

# THE COMET

Journal of the Australian Pensioners' and Superannuants' League, Qld. Inc.

## AGED CARE STANDARDS IN QUEENSLAND - Are they up to scratch?

RESIDENTS in Queensland's public aged-care facilities are receiving less than the minimum 3.6 hours of care each day, as a crippling shortage of staff pushes nursing homes to the brink. Shocking figures reveal a shortage of aged-care workers in Queensland's state owned facilities as just two of 16 homes pass the grade, putting pressure on the level of care provided to hundreds of patients across the state.

The state government in 2019 introduced legislation requiring public nursing homes to provide a minimum of 3.65 hours of nursing care per resident each day. Worryingly, half the residents in seven of the 16 state owned aged care facilities are provided less than that minimum requirement – new data covering the July to September quarter reveals. A two-year phasing-in period means the legislation won't be fully enforced until February 2022 – meaning facilities are not considered non-compliant. Just two of the 16 facilities report at least 90 per cent compliance with minimum staff requirements. A number of Queensland facilities were judged with the lowest compliance.

The poor performance of Queensland's state-run facilities has raised concerns among stakeholders, who say the quality of private operators is likely to be far worse. Twelve of Queensland's public nursing homes report lower than 16 per cent compliance with minimum staffing requirements, including five that don't meet the requirements at all.

A spokeswoman for Queensland Health said that the department was committed to "continuous improvement" across its facilities. "It's important to understand that public residential aged care facilities are not currently non-compliant.

This is because the minimum workforce requirements do not become mandatory until February 2022," she said. "Public residential aged care facilities are working hard to ensure they can comply with the minimum standards, when they become mandatory in February 2022," she said.

Despite the concern, Queensland's 3.65-hour daily care standard is above the 3.33 hours recommended by the Royal Commission into Aged Care. Queensland's figures were revealed through the government's Inform My Care website, which compares Queensland hospitals, public and private aged-care facilities.

Health Minister Yvette D'Ath on Friday criticised the 84 per cent of Queensland's 494 private aged-care facilities that refused to supply data. "On the back of the Royal Commission into Aged Care, I really would have thought that aged care providers would see the benefit in giving the public confidence of the service they provide," Ms D'Ath said.

"With the horror stories that have come out of that royal commission the public want to know that when they put their loved one into aged care that they're going to be cared for properly," Ms D'Ath said.

*APSL continues to campaign for urgent improvements in standards of aged care facilities. For the safety, care and well-being of our seniors, speedy attention must be applied to improve standards. What we have - is just not good enough! (Ed.)*

Source: The Courier Mail. June 23, 2021.

**The Comet** is the official journal of the Australian Pensioners' and Superannuants' League. ISSN 0814-2211

Australian Post Publication No PP100000/860.

**The Comet is published monthly from February to November each year. It is available online, through branches from the State Office and APSL Branches throughout Queensland.**

**The Australian Pensioners' and Superannuants' League Qld, Inc. (APSL) provides advocacy and support services to pensioners and superannuants in Queensland.**

Head Office: 174 Boundary St  
West End Qld 4101  
\*\* Wheelchair Accessible  
Postal PO Box 5141  
Address: West End Qld 4101  
Phone: **(07) 3844 5878**  
State Secretary—CHERITH WEIS—email  
apsl@apsl.com.au  
Website: www.apsl.com.au

## Office Hours:

**M-F— 9 am — 4.00 p m**

### The Comet

Editor: Cherith Weis  
Phone: **0408 306 196**  
**comet@apsl.com.au**

Kurilpa Kitchen (07) 3255 1420  
Advertising: (07) 3844 5878  
Subscription/Donations/Support  
(07) 3844 5878

### FAIR USE DECLARATION

The Comet contains copyright material the use of which has not always been specifically authorised by the copyright owner. We make such material available in our efforts to advance understanding of economic, environmental, democratic, human rights, political, scientific and social justice issues etc. We believe this constitutes a 'fair use' of any such copyright material provided under the Fair Use doctrine of international copyright law. Accordingly, the material in this publication is distributed without profit to those who have expressed a prior interest in receiving the information that may be included in the publication.

### DISCLAIMER

Views expressed in The Comet are not necessarily those of the Australian Pensioners' and Superannuants' League Qld, Inc., and/or its affiliates. No responsibility is accepted for the accuracy of the information contained in the text, illustrations or advertisements supplied by organisations, firms, and/or individuals or resulting from typographical or layout errors.

