

“Going to hospital now is like going to a war zone”

## Australian public hospital medical specialist speaks about worsening COVID-19 crisis

**Our reporter**  
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*With COVID-19 infections rapidly spreading across most Australian states, the World Socialist Web Site has reached out to health care workers, whose situation is largely hidden from the population. The Socialist Equality Party (SEP) is fighting for workers to establish rank-and-file committees in every workplace and community to fight for adequate resources to tackle the pandemic. We urge workers to contact the SEP and let us, and other workers, know what is happening in your workplace.*

*Recently, the WSWs spoke with a Sydney-based medical specialist. At that point, 373 people in New South Wales (NSW) were hospitalised with COVID-19, with 62 in intensive care and 29 on ventilators.*

*Blacktown hospital, in Sydney’s western suburbs, had begun shipping their intensive care patients to Wollongong. Secondary hospitals, such as Wollongong and Hornsby hospitals, were being set up to take excess COVID patients. The Hornsby hospital was establishing a secondary intensive care unit in its recovery ward.*

WSWS: What impact is COVID having? What is the physical impact in the hospitals?

Specialist: Hospitals are having to reorganise their care setups. Generally, what happens in a hospital is that there is “team-based care.” That is being reorganised into what is called “ward-based care.”

Instead of having ongoing continuity of care through one team, all patients are cared for on a rostered basis by different specialists or different doctors. What that does is free up the other medical staff to do other medical jobs.

In this particular case, it will be to manage COVID patients. So you have doctors who are not particularly specialised to run critical care of infectious diseases patients being redeployed on a needs basis, to care for infectious diseases patients like COVID.

Last week, two urgent emails were sent to all specialist staff, asking them to conduct urgent ward rounds to discharge as many patients as possible, to create more bed space.

So that is the broad overview of where we are at in terms of COVID.

The numbers are starting to get quite worrying. I’m sure you know that the replication coefficient (Reff) is currently calculated by the epidemiologists at 1.2. That means every COVID infection is transmitted to 1.2 people. That puts you on a track to exponential growth.

If you get a Reff of 1.2, and we currently have around 350 cases each day, by the end of August we will have about 700 cases per day.

If they can get the replication rate down to 1.1, it means we will have about 700 cases per day by the end of September. Either way, it is mathematically looking pretty bad, unless they do something pretty drastic. This is not sensationalist, it is simply mathematics.

We were predicting this when Berejiklian didn’t do hard lockdown immediately, back in June and July. We said that with the Reff at such a

level, we predicted that by mid-August we would have about 350 per day and we are a bit early. Unless something changes—unless they do something—at the current rate, the patient rate will be 700 per day, by either the end of August or the end of September, depending on whether they get the rate down by point one.

Unless the government gets the rates down, the hospitals will become overwhelmed.

For the last three or four decades, capitalists have ripped billions of dollars out of public health. We now have the chickens coming home to roost. You simply cannot rip that much out of health and expect a well-functioning system.

I’ll give an example. The other day there was an elderly COVID-positive patient who had fallen out of bed, and a young nurse, who was wearing the personal protective equipment (PPE) mandated by the health department, was struggling to get him back in the bed.

She had been asked to give him intravenous drugs, but no medical staff were available to sight it, and she wasn’t accredited to do it herself, and so a specialist just wandering by, quickly donned a whole lot of PPE and went in to help her put a cannula in. She was in tears, because this poor bloke was sitting on his bed, possibly with injuries, COVID positive, unable to receive his medication, and here was a nurse trying to do her best by her patient. And you think to yourself, this is not an isolated incident. This is every single day.

I was talking to colleagues at other large hospitals across Sydney, and they say going into a hospital now is like going to a war zone. The hospitals are on a sort of battle footing.

You don’t know what each day brings. We are being asked to do extra shifts at short notice, we are being asked to do overtime, to work overnight, and these decisions are made without consultation with the people who have to do the work. For the wellbeing of the people of NSW I’m happy to help out—of course I am—but it would be wonderful if, A, we had been listened to in the first place, and B, we were consulted further about what we were going to do.

WSWS: The fact that COVID seemed to be eliminated in Australia was really more by accident than by policy. Do you have a comment on that?

Specialist: Because the whole thing has become politicised [NSW premier] Berejiklian couldn’t shut down the city because it went against everything that she had become famous for. Every time you don’t shut down, it is essentially like pulling the trigger when you are playing Russian Roulette.

So what happens is, because of the nature of the replication coefficient, sometimes the virus will peter out. However, when you play Russian Roulette often enough, you blow your head off, and that’s what she’s done now. The lady who is really in charge here isn’t Berejiklian, it is Lady Luck. And we haven’t grabbed our good luck and run with it, we

have actually screwed it up.

Now we have too many cases and we are not vaccinated. So, instead of being in a position where we had very little COVID and could have been rapidly expanding our vaccination rate, we have an outbreak of COVID and we are not set up to deal with it.

