

# Australian health workers infected with COVID-19 but governments cover up full picture

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According to the latest statistics available yesterday from the Department of Health and Human Services in Victoria, 165 health workers in that state have tested positive for COVID-19, ranging across at least seven hospitals and one radiology clinic, out of total infections in the state of 1,349.

One frontline health worker, disability nurse Sumith Pramachandra, aged 55, died in Melbourne's suburban Dandenong Hospital.

Melbourne, the state capital, has several officially reported coronavirus clusters in medical facilities around the city. This makes its health system one of the worst-affected in Australia, but there is evidence that the state Labor Party government is hiding the true impact from the public.

State authorities kept secret for a month the latest outbreak of 15 cases at the city's Albert Road private psychiatric clinic, including five staff members. This cluster raises serious concerns about standards of care in mental health facilities across the country.

At the clinic, an 80-bed facility run by Ramsay Health, a psychiatrist tested positive to COVID-19 on March 24, but many health workers were not informed until April 7. The cluster was not publicly revealed till April 24.

Victorian Deputy Chief Health Officer Annaliese Van Diemen defended the government's position, claiming: "The fact that the Victorian public found out about these [then] doesn't mean that nothing has been happening since the 24th of March. It's not the same thing."

A psychiatrist, however, told the media he would not have referred his patient to the clinic if he had been told about the case on March 24. "It seems strange that the

hospital was open to admissions for a month with a positive COVID-19 case there, and referring and admitting doctors weren't informed so they could use that information in their clinical decision-making," he said.

Such official stonewalling enables Premier Daniel Andrews's government to sidestep any examination of the conditions that health workers face in their workplace, in which personal protective equipment (PPE) is often inadequate.

The sites of infection for only about 30 of the 165 affected workers have been publicly revealed.

At Werribee Mercy Hospital, four doctors were infected. At the Alfred Hospital in Prahran, 10 staff in haematology and oncology wards have tested positive, and two patients have died. At Eastern Health, six staff tested positive, mostly at Box Hill Hospital. Six infections were registered at the I-Med Radiology Clinic in Frankston, and one each at Assisi Aged Care in Rosanna, Rathdowne Place Aged Care in Carlton (a visiting doctor) and Monash Health (an ICU nurse.) Outside Melbourne, Swan Hill District Health, in the state's north, had one reported infection.

When the cluster occurred at the Alfred Hospital, a major teaching hospital, 100 staff had to isolate. Brendan Crabb, the CEO of the Burnet Institute, a medical research facility located in the Alfred, said the tragic deaths and staff infections were "a big warning sign."

Crabb told Australian Broadcasting Corporation radio: "They are really in the literal firing line. It's a very dangerous place for health workers to be. If their services get overwhelmed we're going to see a lot of damage done to our health workers, not just to the

broader community. And of course that has a snowballing effect.”

Australian Medical Association (AMA) Victoria president Associate Professor Julian Rait told the media: “I’m very concerned by these numbers, because although healthcare workers comprise about 3 percent of the population, this means they are accounting for about 12 percent of the infections.”

“We know internationally that infections acquired in hospitals and clinics are a significant problem if proper procedures are not followed. Not only does protective equipment need to be sufficient, but the procedures to fit and remove the personal protective equipment need to be rigorous,” Rait said.

At Eastern Health, a major hospital network, leaked minutes from a recent meeting between senior medical management and doctors revealed shortages of medical scrubs and protective masks, while some newly-sourced masks were found to be defective.

One doctor at Eastern Health said: “Our hospital network is refusing to provide doctors and nurses with hospital-laundered scrubs to use. We don’t want to bring COVID home to our families.”

The state health department refuses to reveal the number of workers who have tested positive per hospital, citing privacy reasons. Nor would it release a breakdown of the source of the infections.

That is because the authorities want to maintain that health workers have not contracted the virus in their workplace. A health department spokeswoman claimed that the “overwhelming majority” of healthcare workers contracted the virus outside their workplace, either through international travel or close contact with an infected person.

This also serves to cover up government indifference and inaction, including the limiting of testing so that asymptomatic carriers remain undetected.

In lockstep, the unions covering health workers—the Australian Nursing and Midwifery Federation (ANMF), Health Workers Union (HWU), Health Services Union (HSU) and Health and Community Services Union (HACSU)—have remained silent about the sites of infection, and about the shortages of PPE.

Health workers told the WSWS of their concerns. One infection control officer said: “We just don’t know what we will be dealing with. There may be a wave to come.”

A hospital doctor likened his experience to “a pre-war situation.” He added: “They are not providing the slaves with essential PPE. We have to take matters in our own hands. Nobody can stop us from trying to self-protect.”

On April 5 the Labor government announced a “Hotels for Heroes” program to accommodate up to 8,000 healthcare workers if they become infected. The state government will pay the bill to self-isolate in hotels.

A community health nurse commented: “Well thanks for the free hotel room, but I just don’t think that should be a substitute for the lack of PPE. Instead of offering me a free hotel room, I’d rather not get positive and have PPE.

“We are re-using PPE. We are putting them in a paper bag and coming back to them hours later. I know that for the staff, the level of anxiety is very high. It’s natural, because we don’t have enough PPE. I have to face 150 people a day without adequate PPE.”

The Victorian situation is part of a wider pattern, in Australia and internationally. Health workers everywhere have been on the front line of the pandemic, often falling victim to it because of the lack of PPE and other basic resources.

In Australia, there have been major outbreaks among health workers, patients and their families in Burnie, Tasmania and in two aged care facilities in Sydney—Newmarch House and Dorothy Henderson Lodge. These cases show how rapidly infection can spread in health facilities and underline the danger involved in the premature lifting of community restrictions as part of the back-to-work drive by governments and the corporate elite.



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