

Australia: Official negligence led to mass health worker infections in Victoria

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The Victorian Labor government today announced another 23 deaths stemming from coronavirus infections, with the rate of fatalities showing no signs of slowing.

The death toll in the state now stands at 485. Some 465 of those losses have occurred since the resurgence of COVID-19 began in July, after governments prematurely lifted lockdown measures as part of a reckless “back to work” campaign.

With over 1,400 active infections among aged care residents, who are in a particularly vulnerable cohort, along with staff, the high daily fatality figures are likely to continue for weeks more. There are currently around 578 people in hospital with confirmed cases of COVID-19, the majority of them in Melbourne, which remains the epicentre of the outbreak. Some 39 are in intensive care, indicating the development of severe respiratory symptoms.

The tragic deaths, which continue to be downplayed by the political and media establishment whose pro-business policies have resulted in the health disaster, come as new information emerges demonstrating the extent of official culpability.

Since the pandemic began, at least 2,799 Victorian healthcare workers have been struck by the virus. According to official figures, there are currently 434 active cases among doctors, nurses and allied staff, down from more than a thousand a little over a fortnight ago.

For weeks, the Victorian Labor government asserted that the vast majority of infected healthcare staff had contracted the virus outside of work. Health Minister Jenny Mikakos repeatedly insisted that there was evidence indicating that only 10 to 15 percent of infected health workers had been exposed to COVID-19 in hospitals and other medical settings.

The claim appeared to defy common sense and logic. Health workers have been infected at well over double the rate of the general population during the “second wave” of the virus. No attempt was made by the government to explain why they were so much more likely to contract COVID-19 at home and in the community than everybody

else.

Moreover, despite the opacity of government information, it has long been clear that numerous clusters have emerged at hospitals and other medical facilities. The government assertions seemed to suggest that large numbers of health staff, working in the same facilities where COVID-19 patients were present, coincidentally contracted the virus elsewhere, all at the same time.

On the weekend of August 15–16, Victoria’s Chief Health Officer Brett Sutton acknowledged what every informed observer had already surmised, namely that the majority of health worker infections had originated in hospitals and medical practices. He placed the figure at 50–60 percent of such infections stemming from work.

Suspicions that even these numbers were an understatement were confirmed this week, with the release on Tuesday of a state government review into health worker infections. It found that overall, between 70 and 80 percent of cases that could be traced stemmed from the workplace. Among aged and disability carers the figure was 84 percent, and for nurses it was 90 percent.

Interviewed on the Australian Broadcasting Corporation’s “News Breakfast” radio program, Dr Omar Khorshid, president of the Australian Medical Association (AMA), said that the statistics were no surprise.

Khorshid noted: “The sheer numbers of healthcare workers getting infected being three, four, five, six times as likely as any other Victorian suggested to us that it had to be being contracted in the workplace.”

The medical expert denounced the “head-in-the-sand approach by the Victorian Government” which “wasn’t helpful and didn’t add any urgency to the need to actually change what was going on in the various aged care centres and hospitals to stop health care workers getting infected.”

The government claims that nurses and doctors were safe at work were directed against growing protests from medical staff over the grossly-inadequate provision of personal protective equipment (PPE). In response to numerous warnings over the past two months that there was not

enough high-grade PPE, Health Minister Mikakos repeatedly declared that stocks were more than sufficient.

In reality, doctors and nurses in many public facilities, have been denied access to N95 masks, which are most effective in preventing infection, or have been provided with devices that do not fit.

Responding to a Victorian government announcement that it would “trial” fit-testing of N95 masks, the AMA stated: “This trial is unnecessary—fit testing is a requirement for all people who wear N95s, whether they work in hospitals, aged care homes, or disability services. The Victorian Government is still not taking this issue seriously, despite more than 2,500 infections. Will it take the deaths of healthcare workers to convince them?”

Another cohort of the working class that has been on the COVID-19 frontlines has come under renewed attack from the Victorian government, with its Education Minister James Merlino this week announcing plans to force educators and students back into classrooms for Term Four.

Merlino’s blithe declaration that he was “confident” classes could resume as early as October, signals that the government is pursuing the same policies that led to a spate of school outbreaks last month. After classroom teaching was mandated by the government, with the assistance of the education unions, more than 100 schools were forced to shut within the space of a month because COVID-19 cases were detected among their pupils and staff.

The school announcement is a warning of broader plans to lift restrictions in Victoria. Throughout the pandemic, school reopenings have served as a spearhead to bludgeon broader sections of the working class.

The latest moves follow a sharp reduction in daily case numbers in Victoria, which have fallen to fewer than 200 this week, down from a high of 725 infections on August 5.

The apparent fall in transmission appears to be the product of the “Stage Four” restrictions that were implemented when case numbers reached record levels. This has included the closure of schools, along with most retail in Melbourne and limited broader workplace closures.

This is itself an indictment of the Victorian Labor government. For weeks, after infections began to rapidly grow in early July, it rejected calls from medical experts for immediate workplace and school shutdowns, because of the impact that these would have had on big business. If the “Stage Four” measures had been implemented earlier, an untold number of workers would have been spared infection, and fewer deaths would have occurred.

The extent to which community transmission has fallen, however, remains unclear. During the height of the wave, the vast majority of new cases were classified as being of “unknown origin,” indicating that COVID-19 was

circulating far more widely than was captured in the official figures. Over the past month, testing rates have fallen sharply.

The experiences of the past eight weeks, moreover, demonstrate that if all workplace and school activities are resumed under conditions of ongoing community transmission, further outbreaks are all but inevitable.

In a tacit acknowledgement that the surge in Victoria will have long lasting consequences, Labor Premier Daniel Andrews this week stated that he would seek to extend a “state of emergency” for an additional twelve months.

This was immediately condemned by civil liberties organisations, who warned that it raised the prospect of substantially boosted police and state powers being made virtually permanent.

Andrews’ plan would have created a situation where expanded provisions for such things as warrantless police searches and restrictions on movement, introduced on the grounds of combating the pandemic, would have persisted even after the government had lifted other COVID-19 restrictions.

The announcement also came under fire from sections of the political and media establishment. Their concern was not for the democratic rights of the population, but that a twelve-month “state of emergency” could undermine their claims that it is necessary for lockdown measures to be lifted in the interests of corporate profit.

It appears that Andrews has worked out a compromise with cross-bench members of the Victorian parliament for a six month “state of emergency.”



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