

Australia: New South Wales rural and regional healthcare facing collapse as Delta variant hits

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Submissions to the ongoing New South Wales (NSW) Parliamentary Inquiry into rural, regional and remote healthcare have highlighted the disastrous state of health services in these areas, leaving the population entirely vulnerable to the highly-infectious COVID-19 Delta variant.

According to the latest figures, there are over 250 COVID-19 infections in the state's central west, which includes towns such as Dubbo and Walgett. A majority of the cases are reportedly among Aboriginal people with around 40 percent children and teenagers, who are extremely exposed due to chronic health problems and low vaccination rates. Cases have also been detected in Broken Hill and Wilcannia.

People living in western NSW local health networks have the poorest health in the state and the worst health outcomes in Australia because of their lower socio-economic status and lack of access to health services.

In 2018, the Australian Institute for Health and Welfare (AIHW) reported that Australia's rural areas had avoidable annual death rates as high as 248 per 100,000 persons, compared to 91 in major cities, and a median life expectancy up to 16 years shorter than in cities. These appalling figures are comparable to conditions in under-developed and oppressed countries in Africa and the Indian subcontinent.

The NSW parliamentary inquiry was established in September 2020 following a succession of preventable deaths in rural and regional hospitals. The inquiry has held eight hearings across seven regional towns, from the south-west through to the north coast. Information provided by health workers and local residents provides a devastating picture of the realities behind these statistics.

The latest hearing, held in June at Taree on the mid-north coast, revealed the impact of ongoing health

expenditure cuts that have resulted in a dangerous lack of infrastructure as well as doctors and other qualified health workers.

In Gunnedah Shire, in the north-west, with a population of around 13,000, there is only 1 doctor to every 3,000 people, nine times lower than the Australian urban average. The situation is so dire that the doctors are unable to see new and even existing patients.

There are towns in the state's northeast that have no doctors. Coraki resident George Thompson told the inquiry that his wife had suffered a stroke, but due to the lack of a hospital was not treated in time and "has never walked since." He said the Coraki hospital, founded in 1904, was shut down because of hail damage and the community was told it would be replaced by a "HealthOne" facility. Referrals are required for treatment at the facility but there is no doctor in the town to provide them.

Bonalbo villagers in the Northern Rivers region told a similar story. One resident explained that he had slashed his leg while working in the bush and travelled half an hour to the Bonalbo emergency department. On arrival, he was told by nurses there they were unable to stitch the wound and he would have to drive another 70 kilometres to see a doctor.

Bed shortages at Lismore Base Hospital have seen patients discharged late at night and told to contact their families, friends or communities to get home.

Tamworth Medical Staff Council chairperson Dr. Scott reported that Tamworth Hospital had only one third of the medical registrars (trainee specialists) needed, which meant that there was no registrar at night. Despite being responsible for over 200,000 people, the hospital has just five surgical operating theatres at any given time.

Dr. Seshasayee Narasimhan is from the 160-bed

Manning Base Hospital in Taree on the mid-north coast which covers a population of 100,000. The hospital serves the demographically oldest electorate in Australia, which also has the worst rate of cardiovascular outcomes in regional Australia.

“Nobody wants to come here,” Narasimhan told the inquiry. “Chronic underfunding means we have an exhausted and severely downgraded hospital... We are haemorrhaging qualified and experienced allied health practitioners.”

Dr. Narasimhan, who is the only cardiologist at the hospital, said that he constantly worked an 80-hour week in order to provide 24/7 care for his patients.

Manning Great Lakes Community Health Action Group president Eddie Wood explained that the long-serving Manning Base Hospital manager resigned after being ordered to cut costs by 15 percent at the already underfunded, under-equipped facility.

Manning Base Hospital was the site of a decades-long series of mistreatments of over 200 women by visiting medical officer Dr Emil Gayed that included unnecessarily removing women’s reproductive organs and performing unnecessary operations. Dr. Roberts, Obstetrics and Gynaecology director, who exposed this in 2018, told the inquiry that before he arrived there was nobody at the facility to oversee Gayed’s work.

Rural and regional working-class families face extremely long wait times and have to travel hundreds of kilometres, spending days, if not weeks, in distant cities in order to access proper care.

Tamworth hospital, for example, has a two-year waiting list for children with developmental problems. Families travel up to seven hours by car to see paediatric or ear nose and throat specialists. Wait lists for speech therapy for children aged three years up to school entry are about 13 months, resulting in serious developmental effects.

These grossly inadequate and life-threatening services are the product of policies pursued by successive Labor and Liberal-National Coalition state governments. Since coming into power in 2011, the NSW Coalition government, now headed by Gladys Berejiklian, has followed the lead of its predecessors, ruthlessly slashing services to rural healthcare.

At the federal level, the move to fee-for-service payment began in the 1980s under the Hawke-Keating Labor governments. In 2013, the Gillard Labor government froze publicly funded payments to doctors (known as “bulk billing”). These measures have eroded the ability of general practitioners and specialist doctors

to work in rural areas and meant that many public hospitals could not afford to maintain services to their large and often dispersed rural catchment areas.

The policies have been extended by the federal Coalition government, including under current Prime Minister Scott Morrison.

Rural and regional workers are fully aware of and hostile to these attacks. A recent survey of council employees in Gunnedah shire found that 88 percent either disagree or strongly disagree with the statement that “medical services in Gunnedah have generally improved over the last 10 years.” It revealed that 91 percent of employees rate the current availability of medical services in Gunnedah as either “bad” or “terrible.”

The disastrous state of health care in rural, regional and remote areas is a direct result of ongoing government attempts to eliminate the social right to healthcare and to institute a “user pays” regime.

What has been revealed in the NSW parliamentary inquiry is a health system in decay and the growing opposition of health workers, their patients and local communities to the ongoing government attacks.

Manning Base Hospital workers walked out on strike to demand adequate nurse-to-patient ratios and a pay increase prior to the inquiry’s June hearings. This occurred amid broader strike action by thousands of nurses and midwives at more than 30 public health sites across NSW. The nurses and midwives union, however, has no fundamental differences with the government assault on public health. It refused to mobilise its members and other health workers in united state-wide action, instead restricting strikes to different times and dates. This resulted in health employees returning to work without their demands being met.

The rising number of COVID-19 infections will devastate the completely unprepared rural health system if left to governments and unions. Rank-and-file organisations independent of the unions must be established in hospitals and other healthcare facilities, as well as in communities, to fight the government’s austerity measures, stop the spread of the pandemic and save lives.



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