## Services Directory

### Commonwealth Government Directory

Administrative Appeals Tribunal	1300 366 700
Aust. Competition & Consumer Commission	1300 302 502
Australian Hearing	131 797
Aust. Securities & Investment Commission	07 3867 4700
Aust. Taxation Office	132 861
Centrelink (Older Australians line)	132 300
Child Support Agency	131 272
Commonwealth Respite and Life Flight Centre	1800 052 222
CRS (Commonwealth Rehabilitation Services) - Human Services	1800 277 227
Family Court of Australia	1300 352 000
Home & Community Care (65+ years)	1800 200 422
Human Rights & Equal Opportunity Comm.	1300 369 711
Immigration & Border Protection Department	131 881
Medicare	132 011
Migration Review Tribunal	1300 361 969
National Aboriginal & Torres Strait Islander Legal Services	1800 012 255
Pharmaceutical Benefit's Scheme	1800 020 613
Private Health Insurance Complaints	1800 077 308
Private Health Insurance Ombudsman	1800 640 695
Translating & Interpreting Service	1300 655 820
Veteran's Affairs Department	133 254

### Queensland State Government Directory

Anti-Discrimination Commission	1300 130 670
Department of Communities	137 468
Department of Energy & Water Supply	
Electricity & Gas	134 387
Water	137 468
Energy & Water Ombudsman	1800 662 837
Health Ombudsmen	133 646
Legal Aid Qld	1300 651 188
Office of Fair Trading	137 468
Public Guardian (Adults & Children)	1300 653 187
Public Trustee	1300 360 044
Qld Competition Authority	07 3222 0555
Qld Ombudsman's Office	1800 068 908
Residential Tenancies Authority	1300 366 311
Safe Food Queensland	1800 300 815
Senior's Advocacy Information & Legal Services (SAILS)	07 3214 6333
Senior's Card	13 74 68
Senior's Enquiry	1300 135 500
Senior's Legal & Support Service	
Brisbane	07 3214 6333
Cairns	07 4031 7179
Hervey Bay	07 4124 6863
Toowoomba	07 4616 9700
Townsville	07 4721 5511
State Emergency Service Office	13 74 68
Youth & Family Support Service	07 3274 9917

### Community Support Services Service Directory

#### Domestic Violence Crisis Line 1800 811 811

Immigrant Women's Support Service	07 3846 3490
	07 3255 1420
Qld Aged & Disability Advocacy	1800 818 338
Seniors & Go Card	13 74 68
Senior Shopper	1300 360 265
Sexual Assault Help Line	1800 811 811
South Brisbane Immigration & Community Legal Service	07 3846 3189
The Incapacitated Servicemen & Women's Assoc. of Aust	07 3356 9022
Women's legal Service	07 3392 0670
National Welfare Rights Network	1800 358 511

### Department of Health Service Directory

Department of Health	1343 2584
Health Services Info Line	07 3837 5986
Medical Aids Subsidy Scheme	1300 443 570
My Aged Care	1800 200 422



## JULY 2021

Front. AGED CARE STANDARDS IN QLD

P2 Services Directory plus

P3 Editorial

P4 ANNE RING

P5 CHECK IN QLD APP

P6 Road Safety with Leyland

P7 RSPCA

P8 Palliative Care

F9 Simpson Falls

P10 Pensioners Prayer

P 11 These Boots

P 12 & 13 Are the Aged.....Mary Maher

P14 PTSS

P15 QUOTES

P16 CODE OF CONDUCT

Contact APSL State Office to enquire about membership and a branch near you. You can still contact Head Office on the usual number and Anneliese will answer.

## APSL — MAKING A DIFFERENCE!

**A MEMBER OF THE EVERYAGE COUNTS COALITION OF ORGANISATIONS**





## EDITORIAL

By

**Cherith Weis**



Dear Readers,

This month APSL has the pleasure of welcoming two new contributors to The Comet.

- Anne Ring has been described as a 'crusader for ageing' by the Benevolent Society's national EveryAGE Counts Campaign, to which she has been an active contributor. She has also been a member of Older People Speak Out (OPSO) since the late 1990's, and greatly values the inspiration of her friend and mentor, Val French, its dynamic founder. Anne's main ongoing involvement with OPSO is as a regular contributor of articles on various aspects of ageing for its newsletter, Life Times, for which she now also serves as proof reader. She has also written about ageing for other online sites for older people, including the Aged Care Report Card's HelloCare magazine. Now retired, professionally she has worked as psychologist, anthropologist, sociologist, and most recently as a researcher variously in medical education, media analysis, body image and ageing. Her training has been in a range of the social sciences, with a Bachelor of Arts (psychology and anthropology), a Graduate Diploma in health education, a Masters in anthropology and a PhD in health sociology. Anne is a happily married mother of three and actively involved grandparent of six. Her expertise in ageing is of longstanding, both professionally and personally (as the carer and advocate for her aged parents), and she has recently completed a comprehensive book about ageing well, which is due to be published towards the end of 2021.

- Another new contributor to this edition is Mary Maher who has written an article on pages 12 and 13. The article, "Are the Aged

taking one for team Australia?" is excellent reading.

Mary is an APSL supporter and regular visitor to Kurilpa Hall and has recently taken on the role of Vice President of the Kurilpa Branch of APSL.

