

# Australia: Two hospitals close in Tasmania after COVID-19 outbreak

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Two hospitals in north-western Tasmania were closed on Monday morning as a result of an outbreak of COVID-19 among hospital workers in the region.

Half of the confirmed cases, and all six deaths in the state have resulted from the outbreak at North West Regional Hospital (NWRH) and North West Private Hospital (NWPH) in the small regional city of Burnie.

Of the 165 confirmed COVID-19 cases in Tasmania, 81 are directly linked to the two hospitals and the surrounding area. To date, at least 46 healthcare workers have tested positive.

All but 3 of the 67 cases confirmed in Tasmania in the past week are part of the local outbreak.

The hospitals' 1,200 workers and their households—around 5,000 people in total—have been placed under mandatory self-isolation for two weeks. The workers were informed by text message on Sunday afternoon and instructed to watch a press conference by Premier Peter Gutwein for more information.

Gutwein warned that “there will be more deaths to come in coming days” in the region, which he described as “the epicentre of our battle at the moment.”

The state government has promised to provide the self-isolating workers with basic groceries, as well as accommodation for those who cannot remain at home because they live with elderly or otherwise at-risk family members. However, it is up to individual to organise that support through a public health hotline. Some have reported waiting on hold for up to three hours.

Australia's Chief Medical Officer Brendan Murphy alleged yesterday morning that the virus had spread in the region as a result of an “illegal dinner party” attended by hospital staff. He later retracted this statement after Gutwein made clear that the

investigation into the outbreak had found no evidence of this, and that Murphy was “commenting on a rumour.”

By suggesting that workers are responsible for the spread of COVID-19 by flouting social distancing laws, Murphy and the media are seeking to divert attention away from the responsibility of governments for the crisis, and to turn sections of the working class against each other.

Healthcare workers told the *Guardian* that there had been shortages of N95 masks and other protective equipment at the hospitals. While COVID-19 patients were housed in separate wards, staff had been assigned to work with both confirmed cases and uninfected patients, increasing the risk of transmission.

Following demands from staff, portable showers were erected to allow workers to wash after their shifts, but there was no hot water. The average April temperature range in Burnie is 11–19 degrees Celsius (52 – 66 degrees Fahrenheit).

On April 10, more than 100 NWRH workers who had been in close contact with confirmed cases at the hospital were placed in mandatory isolation and offered COVID-19 tests. They were immediately replaced by staff from the Mersey Community Hospital (MCH) in Latrobe, 60 kilometres away. This exposed even more workers to the virus, and increased the risk of infection to their families and the broader community.

With the closure of NWRH and NWPH, most patients have been moved to MCH, overturning an earlier decision not to house COVID-19 patients at MCH. As a result, workers at MCH are concerned that a lack of preparation and staff will create the conditions for another outbreak.

One worker at the hospital told the *Advocate*, “The hospital systems have failed staff and therefore have

failed the community, and a lot of people are angry about that. Now everybody is scared about an outbreak at MCH.”

On March 31 the Tasmanian Health Service reduced the opening hours of the emergency department at MCH, in part due to a lack of available doctors. In an effort to cut costs, the hospital has few permanent doctors on staff and relies heavily on locums. The emergency department was subsequently closed completely, and a number of workers were stood down or had their hours cut as a result.

The Tasmanian Department of Health has not at any stage called for coronavirus testing of all patients and workers at the two hospitals to determine the true scale of the outbreak and attempt to contain it.

Tasmania has the highest per capita rate of COVID-19 deaths, and the second highest rate of confirmed cases. It has tested only 0.8 percent of its population, less than any other state, and just over half the grossly inadequate national figure of 1.4 percent.

The premier announced that all “non-essential” retail businesses would be closed to walk-in customers for two weeks, but hardware stores will remain open to trade customers, suggesting there are no plans to shut down the construction industry.

Gutwein ruled out a total lockdown of the region as it would be “impractical.” Instead he insisted “social distancing is the way to beat this,” and said that policing in the region would be increased to enforce the tighter restrictions.

While the outbreak is still under investigation, the most likely source is the Ruby Princess cruise ship. In March, border control and health authorities in Sydney allowed around 2,700 passengers off the ship without medical examinations, COVID-19 tests, or temperature checks. At least 18 have since died, and hundreds more have developed symptoms and tested positive.

Three passengers of the Ruby Princess have since died at the NWRH, the first on March 30. Within days of the first death, two staff tested positive, and an “outbreak management team” was established.

The ship remains stranded off the NSW coast as the Australian government refuses to allow more than 1,000 workers still on board to enter the country unless they require urgent medical treatment. While fewer than a third of the crew members have been tested for COVID-19, 66 have returned positive results. Eleven

crew members with acute symptoms have been evacuated from the ship to receive medical care in Sydney.

Ruling out testing all Ruby Princess crew members, Dr Christine Selvey, the NSW deputy chief health officer, stated that, “it won’t change the way anyone’s being managed on the ship.”

She went on to say that broader testing would not give a clear picture of conditions on the ship, “because soon after infection the tests are negative during the incubation period.”

The admission that COVID-19 tests return a high rate of false negatives, as well as the low rate of testing, casts significant doubt on claims from state and federal governments that Australia is “on the right track” and “flattening the curve.”

These claims have been eagerly picked up by sections of the corporate media who are now labelling Australia’s social distancing measures an economy-damaging overreaction, and calling for an imminent return to work.

In fact, the official figures are a poor indication of the extent to which COVID-19 has spread throughout the country. The calls in Australia and around the world to reopen large sections of industry reflect the callous disregard in which workers are held under capitalism.

While the general public has demonstrated tremendous respect and gratitude for frontline health workers, who have no choice but to be exposed to the coronavirus, these workers have struggled to obtain even the most basic protective equipment.

The outbreak in Tasmania, initially stemming from a tiny number of infected patients, shows the devastating potential of the pandemic, and the huge risk posed to healthcare workers and the whole community by every additional case of COVID-19.



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