

# Australia: NSW health minister in damage control after fungal outbreak linked to Sydney hospital deaths

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Mounting evidence points to a breakdown in hospital infrastructure and management in New South Wales (NSW), with serious maintenance failures in supposedly hygienic environments now linked to preventable infections, which caused two deaths last year.

The dire conditions are being presided over by a state Labor government that has continued the chronic underfunding of the public health sector while enforcing onerous conditions and inadequate pay on staff who work in it.

The most recent exposure concerns Royal Prince Alfred (RPA) Hospital in Sydney, one of Australia's oldest and most prestigious teaching hospitals. On February 27, a 7News report revealed that a cluster of aspergillus infections had occurred in the hospital's liver and kidney transplant ward. Six patients were infected. Two died in late 2025, with the fungal infection cited as a contributing factor.

Aspergillus, a mould commonly found in soil and damp environments, is particularly dangerous for immunocompromised patients, including organ transplant recipients. The discovery of two infections within days of each other in early December alarmed clinicians, given that transplant wards use filtered air systems.

Hospital staff installed additional air filters and administered antifungal medication while raising concerns with management who informed NSW Health. A subsequent review uncovered four other cases dating back to October.

Health authorities identified the likely source as a major redevelopment project adjacent to the wards that began in October 2023. Construction is a known hospital risk factor, as it can release fungal spores into clinical areas.

An "expert panel" convened by NSW Chief Health Officer Kerry Chant in December reportedly acknowledged that recommended air monitoring procedures had not been routinely conducted during the construction period. A contractor's review also identified visible mould on four hospital floors and aspergillus contamination in a plant room, possibly linked to water damage following heavy rain.

While RPA clinicians acted to contain and eliminate the mould, senior NSW Health officials drafted a media statement which omitted any reference to patient deaths.

Health Minister Ryan Park told the media last week that broader

public notification was avoided to prevent "unnecessarily scaring people," and that this decision was backed by the expert panel. Park later told parliament that although his office had been told about the aspergillus mould, he was not personally informed about the infection cluster and the deaths at RPA until early February.

Attempting to deflect attention from the cover up, Park said a "rapid" system-wide review of the state's hospitals had been conducted which identified 112 non-routine maintenance issues, including mould, asbestos, and pest infestations across various facilities. Seventy-four of these were resolved, he claimed, 32 were being rectified and six were subject to further investigation.

The NSW Legislative Council's Health Committee has also initiated an investigation into serious mould problems and pest infestations at Calvary Mater Hospital in Newcastle. The inquiry, which is currently taking submissions, will begin public hearings on March 13.

In January this year, one of Calvary Mater's cancer units was closed after prolonged mould contamination in the hospital's air-conditioning system was detected. The facility has about 215 beds and serves as the region's major cancer care centre. It includes emergency, ICU, oncology, and research facilities.

Unlike RPA, Calvary Mater operates under a public-private partnership between NSW Health and private contractors. The arrangement includes Calvary Health Care and the Novacare consortium, comprising Honeywell, Westpac, Medirest and AbiGroup. The consortium runs non-clinical services—cleaning, catering, maintenance—at the hospital.

Beginning in the 1990s, state governments increasingly turned to public-private partnerships to reduce public expenditure and transfer responsibility for hospital management to corporate entities. The for-profit model has repeatedly seen a rundown in health services.

Sydney's Northern Beaches Hospital (NBH), another such facility, was operated by Healthscope but is now being returned to government control this year after the company went into receivership. From the outset, clinicians reported systemic problems, including unsafe staffing, onerous work hours, poor rostering practices, inadequacies in the handling of adverse events and serious incidents, including the deaths of two infants in 2024–2025.

At Calvary Mater, the aspergillus mould was detected in multiple

areas. Documents reported by the *Newcastle Herald* indicate that Honeywell, responsible for maintenance, had been informed as early as October 2024 that air-conditioning ducts in the cancer ward required replacement but failed to act.