She is associated with a number of Brisbane organisations and very much involved in community matters.

We are looking forward to more interesting articles from these two authors.

Arrangements for State Conference are taking shape. Branches should have received correspondence regarding Motels; costs of meals; and the need to send in Agenda Items to Head Office as soon as possible.

- **The correct procedure regarding agenda items should be followed through at branch level.**

Matters discussed at branch meetings should be moved and seconded at a meeting. A reason supporting the motion then stated and typed by the secretary and forwarded to Head office. Background research is vital and must be informative.

Following receipt of the Agenda items at Head office, they are perused and sorted into categories (in some cases sent back for re-wording) then compiled and sent out to all branches to discuss the complete list; then voted on by members. The reason for this process is branches to instruct their delegates how to vote at conference.

**At the time of writing this column, the conference is going ahead!**

Stay safe and stay well, friends,

*Cherith Weis*

# Saving Missy: More than just a good read

By Anne Ring

A friend and I have very similar taste in books, so when she said she'd recently enjoyed a novel called *Saving Missy*, I downloaded it without further ado, expecting a treat. And I got one, but beyond that, what I also found that I'd got was a treatise on how to manage loneliness in old age. While loneliness is not the exclusive territory of older people, in a 2019 article in *Health Times* clinical psychotherapist Natajsa Wagner described the special brew that can result with ageing, when loneliness can be the result of "loss of previous conversation partners, social groups and support systems. There is often a sense of feeling out of place and feeling confused about one's identity."



And this is what has befallen Missy, who – by the age of 79 – is living miserably by herself in a big old house, friendless and with family far away. So, not an overly auspicious start to an "enjoyable" book. But what the author (and I'll come back to her later) reveals fictionally is how having a pet – albeit temporarily and grudgingly in Missy's case, with her reluctantly agreeing to give a dog a temporary home – can both open up your heart with love for that new companion, and lead to gentle acquaintanceships that turn into a sense of belonging in your local community, through walking said dog and gradually chatting to fellow dog owners and other members of your neighbourhood.

is much more to this book, and I don't want to spoil it with too much information, so – switching to the author, Beth Morrey – what I found fascinating as a 79-year-old myself (though happily not in the same circumstances as Missy), is how the middle-aged woman that she is could so accurately get into the mindset of a much older woman. And this leads me to a bit of a beef about the new debate around "cultural appropriation". This has been defined as "the adoption of elements of a minority culture by members of the dominant culture. And according to author Kit de Waal in a 2018 article in *The Irish Times*, what this means is that "when one culture, the dominant one, uses stuff that belongs to a minority culture, that minority culture can feel offended, a sense of loss or injustice." She adds another writer's graphic way of putting it, as "don't dip your pen in someone else's blood."

At the same time, she highlights my concern that without writers becoming "the other" where would fiction be? So, what I would say is her rational solution to this authors' dilemma is that "when we become the other we need always to act with respect and recognise the value of what we discover, [and] show by our attitudes and our acknowledgements that we aren't just appropriating but are seeking to understand."

And that is exactly what I would say is the highly successful way in which – through Missy's story – Morrey covers some important issues drawn from that all too often invisible or negatively presented sector of our society: older people.

Anne Ring ©2021

# Check In Qld app

## Check In Qld app

### Important

In addition to the hospitality sector, from 1 a.m Friday 9 July, the Check In Qld app will be mandatory for a number of new sectors, including:

- venues that attract large crowds, such as stadiums, convention centres, theme parks, concert venues and cinemas
- shopping centres and supermarkets
- beauty and personal care service, such as hairdressing, beauty therapy and nail services
- indoor events, such as cultural festival and expos
- outdoor events that are a music or dance festivals
- leisure and recreation facilities, such as gyms, health clubs, indoor sports facilities and indoor pools
- short-term residential facilities such as hotels, boarding houses and short-term holiday rentals
- outdoor recreation, such as caravan parks, camping areas, zoos and aquariums
- public-facing government services, such as customer service counters in government buildings, galleries, museums, libraries and community centres such as recreation halls
- weddings, funerals and places of worship (only required if indoor)
- higher education institutions, such as universities, TAFEs and registered training organisations
- adult entertainment venues
- hospitals, residential aged care, disability service accommodation (applies to visitors, volunteers and contractors, not staff or patients/residents).



Further detail of the businesses and activities that are now required to use the Check In Qld app is included in Queensland Health's [Restrictions on Business, Activities and Undertakings Direction](#).

*The Check In Qld app is available to download and use to help keep Queenslanders COVID Safe when we're enjoying venues like pubs, clubs, restaurants and cafes across Queensland.*





# CARAVAN SAFETY ON THE ROAD

with

**Leyland Barnett**

I have seen some shocking dash cams over the years where drivers have lost control and crashed. Recent dash cam footage showed a driver towing a caravan in a left lane allegedly overtaking a B-Double truck in the right lane, losing control and jack-knifing in front of the truck; the truck driver was able to stop, preventing serious damage from happening.

