

Australian inquiry says serious errors led to Ruby Princess COVID-19 debacle

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The final report of an inquiry into the Ruby Princess cruise ship fiasco was released late last week. The inquiry, commissioned by New South Wales (NSW) Liberal Premier Gladys Berejiklian, and headed by Bret Walker, SC detailed numerous “serious and material errors” in the conduct of NSW Health officials, but issued only a handful of recommendations.

On March 19, the Ruby Princess was allowed to dock in Sydney after a round-trip voyage to New Zealand that was cut short following an announcement by the Australian federal government of a ban on cruise ship arrivals.

According to the report, 663 of the 1,682 Australian passengers subsequently tested positive for COVID-19, and 20 have died. A further 8 passengers died after returning to the US.

Accurate statistics are not available for the remaining passengers, as many, especially in the UK, were not eligible for testing after returning home although they were symptomatic. A total of 2,647 disembarked, meaning that there were almost a thousand passengers who were not from Australia, and potentially returned to their country of origin carrying the virus.

The final days of the journey were marked by a rapid increase in the number of passengers and crew presenting to the ship’s medical centre with respiratory symptoms.

Up to the afternoon of 16 March, 53 people had become ill, most with acute respiratory infections (ARI) or influenza-like illnesses (ILI), and 10 had recorded temperatures of above 38°C. By the morning of March 18, this had doubled, with 110 people unwell, and 17 febrile. By 7:21p.m. that evening, 128 people were sick, and 24 were showing signs of fever.

While it was not possible to process COVID-19 tests on board, the ship’s medical centre was equipped with rapid influenza tests. Of 48 patients tested on board for the flu, half were negative, meaning it was probable that the coronavirus was the cause of their symptoms.

Samples were taken from patients suspected to have COVID-19, to be processed upon the ship’s arrival, although this was limited by the fact that Dr Ilse von Watzdorf, head of the ship’s medical centre had only been able to source 27 swabs prior to the ship’s departure from Sydney on March 8.

By the time the ship arrived in Sydney, von Watzdorf had ordered 120 passengers and crew to isolate in their cabins due to the possibility that they were infected with COVID-19.

Ambulance transportation was ordered for two passengers who had complicating conditions in addition to COVID-19, they were displaying acute respiratory symptoms and paramedics were advised to wear full personal protective equipment.

Both patients subsequently tested positive for COVID-19 and one, Lesley Bacon, died of the disease a few days later.

Despite evidence of mounting illness on board, the Ruby Princess was assessed as “low-risk” by NSW Health, meaning the ship’s 2,647 passengers were allowed to walk off the vessel into Australia’s most populous city without COVID-19 testing or screening.

This “low-risk” classification was made by an “Expert Panel” of four public health physicians, including the state’s Chief Human Biosecurity Officer, Dr Sean Tobin.

In fact, the four doctors merely approved a risk assessment prepared by NSW Health non-medical epidemiologist Kelly-Anne Ressler. Only one was sent the ship’s Acute Respiratory Disease (ARD) log, and he said he did not read it closely.

None of the experts, or Ressler, took into consideration a change made on March 10 to Communicable Diseases Network Australia’s guidelines stating that anyone with fever and/or acute respiratory infection should be considered suspect cases of COVID-19 if they had recently travelled anywhere overseas.

Aside from pointing out the failure of NSW Health to properly follow its own procedures, Walker criticised the design of the measures.

Walker doubted whether the three categories, low-, medium-, and high-risk, were of much use, given that the nature of the virus meant that all passengers should have been held until tests were run, unless there was “effectively no risk.”

By March 18, it was clear that the virus could be transmitted by those who had felt no symptoms. As such, “preventing the promiscuous mingling of contacts of cases in the community was vital.”

Because COVID-19 tests could not be processed at sea, any suspected cases should have been treated as positive until proven otherwise by land-side testing. By March 18, everyone on a cruise ship was considered to be a close contact of any case on board, so all passengers should have been treated as possibly infected.

The decision to grant pratique (allowing a ship to dock and discharge passengers) falls to the federal Department of Agriculture, Water and the Environment (DAWE). Although a DAWE officer did board the Ruby Princess for a routine inspection on March 19, she did not administer a Traveller with Illness Checklist as required by the department’s work instructions. Instead, the NSW Health assessment was taken at face value and pratique was granted.

The departing passengers were supplied with a fact sheet that advised them that they were required to self-isolate for 14 days, but were permitted to travel interstate prior to this if they did not live in NSW. The fact sheet made no mention of international travel. This advice contravened a Public Health Order issued by NSW Health Minister Brad Hazzard on March 16 prohibiting returned travellers from leaving the state.

Following the release of the report, NSW Premier Gladys Berejiklian issued a tepid public apology, emphasising that the public health catastrophe was the result of “mistakes by individuals at a particular time.” The upshot of this is that no-one will be held responsible, and none of NSW Health’s processes will be changed.

Berejiklian made a particular point of apologising to the “62 people who got the virus in [a] secondary or tertiary way,” referring to a figure provided to the inquiry by the federal government. This number, which includes workers at the Overseas Passengers Terminal, at least one of whom became critically ill, vastly understates the impact of the Ruby Princess outbreak on the Australian community.

In Tasmania alone, at least 138 infections and 10 deaths resulted from an outbreak at the North West Regional Hospital, which began with two patients who had travelled on the Ruby Princess.

While Walker’s comment that “there are no ‘systemic’ failures to address” was seized upon by Berejiklian in her unrepentant apology, it is difficult to comprehend how the litany of errors described in the report could be interpreted as anything else.

Following the terms of reference of the inquiry, Walker did not investigate the treatment of the Ruby Princess’s 1,148 crew, who were forced to remain isolated on board the ship, moored first in Sydney then at Port Kembla, for more than a month. Although the disease continued to spread, most of the crew were not tested for COVID-19 until late April.

The inquiry did not find any significant fault with the conduct of Dr von Watzdorf, noting that, as the senior of only two doctors on the ship, she was working long hours and was under considerable pressure in the latter stages of the cruise.

Walker offered no criticism of cruise ship operator Carnival’s handling of the voyage, or its decision to go ahead with the trip in the first place. Following the devastating outbreaks on board the Diamond Princess and Grand Princess, the company was certainly conscious of the risks posed by continuing to operate cruises during the pandemic.

Carnival’s decision to continue running cruises until they were legally prevented from doing so, was entirely motivated by the company’s profit interests, and demonstrated a complete disregard for the health of its passengers and crew.

The fundamental issue—the subordination of public health by all state and federal governments to the dictates of the corporate elite—was passed over in silence by the inquiry.



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