WSWS: How long will the hospital system cope if we have 700 COVID infections per day by September?

Specialist: Not as long as you'd think. If we are getting 350 cases today, you can assume that about 10 percent of all the new COVID cases will require hospitalisation. And about one percent of the total will require ICU. Of those in ICU, about half will require intubation for a period of time. So, if you are getting 400 per day, 40 per day will require hospitalisation, and one every other day will have to go to ICU.

If you take it to 700 per day, that means 2 ICU admissions every day, just for COVID, and about 70 to 100 hospital admissions per day. The biggest hospital in the southern hemisphere has 1,000 beds, so you would fill that in about a week. This is simply mathematics.

WSWS: What is the feeling among specialists?

Specialist: The discussion among the specialists tends to be on the numbers, the rates of viral propagation and infection. What we are talking about at work is, "Why didn't they implement a ring of steel, as [Victorian premier] Dan Andrews suggested?"

I'm no fan of any of the political parties currently in government, but at least more restrictive measures would have meant no transmissions to the regions.

There are now cases in Dubbo, Tamworth, Armidale, Byron Bay, Albury. There is one in Broken Hill that is not being discussed. There are cases in Wollongong, Hunter Valley; and the mental health unit at Nepean Hospital is being shut down. So why wasn't the shutdown organised much harder and faster?

The second thing being discussed among specialists is the messaging from (health minister) Brad Hazzard.

He refers to these communities in southwest Sydney in a racist dog whistle. What everyone at work is saying is, "Yes, the problems are in southwest Sydney and that is because these people are poor. It has nothing to do with their ethnicity, it has to do with the fact that if they don't go to work, they don't eat."

There is a big shift [and colleagues feel] that Hazzard's comments are abhorrent, disgusting. He is appealing to every racist element in Australian society. I think he is trying to defend the indefensible by blaming ordinary people.

WSWS: Do you have enough resources?

Specialist: Do we have enough PPE? Probably. Do we have enough effective PPE? That is a different question, and we don't really know the answer to that. We don't really know what the right level of protection is. That's the honest truth.

It seems most clinicians don't get COVID from their patients, most clinicians get COVID from their colleagues in tearooms or exchanges on the ward.

The SARS-CoV-2 is airborne transmitted; it was thought to be droplet transmitted. All the strains are airborne spread, which partly explains the failure of hotel quarantine, which was the failure to recognise the biology of the virus. So whether PPE is effective—the PPE we are given relates to droplet spread—that is different to airborne spread—where the virus itself can spread through the air, independent of the little droplets.

A lot has happened to health since the eighties, when the economic rationalists took over and started scrapping a whole lot of public service jobs. They said that this would have no effect on frontline workers, so the clerical and administrative jobs were taken out.

Now all the administrative work becomes the work of the frontline people. So critical care workers, nurses etc., have to do a lot more clerical work than they used to. There is a lot less time to actually care for

patients.

I find myself doing more and more paperwork for every patient. The average amount of time spent with patients per clinician has fallen. It has halved or even quartered over the years. Are we adequately resourced? No, it is a system issue.

WSWS: What do we need in the health system?

Specialist: We need to reorganise the whole way things are done. We need worker-based organisations that say, "these are our requirements on the ground." We need coordinating committees representing those committees to advocate for the resources required and for that to be communicated to the people of NSW.

I don't think people want to pay less tax; what people want is fairness. I think people would be happy to have a slightly smaller tax return and have great services. We have to get a message out that social spending is a good thing. The media at large have been good at painting socialism as a swear word.

We need a greater number of nurses. When we talk about hospital beds, it doesn't actually mean physical beds, it means nursing staff to accommodate those patients. If a hospital has 1,000 beds, that means there's a certain quota of nurses that can staff a bed 24 hours per day.

We need a radical expansion in the number of beds because, at the moment, we have bed block at every stage in the hospitals, and that is being made worse by the COVID pandemic. If we had someone recovering from heart bypass surgery, they might sit in recovery for many hours, or several days in the recovery unit, because there is no bed available for them on the ward.

We have a policy of trying to get patients out of the emergency department so that new patients can come in, but they are blocked because there are no beds to which the patients can go. The primary thing we need is a greater number of nurses and an expanded nursing pool.

Next, we need a more ready supply of drugs from overseas. If Australia doesn't make these medications, we need to have a consistent supply of them. I'm talking about many anaesthetic drugs. We have critically low shortages of some drugs in Australia. We have shortages of other pain killers like fentanyl, which is a drug that treats pain very effectively. We have shortages of thiopentone which is a drug used when people can't have other induction agents for anaesthesia. So there are shortages of specific drugs.

We have shortages of some types of antibiotics. We are asked to use second tier or less effective antibiotics because other drugs are not available. We need increased drug supply and increased drug supply security. This has been going for several years.

WSWS: Has this been influenced by the pandemic?

Specialist: It has not been made easier, but I don't know that it has been made worse. Supply chains of medicines have certainly been influenced by the pandemic.



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