School holidays are approaching and I think that some tips in regards to towing caravans would be appropriate when our roads become busy.

The number one thing when considering towing a caravan or any trailer is to ensure that you have the best vehicle to do the job.

The owner manual in a vehicle will detail the maximum towing weight and other details for towing, which should not be exceeded.

The Qld Transport website <https://www.qld.gov.au/transport/vehicle-safety/towing/towing-vehicles-and-trailers> suggests that towing a caravan will affect your vehicle in several ways; decreased acceleration and braking performance; reduced vehicle control and manoeuvrability and increased fuel consumption.

Things that you need to consider in regards to your overall load are as follows; the number of passengers you intend to carry; the equipment in the tow vehicle, such as tools and camping equipment; modifications to the tow vehicle such as long range fuel tanks, bull bars, roof rack extra batteries; the load on the trailer or caravan such as; water tanks, gas bottles, food and drink, clothes. If you are unsure of the overall weight, then check it at a public weigh station.

"The vehicle and trailer must be roadworthy and registered. The trailer must have a rear number plate; Towbars and couplings must not cover the towing vehicle's number plate or rear lights when the trailer is not connected.

You may tow only 1 trailer (caravan, box or boat) at a time.

People must not ride in trailers/caravans.

When towing a trailer (including caravans), remember to:

- allow for the extra length and width of the trailer when entering traffic allow for its tendency to 'cut in' on corners and curves accelerate, brake and steer smoothly and gently to avoid swaying allow for the effects of cross-winds, passing traffic and uneven road surfaces leave a longer stopping distance between you and the vehicle ahead; increase the gap for longer, heavier trailers and allow even more distance in poor driving conditions use a lower gear in both manual and automatic vehicles when travelling downhill to make your car easier to control and reduce the strain on your brakes
- allow more time and distance to overtake and avoid 'cutting off' the vehicle you are overtaking when returning to the left lane
- get someone to watch the rear of the trailer when you reverse—reversing is difficult and takes practice
- not hold up traffic—pull off the road where it is safe to do so, and where it won't create a build-up of traffic unable to overtake
- be aware that your vehicle and trailer will have a tendency to sway when a heavy vehicle overtakes you."

It is also important to distribute the load in the caravan in such a way that the weight is not all to the front or rear so that the tow bar can function properly.

In regards to overtaking lanes there is normally a yellow merge right sign to advise you to merge into the right lane before the left lane ends and like any lane change; you need to check that it is safe before changing lanes. Common sense applies when you are travelling at high speed as if you are involved in a collision your chances of survival are slim.

**In regards to the dash cam, it doesn't matter who is right or wrong; what does matter is making decisions that will not risk your life or the lives of others.**

# JAIL TIME FOR KITTEN CRUELTY

*Kitten taped with firecrackers and set alight has happy ending*

On July 27, 2020 at approximately 9:30 p.m, RSPCA Queensland received a call advising that a kitten had been found discarded in a wheelie bin outside a residential property in Park Ridge.

The kitten was found with duct tape wrapped around its neck, legs and torso and was taken to the RSPCA Wacol Veterinary Hospital. When the tape was removed, veterinarian staff discovered remnants of fire crackers and burn injuries to the kitten's neck and mouth. **\*\*Viewer discretion advised for photos/video found here\*\***

On July 29, RSPCA Inspectors assisted by Police, executed a warrant at a Crestmead address.

The RSPCA seized a number of items including a piece of used duct tape with cat fur matching the description of the kitten located in the bin. A mobile device was also seized which contained a video of the defendant lighting firecrackers which were taped to the kitten.

No animals were located at the property.

RSPCA Spokesperson Emma Lagoon said, "It's utterly disturbing that anyone could treat an animal in such a sadistic way and toss them away like they're garbage. It just shows their complete lack of empathy. It's quite worrying a person like this is out in society to be honest."

The matter finalised in Beenleigh Magistrates Court today. 23-year-old Bradley HACKETT was sentenced to 6 months jail for Animal Cruelty to serve 2 months before Parole on 23rd August 2021.

Her Honour stated the sentence needed deter for anyone committing similar offences and "cannot accept this as misguided curiosity" as put forward by the defence. Her Honour also stated the footage shown in court today was distasteful and difficult to watch and it was obvious the kitten was distressed.

HACKETT was also prohibited from owning any animals for 5 years.

Shauna Smith RSPCA Qld Prosecutions Solicitor said, "The Magistrate handed down a tough sentence today which should serve as a warning to anyone that thinks they can get away with animal cruelty – you will be found and you will go to jail.

