The damning record, and that fact that even after the tragedies of the past months, health workers are being denied PPE and safety measures, demonstrates again that the fight for the most basic interests of the working class, including to life itself, requires a struggle against capitalism and all of the governments that defend it.

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