

Australia: Leaked data shows thousands of people caught COVID-19 in hospitals last year

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Leaked figures from the Victorian Health Department, published last week in Melbourne's *Age* newspaper and the *Sydney Morning Herald* (SMH) reveal that more than 3,200 people are suspected to have contracted COVID-19 in hospitals in Victoria between January 1 and October 26 last year. Of these patients, at least 344—or more than 10 percent—died.

These figures from Australia's second most populous state are an indication of what is without doubt occurring in hospitals across the country as COVID wards are disbanded and mask mandates in clinical settings scrapped.

According to the *Age* and SMH reports, Monash Health, the largest metropolitan health service in Victoria, as well as Austin Health have closed their COVID wards and now isolate patients in single rooms or with other infected patients.

Healthscope, which operates a number of private hospitals across Australia, confirmed that it has removed its mask mandate for staff and visitors, “unless deemed necessary due to clinical indication.”

A healthcare worker at Box Hill Hospital, in Melbourne's eastern suburbs told the media that COVID-positive patients are no longer segregated from other patients in designated wards but are placed in private rooms on the general ward. “Previously if you were on the COVID ward you knew you were on the COVID ward and you would wear PPE all the time. Now there's a little bit of COVID floating through the ward,” the worker said.

The removal of public health measures to stop the spread of COVID-19 is the result of the deliberate policy of Labor and Liberal-National governments—federal, state and territory—to sacrifice the health and lives of the population for corporate profits.

This policy has only been intensified under the Albanese federal Labor government, which dismantled virtually all public health mitigations against the pandemic, including mask and vaccine mandates and isolation requirements, and has overseen the closure of mass COVID testing facilities.

Official statistics show more than 11,000 COVID-19 fatalities in the ten months since Labor took office last May 21, compared to fewer than 8,500 deaths in over two years, under

the former Liberal-National Coalition government.

Labor Prime Minister Anthony Albanese's federal government, along with state and territory governments, also ended daily reporting of COVID-19 cases, hospitalisations and deaths in September last year and moved to a stripped-back weekly reporting.

Official figures on infections are all but meaningless as governments at all levels have largely shut down the Polymerase Chain Reaction (PCR) testing system and wound back access to the less reliable rapid antigen tests (RATs), the results of which are no longer mandatory to report.

Nonetheless, even with the limited figures available, the number of COVID infections are growing, particularly in New South Wales, Victoria, South Australia and Western Australia. Cases increased last week for the seventh week in a row, with every state and territory reporting more infections than the previous week. The death toll continues to grow, with 98 COVID-19 deaths recorded across the country in the week to Friday, 31 March.

Hospitalisations are also increasing. The number of people in Victoria hospitalised with COVID grew last week by almost 60 percent to 183 patients. There are currently some 1,561 COVID-19 patients hospitalised across Australia and 32 in Intensive Care.

Under these conditions, mask mandates continue to be removed in clinical areas of hospitals and other healthcare settings. Even when masks are provided to staff and visitors, they are typically surgical masks, which are not adequate for preventing airborne transmission of COVID-19.

Responding to the SMH article, one NSW health worker wrote: “The COVID ward in my local hospital has also been disbanded, with COVID patients treated in general wards. Visitors asked to wear a surgical mask but not enforced... seems we rely on the goodwill of people nowadays. As a health worker it's frustrating watching people walk the corridors maskless knowing we have vulnerable patients in hospital.”

Another person wrote: “I am one of these people who caught COVID in the RMH [Royal Melbourne Hospital]. I waited in ED over 5 hours with a ruptured appendix. There were few

seats and the only ones available were next to the seats that were assigned to suspected COVID patients. These seats were just marked with red tape... After discharge, I was very unwell and ended up with pleurisy and was admitted to a private hospital. I was one of the lucky ones... I am over 50, a carer, an employee, mother and daughter—I do not consider myself ‘old’ and believe I still have loads to contribute to my community.”

The continued spread of COVID-19 has exacerbated the catastrophic conditions in public healthcare, contributing to overwhelmed emergency departments and chronic staffing shortages. These conditions are the product of decades of funding cuts to public healthcare under both Labor and Liberal-National governments.

Despite the mounting crisis, the federal Labor governments October budget cut pandemic funding and payments to the states and territories for public hospitals are expected to decrease by more than \$755 million this financial year and \$2.4 billion over four years. Whilst demanding “sacrifices” from workers and real-wage cuts, the Labor government is allocating hundreds of billions of dollars for military weaponry to prepare for involvement in a US-led war against China.

Last Saturday, the Labor government officially ended COVID-19 pandemic leave payments for workers in high-risk settings, including disability care, Aboriginal healthcare and hospital care sectors, who were eligible for a lump sum payment of up to \$750. This will now only be available to aged care workers.

The implementation of “let it rip” COVID policies and the deepening assault on healthcare would not have been possible without the enthusiastic support of the trade unions. They have overseen workers being forced back into unsafe workplaces and enforced the “let it rip” policies of governments, at the cost of workers’ health and lives, just as they have implemented deepening wage cuts and attacks on workers’ conditions for decades.

None of the health unions opposed the ending of basic public health measures to stop the spread of COVID. In fact, they promoted the slashing of these measures. Their position was expressed sharply by the NSW Health Services Union state secretary, Gerard Hayes, who called for the ending of the COVID-19 isolation requirements, voicing his concern in the media about their impact on the “economy”—i.e., big business profits.

Over the past year there have been strikes and protests by nurses, aged care workers, paramedics and orderlies, over the issue of wages as well as intolerable and unsafe working conditions. In NSW alone, some 50,000 public sector nurses and midwives went on strike five times last year. Last November, 18,000 public sector nurses in Western Australian walked out for 24 hours, defying a ban ordered by the Industrial Relations Commission (IRC), the state Labor government of Mark McGowan and the efforts of the Australian Nursing Federation (ANF) to impose a sell-out.

In their fight for decent wages and safe working conditions, workers confront the trade unions, which have isolated strikes, blocking health workers from taking unified action and linking up their struggles with those of other sections of workers, including teachers and rail workers who have also taken industrial action over the past year.

This is why workers must form their own independent rank-and-file committee, democratically controlled by workers themselves, not union bureaucrats, to discuss and develop demands, share information and broaden their industrial and political action.

The Health Workers Rank-and-File Committee (HWRFC), established as an initiative of the Socialist Equality Party, is fighting for the development of rank-and-file committees among health workers.

In November last year, the HWRFC and the Committee for Public Education (CFPE), a rank-and-file committee of educators, held a public meeting to oppose the ending of COVID protection measures and unite educators and health workers against this offensive.

In February, an important step forward was taken when a group of pathology workers in Victoria formed a rank-and-file committee and developed safety demands, when, following the closure of mass COVID testing facilities in Victoria, they were forced to undertake COVID-19 testing without training, mask mandates for patients or separate waiting areas for potentially COVID-positive patients. Their demands include dedicated collection sites for COVID-19 tests, mandatory masks for patients in clinics and the provision of N95s, adequate ventilation and increased sick leave and paid isolation for staff who test positive, as well as those with Long COVID.

To fight for their interests, health workers and other sections of workers must likewise develop rank-and-file committees, to unite with workers across the country and internationally, in a broader struggle against the destruction of healthcare.

Because of the lack of information about the COVID-19 protocols in health services across the country, the HWRFC has initiated a COVID-19 safety survey for health workers, the results of which will be published on social media and on the WSWs. We urge all health workers to complete this questionnaire and share your experiences.



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