

Mounting COVID-19 deaths expose deep crisis in Australian aged care homes

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The rapid spread of COVID-19 infections and deaths in aged care facilities across Melbourne, the capital of the Australian state of Victoria, is spiralling out of control. Of Victoria's 51 deaths in the "second wave," 31 have come from nursing homes.

Staff and residents alike are contracting the virus in growing numbers, despite Prime Minister Scott Morrison's claim that the situation was "looking better" in Victoria.

There are now more than 538 cases linked to at least 40 homes across the metropolitan area, with new outbreaks occurring daily. Of Victoria's record number of 10 coronavirus deaths on Sunday, seven were linked to nursing homes.

Doctors are warning that the aged care system in Victoria is on the verge of collapse because of protracted federal and state government under-funding and the reliance of operators on low-paid casual workers.

Australian Medical Association national president Tony Bartone told the Australian Broadcasting Corporation today that "underfunding, workforce issues, guidelines, accreditations" and other failures "clearly underpin a lot of what's happening now."

Bartone said: "You can't really fix that in the middle of a pandemic," adding: "The lack of trained appropriate aged care workers has been chronic in the industry."

At last Friday's daily press conference, despite the mounting toll, Victorian Labor premier Daniel Andrews defended the national cabinet's decision to reject any further lockdown, which would involve the closure of non-essential businesses and schools.

Andrews announced that members of the "transient, flexible, and often insecure" aged care workforce would be banned from working across multiple

facilities.

Yet, the business model of the aged care industry is based on a casual, low paid and highly mobile workforce. A high proportion of the staff must work in several locations in order to obtain enough shifts to make a barely living wage.

Successive governments, both Labor and Liberal-National, have run down the workforce conditions at the behest of the aged care operators, with the assistance of the trade unions. Government subsidies in the billions of dollars have only facilitated profit-driven cost-cutting and rampant under-staffing.

One aged care nurse in a Victorian regional centre told the WSWs: "This situation in Melbourne is terrible. I wouldn't want to be working in that... The issue of casual workers is huge. They've casualised the workforce so much that this is bound to happen. Then you don't get any sick pay either. You can't say no to work. It is a nightmare. Private nursing homes rely on casual workers."

A casual aged care worker explained:

"I've been a personal care attendant for about 16 years on and off. For the last couple of years I've been a casual employee at a number of nursing homes. I need to be fairly flexible because I'm the principal carer for my mother who has been quite sick.

"Previous to the pandemic I could only get one and two shifts a week as a PCA [personal care assistant] in nursing homes, but now they are ringing me every day. Even though I'm very short of money, I really don't want to go there to work because I don't want to catch the virus and bring it home to my mother."

Aged care workers also have spoken out on social media. One said: "There is so much more to this than it appears. This current multiple employment across multiple employees started with short shifts, reduced

hours, part-time, short contracts and reduced access to Annual Recreation Leave, Long Service Leave and sick leave.

“All sanctioned by a government at the demands of industry so they could make a profit from our most vulnerable loved ones. So get off the back of the workers just trying to make enough to get by on. Not one manager has to make the choice of ‘do I pay the rent or eat?’”

Another added: “The casualisation of the labour market sought by employers and agreed to by supine governments. What did you expect?”

Another exclaimed: “Maybe if the government paid care workers the money they deserve and gave them the hours they need to support their families then we wouldn’t need to support multiple jobs! Carers have been underpaid way too long!”

One worker explained how the pandemic is exacerbating the stress on staff: “Lack of staff will be more critical as there’s no family members to help out the carers by feeding their loved ones or even offering comfort. Now more than ever, staff will be run off their feet, and it will be time consuming for staff to keep dressing in protective gear for each resident, which can result in residents waiting longer for their care.”

A teacher whose mother is in an aged care home where a staff member tested positive told the WSWS: “All visitation has stopped. I don’t think we can Skype ... because of the staff situation. For us to Skype, a person has to stay with mum for the call. The staff are paid a pittance. It is one of the lowest rates of pay that you can think of. It’s a shocking job.”

A Melbourne aged care facility resident said residents are confined to their rooms. He had tried to leave his room but was told to go back in. One staff member had tested positive for COVID-19 but the residents and their families had been told nothing. There had been no testing of staff or residents. Family visits were stopped in March and resumed for two weeks in June by appointment only.

Last weekend, the Morrison government belatedly announced a centralised Aged Care Response Centre in Victoria. It dispatched a team to replace the entire workforce at St Basil’s Homes for the Aged in suburban Fawkner. The team includes staff supplied by Aspen Medical, the company that earlier oversaw the disastrous and deadly infection outbreaks on the Ruby

Princess cruise ship and in Sydney’s Newmarch House aged care facility.

In the past week, the coronavirus outbreak at St Basil’s has jumped from 13 cases to 78, with both staff and residents affected. Four residents have died. A personal care worker from St Basil’s is now in an intensive care unit at the Austin Hospital.

Similar government action was taken last week at Menarock Life Aged Care in nearby Essendon, where there are 60 COVID-19 cases.

Other outbreaks, nearly all in working class suburbs, include 81 cases at Estia Health in Ardeer, 52 at Glendale Aged Care in Werribee, 48 at Estia Health in Heidelberg, 39 at Arcare Aged Care in Craigieburn, 23 at Baptcare Wyndham Lodge in Werribee and 20 at Embracia Aged Care in Avondale Heights.

There are 83 cases at Heritage Care Epping Gardens, 27 at Aurum Aged Care Plenty and 25 at Regis Aged Care Brighton.

Most of these are privately run—such as Estia by Quadrant Private Equity and Glencare by Allility.

The attempt to stamp out COVID-19 infections by deploying replacement staff cannot disguise the desperate state of the aged care system throughout Australia. It has been documented by multiple royal commission inquiries, with one still in progress, but nothing has been implemented to overcome the fundamental problems, which are the outcome of the subordination of aged care to the drive for profit.



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