

Opposition builds in Western Australia to state Labor government health cuts

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Elected to power in early 2001 promising to fix the state health system, the Western Australian (WA) Labor government revealed last month that it will be cutting \$11.7 million from government-funded health programs.

The cuts will hit the most oppressed sections of society. Significantly, they were announced by Minister of Health Jim McGinty, a former secretary of the Australian Liquor, Hospitality and Miscellaneous Workers Union covering enrolled nurses and allied health workers.

Targetted areas include Aboriginal health planning and training programs and cuts to the Derbal Yerrigan Aboriginal Health Service, which provides mental health care for Aborigines. The measures follow a reduction of \$605,000 in funding for the WA Aboriginal Community Controlled Health Organisation in August.

Other services on the hitlist include Child Health Centres, infant hearing testing, the University of Western Australia's Centre for Rural and Remote Oral Health and the Multicultural Access Unit, which provides translation and interpreter services and cross-cultural education to public and private health workers.

Funding will be reduced to the Red Cross Family Support Service and the Community Advocacy Group, which provides services for carers and consumers. There will also be a 30 percent reduction in drug education programs in schools, cuts to the Mental Health Consumer Advocacy Program and an unspecified \$4.5 million decrease in mental health spending.

Darryl Kickett, chief executive of the WA Aboriginal Community Controlled Health Organisation said that the cutbacks would take a heavy toll. "You take a long time to build these things up and then it's gone. It will

leave a big gap in services to Aboriginal people," he said.

Mental Health Council of Australia chairman Keith Wilson described the mental health cuts as the "worst in living memory". He said the measures would place further pressure on the already overburdened public hospital system.

In face of mounting criticism by local communities and health professionals, the Labor government made a slight modification to its proposals and announced that a planned \$174,000 reduction to Keep Fit programs for the elderly would be withdrawn and the Freo Street Doctor program given state government funding for another two-months. The Freo Street Doctor, which now has to find alternative financing, is a mobile service providing health care to hundreds of poor and homeless people in the Fremantle area, a port city situated south of the state capital, Perth.

The range of health services to be slashed, however, has not ended with last month's measures. So far only \$9.2 million of the planned \$11.7 million budget cutbacks have been announced. Another 15 to 20 programs may be reduced following completion of a health program review by December 31 to make up the additional \$2.5 million.

Moreover, the Labor government is proceeding with an examination of the entire public hospital system and put on hold a number of health projects, including a planned 50-bed inpatient facility for people with mental illness at Osborne Park Hospital in Perth's northern suburbs.

The government has hired seven health experts, who will reportedly be paid around \$3,000 per day, to conduct a review into the public hospital system. Its funding cutbacks come as press reports indicate a deepening crisis in the public health system as a whole.

Figures on surgery waiting lists indicate a continuing increase in the number of patients requiring urgent elective surgery.

At the end of August, Central Wait List Bureau figures revealed that 37 percent of those needing surgery are on the list longer than considered clinically desirable for their condition, up from 33 per cent at the end of July. Those awaiting elective surgery had risen to 9,260, an increase of 79 cases from the previous month and up 266 from the same period last year.

The Emergency Medicine Journal published a study by two senior Royal Perth Hospital (RPH) doctors which described the ambulance bypass system, in which ambulances are diverted to other areas because of lack of places and the overcrowding of emergency departments, as a “disaster, one now occurring daily and deteriorating”.

According to the report, between 1998 and 1999, just two ambulances were diverted from the RPH emergency department to other hospitals. But between 1999 and 2001 the number of diversions increased dramatically to 141.

Authors of the study, RPH specialist emergency medicine consultant David Fatovich and his colleague Ronald Hirsch, said the hospital simply could not keep up with the increasing demand. “We receive so many patients our (Emergency Department) occupancy exceeds 200 percent at times... Our data clearly demonstrates that ambulance bypass is a year round problem,” they said.

In a recent interview WA Labor Premier Geoff Gallop disassociated himself from his election promise to fix the state’s health system, claiming it was now “impossible”. The government’s priorities were to meet the demands of the money markets, corporate business and foreign investors. “We’ve set a clear objective—the AAA credit rating,” Gallop declared.

“We are going to be cutting right across the health system,” he said. “There are massive cost pressures. The revenue we have available at the moment is inadequate and I think people need to understand we’re at the limits of our capacity in terms of the health system. We don’t have the revenue to fund all the programs and health services and we’re going to have to cut back on some of them.”

Gallop’s claim that the government cannot afford increased health funding is belied by its own recently

released state budget figures. For the financial year 2002-03 Western Australia recorded a \$250 million budget surplus.

Out of all of Gallop’s promises in 2001—including the revitalisation of the public hospital system, the employment of thousands more nurses and schoolteachers—the only one he has kept is the toughening up of law and order. The victims of Labor’s policies have been society’s most vulnerable—Aboriginal people, the mentally ill, migrants, the homeless and the elderly.



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