

Australian hospital administration worker denounces Labor's ending of mask mandates and front-desk screening in public hospitals

Our reporter
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An administration worker at a large New South Wales (NSW) regional public hospital has contacted the WSWS and the Health Workers Rank-and-File Committee (HWRFC) about the state Labor government's sudden closure of front screening desks and masking requirements in non-clinical areas—entrances, corridors and other spaces—of public hospitals.

Front screening desks were established during the pandemic to provide hospital visitors with masks. Far from being over, COVID-19 infections, hospitalisations and deaths continue to rise. There have been just under 4,000 recorded COVID-19 deaths in Australia this year.

The “let it rip” offensive has been accelerated under the federal Labor government. In the 418 days since it took office, 13,959 COVID-19 fatalities have been recorded, compared with 8,097 in 813 days under the previous Liberal-National government.

Elected in March this year, NSW Labor Premier Chris Minns' government has deepened the attack on public healthcare. In April, it closed all of the 164 temporary Polymerase Chain Reaction (PCR) testing sites across the state. This is in line with the federal Labor government's cuts to healthcare spending, including by \$11 billion in two years, primarily due to the termination of COVID-19 safety measures.

These policies were supported by the trade unions, including in the health sector, which have endorsed the profit-driven ending of basic public health measures. In 2022, Health Services Union (HSU) national president and NSW state secretary Gerard Hayes was at the forefront of demands for the scrapping of COVID isolation requirements for health staff, because of the impact of such elementary measures on “the economy.”

These attacks underscore the need for health workers to take matters into their own hands and organise through rank-and-file committees, controlled by workers themselves, to take forward a fight to eliminate the pandemic, for decent jobs, wages and conditions and high-quality public healthcare.

The worker, who will remain anonymous, explained the role of front desk screening staff at hospitals: “My job was to ask

people a series of questions, including whether they'd had COVID recently and to give them a mask. Front desk screening administration staff have also taken up a lot of work that the main reception desk had previously. This meant helping people who come into the hospital looking for directions and keeping visitors out of the wards before one o'clock.”

Two weeks ago, administrative staff who worked on the front screening desk received an email declaring that the desk was closing from July 1 and that all those shifts had been cancelled without being replaced. Staff had only been notified two days before on June 29.

“All I received was an email,” the administrative worker said. “They gave us no notice, they just said that all our shifts were cancelled. I lost four shifts. When I got that, I emailed back asking if there was potential for other work. The message back was that there some potential for other shifts in emergency.

“I don't really like working in emergency—it's more risky because there are more people coming through and you've got to escort them into the wards. There's around 120 beds for patients all lumped in together and there's no proper ventilation.

“I was also offered two training shifts, so training to do other sorts of work, but my workload went from four shifts to only two training shifts. Losing these front desk shifts is going to cause hardship for a lot of people.

“All of the people doing this job were casual administration workers, and so because of that I'm very conscious of the fact that I'm vulnerable; if I speak up too much, they will just stop giving me shifts.

“At the same time, they need casuals, especially with staff getting sick all the time. Every day I'm getting messages offering additional shifts as a ward clerk because someone's away sick. But we don't have any job security and on Thursday, they told me that my shifts are gone, just like that.”

The administrative worker discussed the consequences of closing the front screening desk: “This will have a profound impact on the rest of the hospital. The nurses and main desk staff are going to get bombarded with people. When I was doing the job, there would be queues forming but now these

people are just going to be streaming through the hospital door and going straight to the wards.

“The nursing staff in particular fought to keep the front screening door because we sort of manage the flow of people coming to see patients. Also, the main reception desk staff are on the phone the whole time in their role. Now they’re going to be answering so many enquiries and it’s going to mean a lot of extra work. This is a cost-cutting measure and I’m sure is related to the federal government’s cutting of COVID funding in the budget.”

When the COVID-19 pandemic began, the hospital only provided surgical masks to visitors and administration staff, rather than P2/N95 masks which are demonstrated to be effective against airborne pathogens.

“We were only distributing surgical masks so I had to bring my own N95. If they were really serious about protecting people they would provide N95 respirators,” the worker continued.

“There also wasn’t really formal training given to me or the other admin staff about COVID. There was no discussion about the airborne nature of the virus or the type of masks that were needed. They did the minimum to make it look like they were protecting people against COVID but now they’ve even removed that. This will definitely mean more infection and more deaths.

“The hospital is packed with people who are vulnerable. Most of the people who are coming in for treatment at the hospital are frail, aged people and they’re highly vulnerable to COVID.

“Even before deletion of the front screening desk, the government created a complacent culture, where people would say when we gave them a mask, ‘Are you still doing that?’ This is because, nowhere else in society are people being asked to wear masks. Hospitals were the last line of defence where people were being asked to don a mask when they come in. So the government have even undermined any concept that COVID is still there and still an issue. It just heightens the culture of ‘it’s all over,’ ‘nothing to worry about’ and other ideas people have because of the way that governments have handled this.”

The worker spoke about the broader context.

“The hospitals were in crisis before COVID and they threw a bit of money at it in the initial stages but since the end of 2021 there’s been a ‘let-it-rip’ policy. After Labor’s election, Prime Minister Albanese has led the charge to implement a mass-infection strategy. Everything they’ve done has been designed to infect as many people as possible, continuously. These cuts are of a piece with that.

“Apparently the Labor government’s now got a surplus—mining royalties and other taxations and business profits—but they’ve made a conscious decision to cut health and education spending. It’s a further attack on the working class. They’ve decided to let the virus spread, and it’s been driven by the need to maximise profits. There’s no other explanation. The

Labor government is there as part of the state to defend capitalism and that means the defence of profits.

“I haven’t heard a word from the union. I emailed the HSU organiser shortly after the management email, and said: ‘We’ve had our jobs cut, what is the union going to do about it?’ They’ve not gotten back to me which is not surprising because the unions were at the forefront of demanding the ending of COVID mitigation measures.

“Based on what HSU secretary Gerard Hayes previously said when he pushed for the ending of COVID isolation, I imagine he’d be in total agreement. There was no concern there for workers’ health and safety.”

In May and June, HSU members in public health took part in work bans and sporadic stoppages across the state, in opposition to a real-wage slashing 4 percent nominal pay rise offer from the state Labor government.

The HSU bureaucracy kept this action as limited and isolated as possible, before shutting it down completely on June 23, and is now seeking to impose a divisive new union-government deal that will mean even deeper cuts for a large section of the workforce.

The worker commented: “The work bans at my hospital were work to rule, so just doing the work that we should be doing anyway. It was pitiful. Then the union came back after two weeks of work bans and said the government has come to the table to talk to us and that this was a victory. We haven’t had meetings at the hospital on the award. They don’t want to get staff together to talk about this.

“That’s why the development of rank-and-file committees, separate from the unions, is so important. I think workers need to mobilise independently of the unions and of Labor, that’s the only way we’re going to get out of this crisis.”



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