

Sydney hospitals in crisis as Australian governments push for an end to lockdowns

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The hospital system in Sydney is in its deepest crisis in years, as the number of COVID patients grows rapidly and daily coronavirus infections continue to exceed previous records multiple times per week. Some of the largest hospitals in the country are being compelled to curtail their services and activate emergency plans, amid warnings of a possible breakdown of healthcare in Australia's most populous city.

The situation is the direct and foreseeable product of the criminal, pro-business policies of governments, including the New South Wales (NSW) state administration of Premier Gladys Berejiklian. For more than two months, the government has allowed the highly-infectious Delta variant to spread throughout Sydney, as it has rejected workplace shutdowns and other measures demanded by epidemiologists.

The consequence is the worst outbreak in Australia since the pandemic began. Today, NSW reported 1,029 new cases, most in Sydney, the first time any jurisdiction in the country has registered a four-digit case tally. With infections still tending to double roughly every eleven days, the state is on track to record several thousand cases per day by the end of next month.

Under these conditions, the entire focus of the NSW and federal Liberal-National Coalition governments, backed by state and federal Labor representatives, is for a "reopening" of the economy once vaccination rates reach 70 percent of the adult population, sometime in October. As is the case internationally, the ruling elite is insisting that workers and young people must "learn to live with the virus," in a homicidal program that will lead to even greater illness and death.

This program will lead to a catastrophe, as it has in countries such as Italy and India, where the healthcare systems were completely overwhelmed. Already, there are 698 COVID-19 cases admitted to NSW hospitals, with 116 people in intensive care units (ICUs), 43 of whom require ventilation. A week ago, on August 19, there were 474 COVID patients, 82 of them in ICUs and 25 needing the use

of a ventilator to breathe.

Already, ICUs in NSW are at 80 percent capacity, with COVID cases accounting for 17 percent. Nationally, there are just 2086 ICU beds, for a population of some 25 million, of which 1740 are occupied.

The strain is greatest in the working-class suburbs of western and southwestern Sydney, which have been the epicentre of infections for most of the current outbreak. Westmead, the state's second largest hospital, received 280 COVID patients last week alone. On Tuesday night, the facility, in Sydney's west, activated a "code-yellow," an alert indicating that demand could not be met by internal resources alone and that a "disaster management response" was required.

An internal memo, announcing the measure, outlined an "immediate response," which included a reduction of ambulance arrivals with COVID patients for 24 hours, the transfer of some critically-ill patients to other hospitals and an "urgent review," including into "care capacity."

Paramedics have reported being turned away from Westmead with COVID patients on Wednesday. Blacktown Hospital issued a similar alert that afternoon. Yesterday, the *Sydney Morning Herald* reported that both facilities are preparing makeshift triage units to process COVID-positive patients when they arrive. Some patients at Westmead, including those in the cardiothoracic and geriatric wards are being transferred to the nearby Westmead Private Hospital.

The activation of the emergency plans came as paramedics reported being forced to wait for hours with COVID-infected individuals, and of being turned away from multiple hospitals, while working shifts of up to 18-hours. COVID positive patients told of being treated in the back of ambulances in the car park of Westmead Hospital for up to 12 hours.

The crisis is not limited to one or two facilities, with 25 of the state's public hospitals treating COVID patients. This month, there have also been a spate of outbreaks within the hospitals themselves, including at Liverpool Hospital, Canterbury Hospital, St George Hospital and Nepean

Hospital. At least one hundred infections have been acquired within hospitals, by patients receiving treatment for other conditions, resulting in at least 16 deaths, including 11 at Liverpool Hospital alone.

The possibility of a bed shortage is coinciding with warnings of a staffing crisis. Over the past month, reports have consistently indicated that at least one thousand health workers, including doctors and nurses, have been in isolation at any given time, after having been potentially-exposed to the virus.

During the initial stages of the Nepean Hospital outbreak, some staff were compelled to continue working without adequate personal protective equipment (PPE), despite having come into contact with COVID-infected mental health patients. Earlier this week, management at Royal Prince Alfred Hospital sent a letter to staff, warning of a possible supply issue with N95 masks, and advising that a “review” into stocks was underway.

In addition to those in hospital, private and public medical facilities are managing a ballooning number of COVID outpatients. Taken together, the total of COVID-infected people being treated by the NSW health system stands at over 1,500, a figure growing by roughly 200 everyday. Disturbingly, a growing number of fatalities are occurring in homes. That includes all three deaths announced today, among men in their 30s, 60s and 80s. On Tuesday, a woman in her 30s died in her home in the western suburb of Emerton, while a 27-year-old man perished at home in the southwestern Fairfield area.

The deaths have occurred as the state’s contact-tracing system has broken down. Everyday, the vast majority of infections are being reported as “under investigation,” meaning the authorities do not know the source of transmission. At the NSW state government press conference yesterday morning, a journalist raised that they are aware of an entire family that had tested positive to COVID, but was not contacted by authorities five days after notification of their result.

At the same conference, NSW Chief Medical Officer Dr Kerry Chant complained that too many people were going to get COVID tests and that this was delaying results. The statement presented those seeking an examination as little more than a public nuisance, even though cases are being recorded throughout the city and the previous advice has been for anyone with concerns to be tested. It amounted to an extraordinary admission of the bankruptcy of the NSW testing and tracing regime, and yet another attempt to blame ordinary people for government failures.

Each day, Premier Berejiklian and Health Minister Brad Hazzard vaguely assert that the state can cope with any level of hospitalisation, a claim belied by the crisis that has

already developed.

As the graphs below show, however, the rates of hospitalisation and of those requiring intensive treatment are outpacing those registered during the COVID surge in the neighbouring state of Victoria, mid-to-late last year. In that outbreak, the state Labor government only instituted a stringent stage four lockdown when the hospital system was on the brink of collapse in August.

This graph shows the levels of hospitalisation in the two outbreaks:

This, the demand for ventilators and ICU beds:

Not only is the NSW state government refusing to implement a genuine lockdown, it is moving to rapidly lift the inadequate restrictions currently in place. Today, to mark the arbitrary figure of six million vaccination doses administered in the state, Berejiklian announced that fully-vaccinated people outside hotspot local government areas in the west and southwest of Sydney will be permitted to gather in groups of five outdoors.

A full reopening is set to begin in October, based on the figure of 70 percent of adult vaccinations, and to be accelerated at the 80 percent mark. Berejiklian, together with Prime Minister Scott Morrison, have declared that this will result in a sharp increase in infections, hospitalisations and deaths. They have insisted, however, that this is necessary, because the population must “live with the virus,” and the economy, i.e., the activities of major corporations, must “return to normal.”

The state and federal Labor parties have all endorsed the plan, with state and territory Labor leaders participating in its adoption during meetings of the National Cabinet.

Modelling released this week by University of Western Australia epidemiologist Dr Zoë Hyde found that an end to lockdowns and a full “reopening,” at vaccination rates of 80 percent, could result in 25,000 deaths across the country, and 270,000 cases of long COVID.

Under conditions in which at least a third of infections during the current outbreak have been among children and teenagers, Mark Duncan-Smith, the Western Australian president of the Australian Medical Association, has warned that a “reopening” based on adult vaccination rates alone would be “bordering on child abuse.” He pointed to the situation in Israel and large parts of the southern United States, where paediatric ICUs are full with children who are grievously ill as a result of COVID infection.



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