"I'm pleased to say that thankfully Charlie the kitten made a full recovery from her injuries and horrific start to life and is now adopted into a loving home."

If you witness animal cruelty or have an animal welfare concern, report it 24/7 to the RSPCA Queensland RSPCA via 1300 ANIMAL (1300 264 625).

Michael Beatty OAM  
Media and Community Relations  
Wacol Animal Care Centre



## 1 in 10 palliative care-related services provided at home

The number of Medicare-subsidised palliative care services received by Australians in their own home almost doubled between 2015–16 and 2019–20, according to a new report from the Australian Institute of Health and Welfare (AIHW).

The report, *Palliative care services in Australia*, shows home visits for palliative care specialist services increased by an average of 18% annually over the 5-year period, with a total of 2,240 patients receiving home visits in 2019–20. However, most palliative care services continue to be received in a hospital or surgery, with these services increasing by 12% over the same 5-year period.

‘Providing palliative care-related services in the home can be important for people with a life-limiting illness and their families, enabling them to remain in or return to their preferred location,’ said AIHW spokesperson Ms. Sushma Mathur.

Palliative care aims to improve the quality of life of patients and their families facing life-limiting illness, through the prevention and relief of suffering.

‘Historically, it was assumed that palliative care would commence only once all treatment aimed at ‘curing’ people had finished or only when a person was dying,’ Ms. Mathur said.

‘However, there are benefits to providing palliative care in association with disease-modifying therapies that aim to prolong life. It is also recognised that many people with life-limiting illnesses are not ‘cured’, but continue to live with these illnesses for many years.’

Today’s report also includes updated information on palliative care services provided in hospital, and for people living in residential aged care.

Prior to the COVID-19 pandemic, almost 83,500 palliative care-related hospitalisations were recorded in 2018–19, an increase of 29% between 2014–15 and 2018–19.

Of the 244,300 people living in permanent residential aged care in 2019–20, 3,200 (1.3%) were appraised as needing palliative care services. Of these, almost 1 in 3 (27%) had been diagnosed with cancer. The types of cancer most commonly reported were lung cancer (18%) and prostate cancer (14%).

Ms. Mathur noted this data only reflects whether a resident was appraised as needing palliative care, rather than whether they actually received the services. Information on actual service provision is a significant gap in the national data.

Further, national reporting on the need for palliative care in residential aged care is likely to be an underestimate, as available data are based on a funding instrument, rather than providing a comprehensive, diagnostic assessment.

This week is National Palliative Care Week, with a focus on sparking important conversations in the community about the benefits of quality palliative care, and celebrate those working and volunteering in palliative care across Australia.

**Media enquiries:** Elise Guy, AIHW: Mob. 0468 525 418

Published May 26, 2021. Australian Institute of Health and Welfare website release.

# SIMPSON FALLS OUTING BY KURILPA FRIENDS



The Simpson Falls picnic area is expansive, with a number of covered and uncovered picnic tables, plus plenty of open grassy space – just perfect to while away the day kicking a ball or relaxing on a picnic rug in the shade reading a book. Kids – big and small – love to have races rolling down the hills, and the sounds of laughter and birdsong fill the air.

The Falls are situated in the Mt. Coot-tha park area. Kurilpa Hall friends recently had a great day out.



# Pensioners' Prayer

*Heavenly Father,*

We pray for the Aged, Invalid and Widowed,  
who meet here, As well as those absent through  
sickness

Grant that we may never forget that God is  
Love

And May he ever rule our hearts.

Give us Grace to face advancing years with  
courage

And help us always,

To be thankful for all mercies, remembering that  
God is

The Finisher, as well, as the Author of all Life

Make us patient in suffering,

And ever keep alive our faith in the resurrection

This we beg through Jesus Christ our Lord.

AMEN

## Every life is an amazing story

Write your final chapter  
and ensure your story is  
remembered by prearranging  
your funeral with Alex Gow.

