

Many health workers across Australia remain unvaccinated as coronavirus outbreak spirals out of control

Clare Bruderlin
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As the number of coronavirus cases in New South Wales (NSW) surges to 1,340, reports are revealing that large numbers of health workers, including nurses and aged care workers, are yet to receive even the first dose of a COVID-19 vaccine. This is the case in NSW and nationally, including in Victoria, where there have been 81 infections in recent days.

Some three and a half months after the designated target date of March 31 for full vaccination of all health care workers and with only 12 percent of the adult population immunised, health staff face the growing COVID-19 crisis largely unprotected and entirely vulnerable.

On July 12, Aged Care Minister Greg Hunt admitted that more than half of the aged care workforce in Australia was unvaccinated against the coronavirus. Only approximately 107,000 aged care workers, or around 40 percent have received at least one dose.

While the NSW government has refused to reveal the total number of health workers who have been vaccinated, some individual hospitals have released their own statistics, with as many as one-third of staff in one hospital emergency department yet to receive full vaccination.

On July 10, the *Daily Telegraph* reported the details of an internal memo which was circulated at one south-western Sydney hospital. It stated that the number of “unjabbed” frontline staff, including staff, student nurses and nurses in emergency wards, was at “35 percent.”

The memo called for unprotected workers to be kept away from “hot” and “red” zones in the hospital, where COVID patients were present. Effectively acknowledging that this is unviable, given that more than a third of staff are unvaccinated, the document called for such segregation to be put in place “where possible.”

The report comes after more than 600 staff at the Royal North Shore Hospital on Sydney’s lower north shore and at Fairfield Hospital in the city’s south-west were forced into isolation, when an unvaccinated student nurse tested positive for coronavirus and had worked at the hospitals for five days while potentially infectious.

Despite this, according to the memo student nurses were still

being sent to hospitals unvaccinated.

At the Summit Care aged facility in the north-west Sydney suburb of Baulkham Hill, where there have been at least ten coronavirus cases among residents and staff, it was revealed that only one-third of the facility’s workers had received the coronavirus vaccine. The outbreak began when an unvaccinated worker at the facility tested positive. At least 70–75 percent of staff, including contracted cleaners, were identified as close contacts and forced into isolation.

Following that, RSL LifeCare, one of Australia’s largest aged care providers, which operates 28 homes across NSW and the Australian Capital Territory, revealed that just 27 percent of its staff have received a first dose and only 15 percent are fully vaccinated.

These figures are an indictment of governments—state and federal, Labor and Liberal—who have sought to keep “the economy open” to maximise corporate profits, against the advice of epidemiologists who have repeatedly warned of the danger of mass outbreaks.

In order to try and cover over the festering political scandal, the bipartisan national cabinet determined on June 28 that first dose of COVID vaccinations will be mandatory for aged care workers by September 17, a decision that scapegoats the workers for the failure of the rollout and in the interim leaves them unprotected and highly vulnerable to the increasingly infectious and dangerous variants of the virus. Prime Minister Scott Morrison announced a minuscule \$11 million fund to be paid through the providers to enable workers to take time off work, if necessary, to obtain a vaccination.

This measure was to placate the competing aged care providers that were disputing which facility would be liable for the cost of administering the injection and any time off needed by staff working across multiple facilities if adverse reactions were experienced.

The government and the media have repeatedly blamed the workers for the perilously low rate of vaccinations, with Morrison stating: “This has been a difficult cohort, a difficult group to get vaccinated, and this is why I have been fairly constant and determined to ensure we got to where we are

tonight."

In reality, the reason aged care workers, nurses, paramedics and other essential workers are not yet vaccinated is because the government has failed to ensure there are supplies.

The Morrison government had originally announced a priority target of vaccinating all residential aged care staff, part of the initial 1a phase, by early April. In that month, with almost 3.5 million of the targeted 4 million still unvaccinated, the next 1b phase of the rollout commenced, exacerbating the problem of dwindling vaccine supplies. Reports emerged of aged care workers being told to get vaccinated in their own time or being given "leftover" doses on site after residents had received their jabs.

Initially aged care staff were told they would be vaccinated in their workplaces by the four private companies fielding teams sent to the residential facilities for the residents, but this did not happen. The government promised to set up 13 pop-up vaccination hubs for aged care staff "during May." So far, only three of these are operating, all in western Sydney.

One aged care nurse from Victoria, who had contracted COVID-19 at her workplace during 2020, told the WSWS about her difficulties in obtaining a vaccination, either at work or in a hub:

"I don't know why I didn't get the vaccination at work because they said it was only for the residents, and then if there was vaccine left over, they would give it to the staff. But at that time, I didn't get it because I wasn't working during the day. If you go outside to have the book-in vaccination, the queue is so long. Maybe you have to stay there for hours to get inside. I tried to go there on the weekend, but the queue was just so long, I didn't stay."

With rising case numbers and growing hospitalisations, Australian Medical Association president Omar Khorshid last week warned that NSW's hospital system could destabilise if it became overloaded with COVID-19 patients, stating, "We've seen 10 percent of cases already in hospital—just multiply that to thousands and thousands of cases... Imagine what you might experience if you need to go to hospital for urgent care, such as with a heart attack or cancer."

After decades of funding cuts, public hospitals in Sydney and nationally have been pushed to breaking point. Even prior to a major outbreak of coronavirus, they have been operating close to capacity. In recent months, hospitals in every state and territory have reported overflowing emergency departments, increased ambulance ramping and lengthy wait times as a result of understaffing and bed shortages.

Throughout June, widespread industrial and strike action was taken by health workers across NSW, including paramedics, patient transport officers, nurses and midwives in at least 24 different hospitals, in opposition to unsafe staffing levels and wage cuts.

These actions were all limited and broken up by the unions to different workplaces and different days. Paramedics covered by

the Health Services Union (HSU) were expected to take different action to their colleagues, in some cases in the same ambulance, who were members of the Australian Paramedics Association (APA). Some nurses in different hospitals were not aware of the actions taken by their counterparts in hospitals in the same city or town.

The trade unions were fully aware of the danger of a coronavirus outbreak but refused to mobilise health workers in a broader struggle. The chronic staff shortages, increased workloads and dangerous working conditions have been implemented with the direct complicity of all the health unions. NSWNMA general secretary Brett Holmes told a rally of nurses and midwives in Newcastle last April about severe staff shortages including 10–15 shortages on shift at Westmead Hospital, the major public hospital in western Sydney and the first to establish a COVID-19 ward.

As with all the health unions he proposed no action of health workers to address this dangerous situation. With the spread of the Delta variant among health workers, the unions are seeking to suppress any opposition from workers.

The lack of preparation of the health system in every state over the past 18 months is a criminal expression of the priorities of all governments—profits and budgets over the lives of health workers and their patients. It highlights the urgent necessity for workers not to place their health and safety in the hands of the unions who act as the policemen of the capitalist class. Matters must be taken into the hands of health workers in collaboration with their counterparts internationally who have suffered the same conditions in country after country over the past 12 months.

Health workers, including doctors, nurses, orderlies and administrative staff, must establish rank-and-file committees to discuss and determine the requirements for maintaining safety of both staff and patients. These committees must be independent of the trade unions whose role is to suppress and isolate the struggles of health workers.

While workers have consistently demonstrated that they want to fight the COVID-19 pandemic, these developments underscore that it is impossible to do so within the framework of capitalism, which subordinates every aspect of life to the profit interests of a tiny corporate elite.



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