

Australian COVID outbreak in Victoria hits aged-care homes

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An outbreak of a highly-infectious Indian variant of the coronavirus in Victoria, Australia's second-most populous state, is expanding in scope, with the number of exposure sites increasing substantially each day since the announcement of a week-long lockdown on Thursday morning.

Early last week, when the first infections were detected, the affected areas were largely confined to Melbourne's outer-northern suburbs, with only a couple of dozen exposure sites listed. In the space of eight days, the tally of venues that were visited by people while they were potentially infectious has surged to 320, spanning retail stores, bars, restaurants, schools and football stadiums across Melbourne, as well as in regional centres of Victoria. The list has more than doubled in three days.

The total number of active community cases in the state has reached 58, while authorities have warned that the virus appears to be spreading more readily than in previous outbreaks, with a greater number of infections acquired through fleeting at casual contact.

Most ominously, the outbreak is extending into areas that were at the epicentre of the worst surge of the pandemic in Australia to date, which resulted in an almost four-month lockdown in Victoria late last year. Once again infections are being recorded in Melbourne's densely-populated working class suburbs, in factories and in aged-care homes.

On Sunday, it was revealed that an aged-care worker had returned a positive test the previous day, followed by another on Monday. A resident in their 90s has also contracted the virus. The cases have shone a spotlight on the refusal of the state and federal authorities to take the most basic measures required to prevent a spread of the coronavirus through the sector. The negligence is of an almost criminal character, given that 655 residents died and some 1,300 more were infected during last year's Victorian outbreak, along with 2,000 staff.

Both of the staff were workers at the Arcare Maidstone facility in Melbourne's inner-west. It rapidly emerged, however, that one of them was also working at the BlueCross Western Gardens home in the suburb of Sunshine, including on three shifts last week when she may have been infectious. Both of the facilities were placed in a lockdown, as were two other Royal Freemasons homes in Coppin and Footscray because a

staff member from Arcare Maidstone had also worked at them.

The trend of low-paid, casual workers being compelled to work at multiple privately-run facilities was a major factor in the spread of COVID throughout aged-care homes during last year's outbreak. It highlighted the rapacious character of the private corporations that dominate aged-care. Receiving a minimum-wage and denied job permanency, workers in the sector have to take more than one job to make ends meet, while the minimum was spent on resident care, including essential infection control measures.

The widespread public anger prompted by the transformation of Melbourne's aged-care homes into killing fields last year, was met with hand wringing by state and federal politicians, and assurances that lessons would be learned.

The federal Liberal-National Coalition government, which is responsible for the administration of the private aged-care sector, announced that it was instituting a rule requiring workers to only be on the job at one facility. This was accompanied by a subsidy to the private operators, which would supposedly flow-on to compensate workers for their loss of shifts.

Now it has emerged that the ban on staff working at multiple sites was quietly lifted at the end of last November. The federal government has claimed that it was reintroduced last week, but the work history of the two staff who tested positive suggests otherwise.

The decision to lift the ban was clearly not carried out on any public health grounds. Rather, it was of a piece with the Coalition government's opposition to any mandated wage-rise for workers in the sector or guarantee of job permanency. The transparent purpose of the reversal was to ensure that the pandemic did not result in any lasting disruption to the super-exploitative labour practices that have been entrenched in aged-care by successive Labor and Liberal-National governments.

Government representatives have responded to the anger by cynically declaring that the ban, which they now describe as a "guideline," could not be enforced outside of an outbreak, because it is not legal to "limit someone's capacity to work."

In comments to the *Guardian*, Dr. Sarah Russell, an aged-care researcher, noted that various federal government recommendations to private providers were not "worth the

paper they are written on because private providers can choose to ignore them. This fits with federal government's support for aged-care homes operating within a free market. The government will not mandate staffing ratios, staff wages or even whether staff work in multiple homes during a pandemic. They leave all these decisions up to individual providers."

While the private sector is under the jurisdiction of the federal government, it is inconceivable that Victoria's state Labor government was unaware that the dangerous practice had been resumed. The same is true of the fact that an untold number of aged-care staff have yet to be inoculated.

One of the workers who tested positive had received only one of two doses, while the other had been given none, because she was on leave when they were administered.

Responding to media questions today, the Coalition's Aged Care Minister Richard Colbeck admitted that he did not know how many aged-care workers had been vaccinated in Victoria or nationally. He nevertheless blithely declared that he was "comfortable" with the pace of the rollout in the sector.

According to the federal health department, some 38,708 workers in the sector have received a first dose from shots left over from the vaccination of residents. Of those, 31,610 have been given a second jab. This is a minuscule fraction of the more than 200,000 workers in the sector.

Reports have emerged of workers being instructed to get vaccinated on their own time, by joining queues for the general rollout. Colbeck cited this as one of the reasons that he did not have "consolidated data" on overall staff vaccination rates in the sector.

Only today did Victorian authorities announce that aged- and disability-care workers would be given priority access at mass inoculation hubs. The federal government had previously declared that it would establish 13 purpose-built vaccine sites for younger aged-care workers across the country. They were due to be completed two months ago, but to date only three are operational, all of them in Sydney.

This is part of the broader debacle of the country's vaccination effort. Only around 2.5 percent of the adult population has received two vaccine doses, while some 20 percent have been given a single jab. The federal government tarried in finalising its procurement, and settled on the cheapest option, AstraZeneca, which now cannot be given to those under the age of 50 due to a rare risk of blood clotting.

Mass vaccination hubs have only been opened in recent weeks, while much of the responsibility for the rollout is being dumped on general practitioners. Tens of thousands of Victorian residents have joined hours-long vaccination queues since the outbreak began. The state's vaccine hotline, however, has reportedly not been functioning for days.

The vaccine shambles parallel the failure of federal and state authorities to develop purpose-built quarantines. Most international arrivals are still being forced to self-isolate in private hotels, which have repeatedly proven to be vectors of

airborne transmission. Despite a South Australian hotel leak being the source of the current outbreak, no concrete plans are in place for the development of the purpose-built quarantine facilities that health experts have been demanding for more than a year.

At the same time, the dangers posed by the current outbreak have been greatly exacerbated by the lifting of virtually all safety measures over previous months. In Victoria, and across the country, inter-state travel has been encouraged, mass sporting events resumed, and most restrictions on high-risk venues, such as bars and clubs, lifted.

The current lockdown is scheduled to end on Thursday. However, epidemiologists have called for it to be extended for at least a week, given the high number of exposure sites and the ongoing discovery of infections, including eleven announced yesterday, the equal-highest daily tally of the outbreak, and three this afternoon.

The corporate and financial elite has signaled throughout the pandemic its hostility to lockdowns and other measures that impact on profit-making activities. Increasingly, the demand is being raised for a lifting of the lockdown in regional and rural areas. The calls are for a localised lockdown of Melbourne or specific areas of the city and suburbs where cases are being registered, an approach that has been dubbed "ring of steel."

In the initial stages of last year's major Victorian outbreak, the state Labor government rejected demands from health workers and epidemiologists for a general lockdown, instead imposing a succession of localised restrictions. These failed to halt the spread, leading to the worst surge of the pandemic in Australia to date.



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