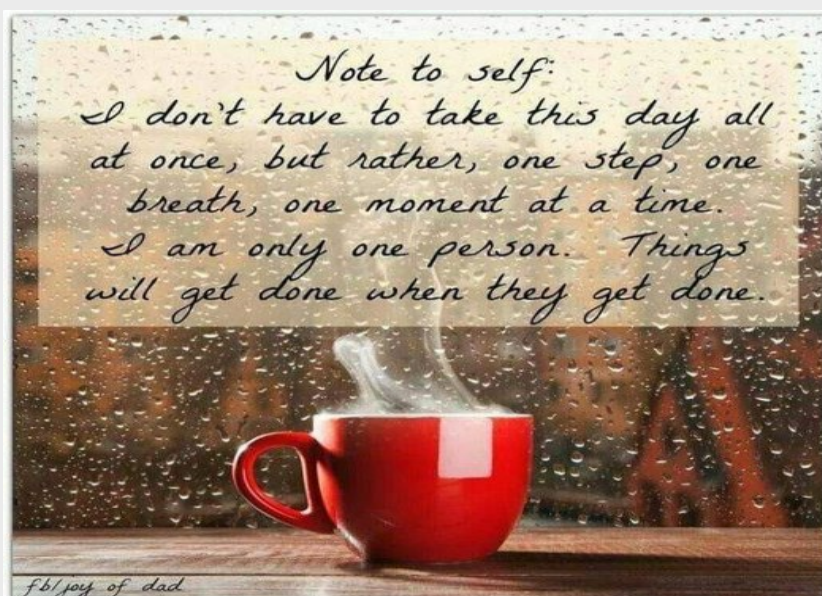
ALEX  GOW

Pre-arranged Funerals

[alexgowfunerals.com.au](http://alexgowfunerals.com.au)

phone 3851 7800 | 24/7

NEWSTEAD | BROWNS PLAINS | REDLANDS | DECEPTION BAY



# THESE BOOTS ARE MADE FOR WALKIN’.

A kindergarten teacher was helping one of her students put his boots on. He had asked for help and she could see why. With her pulling and him pushing, the boots still didn’t want to go on.

When the second boot was on, she was nearly out of breath.

She almost whimpered when the little boy said, “Teacher, they’re on the wrong feet.”

She looked and sure enough, they were. It wasn’t any easier pulling the boots off than it was putting them on. She managed to keep her cool as they worked together to get the boots back on — this time on the right feet.

He then announced, “These aren’t my boots.”

She bit her tongue rather than scream, “Why didn’t you say so earlier?” like she wanted to. Once again she struggled to help him pull the ill-fitting boots off.

He then said, “They’re my brother’s boots. My Mom made me wear them.”

She didn’t know if she should laugh or cry. She mustered up the grace to wrestle the boots on his feet again. She said, “Now, where are your gloves?”

He said, “I stuffed them in the toes of my boots...”

WECA acknowledges the First Nations people as the traditional custodians of Kurilpa. The Turrbal People: The Jagera People and surrounding Traditional Custodians. We acknowledge that sovereignty was never ceded. We pay our respects to elders past, present and emerging on whose land we walk, work and live.



## 4101 FAMILIES FORUM

### 18 JULY, 2021



3pm to 4:30pm at the Froggy Playground, Orleigh Park

Families are now 4101’s largest demographic. Families need safe streets, more parkland, better air quality, more sporting areas, wider footpaths and more.

Come and build the three best ideas to support families in our community. WECA will then work to deliver them.

#### DETAILS

- bring picnic rug/chairs & snacks
- format & activities:
  1. introductions & objectives
  2. mapping issues in small groups
  3. kids issues session
  4. idea presentations and next steps

West End Community Association  
is a volunteer run not-for-profit.  
We value community.



# Are the Aged taking one for Team Australia?

By Mary Maher

## COVID impacts the Aged

The Aged have been impacted to the greatest extent out of all the Australian population. The number of deaths in Australia from COVID is currently 910. Of this number, 667 people were over the age of 60.

## Vaccination is the strategy

Vaccines, despite the known mild side effects and rare serious side effects, have been shown to significantly lower the death rate from COVID – in most vaccines this is over a 90% chance of preventing death.

In 2020 the Australian Government pursued three vaccine options: Pfizer, AstraZeneca and the local CSL-University of Queensland vaccines. We were very disappointed when the local vaccine trials failed, as they would have offered the possibility of Australian-based supply, not to mention a feather in our cap for Queensland. There were other vaccine options available elsewhere in the world, including the Moderna and the Johnson & Johnson vaccines. However, Australia chose to purchase only the Pfizer and AstraZeneca vaccines for its rollout. Having only 2 vaccine choices has meant that Australian clinics are subject to shortages when one or both vaccines become unavailable from overseas providers.

## Pfizer and AstraZeneca efficacy

In terms of efficacy or getting the right result, Pfizer and AstraZeneca are quite similar. The level of protection is just as high in both vaccines. The chance of a person being infected with COVID after receiving both required doses decreases by 70% when compared to non-vaccinated individuals. Not becoming infected then further lowers risk of transmission to others.

Source: (May 2021 - <https://www1.racgp.org.au/newsq/clinical/evidence-indicates-astrazeneca-and-pfizer-covid-vaccine>).



## Blood clot risk is real but rare

We know that AstraZeneca vaccine is linked to the occurrence of blood clots. The medical term is thrombosis with thrombocytopenia, better known as TTS or low platelet count. Experts, including Dr Norman Swan, argue that the seriousness of the risk is very low. Clotting is known to be more common among the young and much less common for older groups. For this reason, the Australian Government has followed advice from experts in not recommending the AstraZeneca vaccine in people under the age of 50 – who would carry a risk of 20 people per 1 million having serious blood clots. That risk goes to 10 per million for ages 50-60, then to 5 per million for people aged 70 and over.

