

Australia: Western Sydney residents denounce budget assault on health care

Our reporters
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A key target of the Abbott government's austerity budget is healthcare. Driven by the demands of finance capital, the Liberal-National coalition is slashing \$80 billion from education and health services over the next 10 years and introducing a \$7 co-payment for a visit to a doctor and for diagnostic services such as X-rays and blood tests.

The cuts include the termination of \$3 billion in funding agreements with the states for hospital and dental health programs, and the closure of an estimated 1,200 hospital beds, taking effect this year or next (see: "Australian budget to proceed despite protests by state leaders").

This will dramatically damage the already inadequate public hospital system—the result of decades of chronic underfunding by consecutive Coalition and Labor governments—and further widen the two-class health system. Despite continued growth in hospital admissions, the number of available public hospital beds nationally per 1,000 people fell from 2.66 to 2.60 between 2008 and 2012.

Recent data from the New South Wales auditor-general provides an indication of the escalating public hospital crisis. In the 2012–13 financial year more than half the state's local health districts failed to meet their budgets. Bed occupancy rates increased to dangerous levels, and the number of available emergency beds declined by almost 100.

The disaster is acute in Sydney's western suburbs, home to almost half the city's 4.5 million residents, but served by only four major public hospitals—Westmead, Blacktown, Campbelltown and Nepean. Western Sydney Local Health District reported that in 2013 26,000 patients sought medical care—including for orthopaedics, gastroenterology and obstetrics—outside their area because local hospitals could not treat them.

As well as the \$7 co-payment, the budget will increase the cost of medicines obtained under the Pharmaceutical Benefits Scheme (see: Medical co-payments and the assault on public health in Australia). These measures will force working class families, pensioners and the unemployed to choose between going to the doctor and buying medicines, and meeting their other pressing daily needs.

The Australian Medical Association reported that although the co-payment is not due to start until July next year, the number of patients visiting doctors in many working class areas has already dropped. One doctor in the Blacktown-Mount Druitt area told the media there was a 30 percent fall in the number of patients in the week following the budget announcement.

WSWS reporting teams recently spoke with workers visiting western Sydney public hospitals about the budget measures.

Outside Westmead Hospital, **Olive**, who is 24 and studying nursing, said the \$7 co-payment for a GP visit was "crazy." She said people would "have to think about going to the doctor—and if it's a serious condition, people won't know until it gets worse."

Parents with sick children, she continued, "will have to pay the money because you have to make sure that your kids are alright. But if you don't have the money, where does it come from? It's going to be like a third-world country where you have to pay before you get looked after."

Melissa, a painter and printmaker from Sackville North, had brought her daughter to Blacktown Hospital's emergency department. "We were in emergency for 24 hours," she said. "I expected that once we were told she needed a bed, one would be available but we had to sit in the hard plastic chairs in

emergency for seven hours before she was moved to a recliner.

“My daughter has clots on the lungs and they needed to start her on a course of medication and blood thinners so it wouldn’t get any worse. She is supposed to have medication every 12 hours. At 7:30 this morning we asked the nurse and she replied: ‘There aren’t many doctors around on the weekend and I have to wait for their OK.’ All this has set my daughter back on her required medication program.”

“I haven’t really had any experience in the hospitals until now. Although what I’ve seen now doesn’t surprise me, I’m just so disappointed. Also I see people around me who are sicker than my daughter and I feel more for them ...

“If things carry on like this, it will be just ghastly for people. We are going to go back to the nineteenth century, with people lying around in the streets or dying in garages,” she added.

Also visiting Blacktown Hospital, **Evangeline** denounced the \$7 co-payment. “I pay already the Medicare levy and I pay tax,” she said. “Where does that money go? It’s not fair. What we are creating is a third world system.” The government’s health care measures, she continued, would “boost the rich companies,” adding: “I’m not happy at all. I’m from the Philippines where poor people can’t afford to go to the doctor and it looks like we are going that way ...”

“It’s not right that we have to pay extra [into a private medical fund]. The companies are making money. We pay \$200 a month for a fund. We are not money machines.”

Mahalia, 18, a cafe worker, said: “The majority of working class people won’t be able to afford \$7, especially older age people because they’re not working and on a pension. Most of them are sick and can’t afford to pay \$7 every time. If people need medical attention shouldn’t they be able to get it for free? Our country’s economic status is high enough to get free care ...

“People who come to emergency shouldn’t have to pay a cent. Medical attention should be available for every single person, no matter if they’re poor, rich, living on the street, living in a massive mansion, living in a general house, it doesn’t matter. Everyone should be equal to medical assistance.”

Mary said: “I’ve got three kids, pay rent, water, electricity and gas and then have to pay for their medication, which will cost me a fortune. It means that my kids will not have food in the cupboard and I won’t be able to pay for their school excursions. The government is doing this because they want the money for themselves; they are not worried about us. They think they own everything, but they actually don’t.”

Lisa is from St Mary’s and has an epileptic son. She said the budget cuts would have a devastating impact on her family. “My son has seizures every day and needs to see a doctor every week. He needs medication but with the proposed cuts all our money—which is already going toward rent, bills and food—will be spent on medicine. This will leave us with nothing and is not fair.”

Robert, a public sector employee from Mount Druitt, said the cuts would “discourage people from seeking medical help, which would in the end cost the government even more money because what started as a minor problem could develop into a serious one ...

“Once they’ve introduced the \$7 co-payment, there’ll be no stopping the government from increasing it to let’s say \$50, or even higher, and we are already paying a Medicare levy on top of that. This is a service that should be for free, for people’s needs.”



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