Evidence that immunocompromised patients were exposed has led to a class action against Honeywell and Novacare. Lawyers allege that patients admitted for routine or short-term care developed pneumonia infections consistent with mould exposure during the period contamination was known to be present.

Further reporting by NBN Television in January indicated that the mould problems were widely known among staff and patients long before 2025, with some accounts dating back to the mid-2000s, when the public-private partnership commenced. A Bureau of Health Information study released in October 2025 found that from mid-2021 to mid-2024, Calvary Mater recorded “higher than expected” pneumonia mortality at a time when statewide pneumonia deaths were declining.

Just before the cancer ward was finally closed, maggots were reported falling from air vents onto a patient’s bed in the haematology ward. Mould had also been identified in the intensive care unit. Staff have raised maintenance concerns since at least 2017.

An electrician interviewed anonymously by NBN stated that between 2019 and 2024 the hospital’s electrical systems were substandard and posed electrocution risks. He further alleged that cost-cutting by Honeywell resulted in ignored safety concerns, rat infestations and ceiling cavities contaminated with rodent faeces—likely contributing to the maggot outbreak.

Last weekend, Sydney’s *Sun-Herald* newspaper reported pigeon infestations at public hospitals in Tamworth and Wollongong, as well as RPA, with patients and staff requiring treatment for bird lice.

Pigeons were reported living in a ceiling cavity in the rehabilitation unit at Tamworth. At Wollongong Hospital, pigeon excrement had been found coming through the ventilation systems, and “a room in the older persons’ mental health unit had become infested with pigeons and bird lice,” according to the *Sun-Herald*. Mould issues were also identified at Cumberland, Wyong, Ryde and John Hunter hospitals.

Irrespective of its outcome, the Cavalry Mater Hospital inquiry—like Park’s “rapid” system-wide review—will not address the underlying source of the unhygienic conditions in hospitals, which are the result of decades of serious underfunding and the increasing integration of for-profit corporations into public health by successive governments, working hand-in-glove with the health sector unions.

Similar cost-cutting logic operates whether a hospital is fully public or run under a corporate partnership. Essential infrastructure maintenance is deferred, causing the deterioration of basic safety systems, combined with inadequate staffing levels and increased workloads.

Nurses and other health workers, who have suffered years of understaffing and successive cuts to real wages, are being forced to care for vastly greater patient numbers than safe standards permit. This leads to burnout and resignations, leaving remaining staff, such as inexperienced graduates and agency nurses, trying to fill

gaps. Hospital emergency departments are strained to breaking point, a fact demonstrated by worsening ambulance ramping—patients left on stretchers in ambulances outside emergency departments for hours because there are no free beds or staff to receive them.

Where nurses and health workers have attempted to change these brutal conditions and win pay rates to compensate for the rising cost of living, they have been blocked by the union bureaucracy. Opposed to unified industrial action, the unions have isolated them from their fellow workers and limited them to stage-managed stoppages and appeals to the very governments carrying out the attacks.

Strikes by public sector nurses, midwives and doctors have been shut down by the health unions and diverted into protracted legal proceedings in the pro-business Industrial Relations Commission.

The attack on health workers’ wages and conditions by the NSW Labor government is mirrored in every Australian state and territory and federally, with new social austerity measures being planned by the federal Labor government.

The Albanese government is currently preparing its May federal budget which is expected to impose additional social spending cuts, including in aged care, disability and other vital health services. In late 2025, federal departments were directed to identify reductions of up to 5 percent of annual budgets—measures that will inevitably deepen staffing shortages and infrastructure neglect.

To fight these attacks, health workers must mobilise independently of the unions. This requires the establishment of democratically controlled, rank-and-file committees in every hospital—linking nurses, orderlies, paramedics, cleaners, allied health and ambulance crews—to expose the unsafe conditions and demand safe staff-to-patient ratios, restoration of beds and services, an end to ambulance ramping and real wage increases indexed to cost of living.

This means fighting on a socialist program—i.e., a fully-funded public health system, freely accessible to all and based on the needs of society, not government budgets and the profit demands of the financial and corporate elite.



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