## Vaccine hesitancy and longer waiting times for vaccination

The media has been blamed for exacerbating public concerns about clotting risks with the AstraZeneca vaccine. In addition, Australians are at lower risk of COVID compared to people in other countries, as its closed borders do not allow the entry of large numbers of infected travellers. The strong media focus on vaccine risks, combined with some complacency within the Australian population, may have resulted in more vaccine hesitancy, or a 'wait and see' attitude about receiving the jab.

If people are undecided or have decided to wait, then Australia faces some economic and social dangers. Without high levels of vaccinated people among the population, we remain in a country of closed borders, with businesses facing huge losses of income, and family and friends being cut off from one another, indefinitely.

## Community uptake means freedom

There are two answers we are now waiting on. Firstly we need an answer to the the question of what percentage of the nation's population has to be vaccinated before it is considered to have reached 'herd immunity'. We have heard the figure of 70% as a possible vaccination threshold.

Secondly there is the question of what will be the COVID target for States and Federal Governments. Will we hold onto the target of COVID elimination that has been the original basis of our response? Or will we move to tolerating incidences of infection within the community combined with containment of them through tracing?

This is all new territory; though modelling has given us insights into how these different choices play out under different conditions. Hopefully lockdowns and shutdowns of facilities would be far fewer and much more targeted.

## Taking one for Team Australia?

When we look beyond the debates and debacles of decision-making over the last 18 months, there has been progress in building a stronger protective wall against COVID through vaccination. But there have also been mistakes, and we see these have impacted the Aged more than other segments of the population.

These failings have been five-fold:

1. The rollout program has impacted us through failure to prioritise our many support workers and Allied Health workers. Frontline people were not enough of a priority and the whole system was found to be lacking when COVID outbreaks in May saw up to 62% of aged care workers unvaccinated across Australia.
2. Also, wage rates and casual working conditions compel these workers to work several jobs. Thus the risk of exposure to COVID within aged care - residential or at-home - is increased because we have not dealt with the heavily influencing factor of worker conditions. Moreover, many staff of aged care facilities are expected to seek their own vaccinations privately, rather than receiving it as part of their work. This has meant that aged care residents are being vaccinated, whilst their paid carers are not.
3. Thirdly, there's the matter of choice. Government has assigned that the Aged will have AstraZeneca which automatically means time delays between doses. It takes longer to become fully vaccinated and to receive full protection from the virus. Pfizer requires a three-week interval between shots; AstraZeneca though requires three months.
4. These delays have another side-effect. The shut-downs of residential care and the resulting restrictions on family visitors have been a big price for the Aged to pay at a time in their lives where they are vulnerable and in need of family support. Delays built into the AstraZeneca rollout means the threat of shut-downs remains very real until such time as everyone has had their two doses.
5. The Australian Government requires workers, residents and visitors to Aged Care facilities to demonstrate they have had vaccination against influenza, unless exempted. The same mandatory status does not apply to vaccination to COVID 19. This again increases the risk for our Aged.



***In summary: we want to be vaccinated AND we want to have a seat at the table when the decisions are taken about our choice of vaccine. Aged people and their carers should have a greater say about how our sector fares through the shutdowns, lockdowns and rollouts.***

*Mary Maher is the Vice President of APSL Kurilpa Branch, the newest branch in the Brisbane suburb of West End.*

# YOUR HEALTH: PATIENT TRAVEL SUBSIDY SCHEME

The Patient Travel Subsidy Scheme (PTSS) provides financial assistance to patients who need to travel to access specialist medical services not available at their local public hospital or health facility.

Patients approved for PTSS will receive a subsidy to attend:

- the closest public hospital or health facility where the specialist medical treatment is available
- private specialist services if the service is not available within 50 kilometres of the patient's closest public hospital or health facility.

Subsidies are available for travel, accommodation and escorts/carers required to travel with the patient.

[Patient travel offices](#) are located at Queensland Health hospitals and health facilities throughout Queensland. Staff are available to assist with queries, applications and travel and accommodation bookings.

## Eligibility

To be eligible to apply for a subsidy, patients must be:

- a Queensland resident or person of no fixed address at the time of their referral; and
  - eligible for Medicare; and
  - travelling to attend a specialist medical service that is:
    - recommended as medically necessary—that is, they have a referral from their medical practitioner
- a PTSS approved medical [specialty](#) not available, through the public health system, within 50km of their nearest public hospital or health facility.

If the treatment is available locally through Telehealth patients may not be eligible for PTSS.

## Subsidies

Patients eligible for PTSS can apply for subsidy payments to assist with the cost of travelling to attend specialist medical services. These subsidies are not intended to cover the full costs associated with travelling to specialist medical services. Extra costs to patients may include parking, tolls, taxis, airport transfers and meals.

