New report exposes Labor-Liberal wrecking operation on public hospitals

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The 2007 Public Hospital Report Card issued by the Australian Medical Association, which represents 27,000 doctors, provides a graphic picture of the bipartisan Labor-Liberal wrecking operation carried out against public hospitals over the past two decades. The report states that public hospitals are seriously "underfunded, overstretched and in crisis".

> · Capacity in public hospitals (beds per hospital-using population) has been cut by almost 60 percent over the past 20 years, directly compromising patient safety and health
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> · Major teaching hospitals are running at unsafe levels of capacity (above 95 percent), with short-term peaks well above that. On average, all hospitals are running at unsafe levels (above 85 percent)
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> · Less than two-thirds of urgent emergency department patients are seen within clinically appropriate times. More than half a million people go to emergency departments each year with symptoms such as moderately severe blood loss, persistent vomiting and dehydration who are not seen within the clinical benchmark of 30 minutes
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> · Between 2004 and 2007, the number of patients waiting more than eight hours for a bed rose by more than 30 percent
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> · Waiting lists for "elective surgery" have blown out across the country, reaching a median of 61 days in the Australian Capital Territory. More than a quarter of "category 2" elective surgery patients are not admitted within the recommended 90 days, a marked deterioration from 2003-04.

As an urgent measure, the AMA calls for an immediate injection of $3 billion into the public hospital system, with federal funding to be indexed at 8 or 9 percent after that. But neither the Howard government nor the Rudd Labor opposition will provide any such funding boost.

Significantly, the public health care crisis did not rate a mention during the single televised debate between Howard and Rudd on October 21, even after the shocking miscarriage tragedy at Sydney's Royal North Shore Hospital on September 25. Fourteen weeks pregnant, Jana Horska waited two hours in acute pain in the hospital's emergency department, despite repeated complaints to staff by her husband, Mark Dreyer, before she ran to a toilet where Dreyer found her screaming, covered in blood and holding a live foetus between her legs.

This was no isolated event. In its aftermath, nurses, doctors and patients around Australia have reported harrowing accounts of their experiences in chronically overcrowded public hospitals. The only response from the two major parties has been another round of buck-passing.

Howard and Health Minister Tony Abbott have blamed the state Labor governments—which hold office in every state and territory—and accused them of mismanaging the country's 750 public hospitals. Labor leader Kevin Rudd has defended the states and blamed the Howard government. He seized on statistics from the Australian Institute of Health and Welfare (AIHW) showing that state governments' share of public hospital funding grew from 46 percent to 51 percent over the past decade, while the federal government's share slipped from 45 percent to 41 percent.

For all the inter-party recriminations, the AMA report card reveals that Labor and Liberal governments alike, at both the state and federal level, are running down public hospital and health services in order to push people into taking out private insurance to pay for private treatment in private hospitals.

The real "cost-shifting" in health care is from governments and health insurance funds onto the backs of ordinary people. One study, *Caring for our Health?* commissioned by the state governments, estimates that over the past decade the amount that individuals have spent annually from their own pockets on health care rose 66 percent, from $9 billion to $15 billion, far higher than the rate of inflation. The extra $6 billion burden is the result of soaring health insurance premiums, higher prices for pharmaceutical prescriptions, and less "bulk-billing" by doctors, as well as greater use of private hospitals.

Private hospital stays have risen by a huge 30 percent over the past five years, while public hospital admissions have increased by just 9 percent. Public hospitals still account for 95

percent of emergency admissions, indicating that private facilities concentrate on more profitable business, such as less urgent or so-called "elective" surgery.

At the same time, patients have been paying much more for private treatment. Health insurance premiums rose by an average of 47 percent between 2000 and 2006. The fee hikes were facilitated by a 30 percent federal government rebate, which cost $3.2 billion a year by 2006, effectively diverting a massive pool of cash from public health services into the coffers of the private insurers.

Likewise, the cost of seeing a general practitioner (GP) has soared, largely because the proportion of GPs effectively offering patients fee-free treatment by "bulk-billing" under Medicare fell from 81 percent to 75 percent during the decade to 2006. As a consequence, the average number of visits to GPs per person per year fell 12 percent, from 5.6 to 4.9. This is equivalent to about 14 million fewer visits a year, undoubtedly reflected in worsening general health in poorer areas, and longer public hospital queues and waiting lists.

By contrast, one area is booming—the number of specialists rose by nearly 20 percent per person, even as the out-of-pocket costs of visiting a specialist nearly doubled. This is another aspect of the growing wealth and public/private divide in health care. The federal government's own data show that residents of the richest suburbs made the most specialist visits. Patients in high-income areas have amassed reimbursements at about 10 times the rate of those in low-income areas under the so-called Medicare "safety net", introduced in 2004, which covers 80 percent of out-of-pocket expenses once a family has spent $600 in a year, or $1,000 for better-off households.

Financial pressures are forcing increasing numbers of ordinary people to put off seeing doctors or buying necessary medicines. A 2006 survey found that more than a third of people did not access health care because of cost. Similarly with dental care—AIHW surveys indicate that 30 percent of people avoid seeing a dentist for financial reasons.

The past two years have also seen a decline in the average number of Pharmaceutical Benefits Scheme (PBS) prescriptions of essential medicines per person. That is because PBS script charges nearly doubled between 1994 and 2005, and average individual spending on PBS medicines rose from less than $800 to more than $1,000 in the four years to 2005.

The greatest indictment of the health system, however, is the shocking treatment of Australia's indigenous population. Their health services are the most under-funded of all. Because of this and poor social conditions, death rates of indigenous infants remain about three times higher than those of other Australian infants. About 70 percent of indigenous people die before reaching 65, compared to around 20 percent in the rest of the population. Aboriginal people are, on average, the most disadvantaged and least unable to afford private medical treatment.

In an attempt to deflect public concern, both Howard and Rudd are cynically promising to dole out a few funds. Howard is offering money to specific hospitals in targeted marginal seats in an attempt to buy votes, while Rudd has pledged $2 billion for public hospitals—over four years. These amounts are intended to camouflage the reality: in health care, like every other aspect of social life, a pro-market regime of "user pays" and privatisation has produced a two-class health system. A minority can access private services with the latest medical technology, while the vast majority of ordinary working people are condemned to rapidly deteriorating, and increasingly dangerous, public facilities.

Rudd remains as committed to the privatisation of health care as Howard. His threat to take over state-run hospitals unless performance indicators improved was followed almost immediately by a pledge to maintain the private health insurance rebate.

The Socialist Equality Party completely rejects the ever-greater subordination of health care to profit-making. Free and prompt access to high-quality health care is both a social necessity and a basic right. Enormous advances are being made in medical science and technology, making it possible to prevent, or diagnose and treat, previously incurable illnesses and conditions. These advances must be made freely available to all.

This will require the allocation of tens of billions of dollars into the upgrading, expansion and staffing of public hospitals, medical clinics and a full range of modern health services, including allied health specialists, such as dentists, psychologists, psychiatrists, physiotherapists, podiatrists, dieticians and preventative medicine professionals.

Such measures will never be accepted by the business establishment, for whom illness is a multi-billion dollar industry. In order to carry them out, economic and social life must be totally reorganised, starting with the placing of the corporate conglomerates, including the medical and drug companies, under public ownership and democratic control.

This is what the Socialist Equality Party is fighting for in the 2007 federal elections. It requires nothing less than the development of an independent political movement of the working class based on a new socialist and internationalist perspective.

I urge all those who agree with the SEP's program to contact the party, vote for our candidates and participate in our election campaign.

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