There are three kinds of subsidies available:

- **Travel subsidy** The PTSS travel subsidy covers a range of transport options including motor

vehicle (driving), bus, train, ferry or air-plane. Approval is provided to the most clinically appropriate and cost-effective mode of transport available.

- **Accommodation subsidy** Patients can receive a subsidy for commercial or private accommodation. The subsidy applies to short-term and long-term accommodation options, including relocation. Patients eligible for the accommodation subsidy are required to pay for the first four nights of accommodation each financial year, unless they are a minor or a concession card holder.

**Escort subsidy** Patients who require assistance when travelling can also apply for a subsidy for an escort to travel with them. For example, children or people with limited mobility or in need of oxygen or sedation.

All subsidies are approved and provided according to the [PTSS Guideline \(PDF\)](#). Patients should check their eligibility before applying for a subsidy.

## Applying

To apply for a travel subsidy, patients need to: complete the [Patient Registration Form \(PDF\)](#) (if not already registered) provide a [Travel Referral Form \(PDF\)](#) from their specialist.

Patients who have travelled for specialist medical treatment within the last 12 months or did not have time to apply for a PTSS subsidy because they needed urgent treatment, can submit a [retrospective application](#).

Forms can be submitted at the PTSS office at any Queensland Health hospital or health facility or at the facilities main reception area. Applications can be delivered in person or by email, post or fax. Patients should check office times before visiting their local PTSS office as hours vary.

## Notification of outcome

Once an application has been received it will be assessed against the PTSS Guideline (PDF). This should take no more than five working days from the date the application was received. Incomplete forms may result in longer processing times. If the application is not approved, patients will be given the reason and advised of the process for lodging an appeal.

Visit the Patient Travel Subsidy Scheme website.



## 7 Rules of Life

- 1. Make peace with your past**  
so it won't disturb your present.
- 2. What other people think of you**  
is none of your business.
- 3. Time heals almost everything.**  
Give it time.
- 4. No one is in charge**  
of your happiness, except you.
- 5. Don't compare your life to others**  
and don't judge them, you have no idea  
what their journey is all about.
- 6. Stop thinking too much.**  
It's alright not to know the answers.
- 7. Smile.**  
You don't own all the problems in the world.

### **FAMILY TREE OF VINCENT VAN GOGH**

His dizzy aunt ----- Verti Gogh  
 The brother who ate prunes ----- Gotta Gogh  
 The brother who worked at a convenience store ----- Stop N Gogh  
 The grandfather from Yugoslavia ----- U Gogh  
 His magician uncle ----- Where-diddy Gogh  
 His Mexican cousin ----- A Mee Gogh  
 The Mexican cousin's American half-brother ----- Gring Gogh  
 The nephew who drove a stage coach ----- Wells-far Gogh  
 The constipated uncle ----- Can't Gogh  
 The ballroom dancing aunt ----- Tang Gogh  
 The bird lover uncle ----- Flamin Gogh  
 An aunt who taught positive thinking ----- Way-to-Gogh  
 The little bouncy nephew ----- Poe Gogh  
 A sister who loved disco ----- Go Gogh  
  
 The brother with low back pain ----- Lum Bay Gogh  
 And his niece who travels the country in an RV --- Winnie Bay Gogh  
  
 I saw you smiling . . . there ya Gogh

**Message to Branches**

This space box is provided to insert your Branch contact details when you leave The Comet at Doctors' Surgeries /Libraries and so on



## **CODE of ETHICS and PERSONAL CONDUCT**

### **The Australian Pensioners' & Superannuants' League (Qld) Inc.**

**Be patient** and courteous in all dealings with fellow members.

**Be inclusive** - Members to welcome and support people of all backgrounds and identities and discriminate against no one.

**Be considerate** - Each member should respect fellow pensioners and superannuants. Our decisions and comments will affect our fellow members, therefore we must always take this into consideration.

**Be respectful** - Each member may not agree all the time, but disagreement is no excuse for disrespectful behaviour. Each member may experience frustration from time to time, but we cannot allow this to become a personal attack. An environment where people feel uncomfortable or threatened is not productive or creative and not in the best interest of The League.

**Choose your words carefully** - Always conduct yourself professionally. Harassment and exclusionary behaviour is not acceptable in The League. Differences of opinion and disagreement will occur, each member must resolve disagreements and differing views constructively and respectfully.

**Our differences can be our strengths** - Members can find strength in diversity. Different people have varying perspectives on issues, and that can be valuable for solving problems or generating new ideas for the betterment of The League.

### **APSL Mission Statement**

To lobby powerfully with governments at all levels and private sector agencies, and within community sector, to promote all aspects of the security, well being and dignity of pensioners of all ages, superannuants, other self-funded retirees, low income families and other disadvantaged people, including Aboriginal & Torres Strait Islander (ATSI) and Culturally & Linguistically Diverse (CALD) peoples.