Australia: New South Wales faces imminent collapse of hospital system amid Delta surge

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The COVID-19 outbreak in New South Wales (NSW), centred in its capital Sydney, has seen the number of people admitted to hospital, after infection from the Delta variant, surge by 42 percent in a week. There are now 1,071 COVID-19 patients in NSW hospitals, with 177 people in intensive care, including three children and 62 requiring ventilation

Hospitals in the densely-populated south-west and western regions of Sydney, where 80 percent of all cases of COVID are located—Westmead, Liverpool, Blacktown and Nepean Hospitals—are bearing the brunt of the crisis.

In the last week of August, Blacktown, Westmead and Nepean turned away COVID patients arriving by ambulance for 24-hours, and Ambulance NSW had its second-ever status three alert, meaning the service was unable to meet demand.

The present crisis of the hospital system reveals the criminality of government plans to fully open the economy and "learn to live with the virus," beginning in October.

Nurses at Westmead Hospital told the *Sydney Morning Herald* that there was a "strong sense of hopelessness" as COVID cases continued to be admitted to the hospital.

An anonymous COVID-19 ward nurse said they were "being told the health system is coping, when it's just not. As the numbers go up you lose more and more hope."

Another anonymous ICU nurse said about 30 percent of the staff in the unit had been transferred from private hospitals, as well as paediatric intensive care and operating theatres, yet it was still short-staffed.

"There are patients who, because of their level of acuity, need to be nursed one to one, but are being doubled to two patients to one nurse. This is quite

dangerous. Nurses are burnt out, no one wants to do overtime. There are no casuals to replace them," she said.

Nepean Hospital intensive care specialist Dr Nhi Nguyen explained the implications of the Delta variant for his hospital: "What has worried us over the last few weeks is the increasing number of patients who are admitted to intensive care. They are younger, they are staying in intensive care for longer and they are needing care that cannot be provided anywhere else on the wards. There are those who are on breathing machines and on heart/lung machines."

In response to the crisis, Health Minister Brad Hazzard said much time had been spent by health authorities last year, to ensure NSW hospitals had "substantial capacity" to deal with a COVID-19 surge, including quadrupling the number of ventilators and training hospital staff to work in the ICU.

However, the *Saturday Paper* reported that the health workforce furlough crisis in NSW and the neighbouring state of Victoria is now seven times worse than the national situation on August 10. Moreover, although states have substantially increased their numbers of ventilators since the outbreak of the pandemic, they do not have the healthcare staff to operate them, and those they do have are in danger of exposure and being quarantined.

In the last week of August, the number of ICU patients in NSW represented 14 percent of the entire state's currently staffed and open 863 ICU beds. Although the NSW government is physically capable of expanding this number to 2015 ICU beds and ventilators, it has just a fraction of the staff available to run them. Data prepared for the national cabinet shows that just 328 extra nursing staff are available for bedside ICU care, enough to add only about 164 ICU

beds.

So far there have been 131 COVID-19 deaths in the current NSW outbreak, including 12 at Liverpool Hospital alone. More than 100 infections have been acquired in public hospitals, while patients were attending for other conditions.

These infections, known as C-19 HAIs (COVID-19 Hospital Acquired Infections) plagued a number of Melbourne hospitals during 2020, resulting in 84 fatalities.

The lessons of that experience have clearly not been drawn by NSW authorities. Not only patients, but also staff can be the victims, with ongoing infections in hospitals resulting in a significant impact on staff, not only those infected, but the many forced to undergo mandatory quarantine as well.

Two clusters at Nepean Hospital, including Nepean Mental Health, have recorded infections in a total of 38 patients, 9 staff and 5 deaths. St George Hospital has recorded a total of 7 patients infected, 2 staff and 2 deaths, Canterbury Hospital 22 patients infected and 5 deaths and at Cumberland Hospital, a mental health facility in Sydney's west, there have been 12 patients infected and 1 death.

An anonymous St George Hospital worker told Nine Media that staff had raised concerns about patients being admitted to emergency without being COVID tested.

"Theatre staff, including anaesthetists, registrars, neurosurgeons and nurses, are now isolating because of emergency patients who were not swabbed on admission and found to be positive after people were exposed to them," they said.

NSW Nurses and Midwives Association (NSWNMA) general secretary, Brett Holmes, told ABC Radio, "1,000 of the state's health care workers are in isolation at any one time, as a result of being exposed to COVID." He added that "Many are exhausted. It's long days wrapped in plastic, with respirators or surgical masks on. Their intensive care units are often full, their wards are filling up, and the emergency departments are under enormous pressure."

Despite being well aware of the dangerous conditions facing health workers, the health unions have refused to mobilise their members in opposition to such dangerous conditions. Instead, they have worked to suppress the emerging struggles by workers in the sector.

In June, when nurses and midwives undertook industrial action, in at least 30 hospitals across NSW, in response to understaffing, unsafe conditions and pay cuts, the NSWNMA sought to keep them divided by calling for strikes in different hospitals, across different times and days. The stoppages were shut down without any of the health workers' demands being met. The NSWNMA used the current surge as the pretext for suspending industrial action altogether.

Moreover, the decades-long rundown of the public hospital system, under governments both Labor and Liberal, was carried out with the cooperation of the health unions.

No confidence can be placed in governments or the trade unions to secure the safety of health workers, their patients and families. The present crisis, and the response of the unions, speaks to the urgent need for health workers to take matters into their own hands and establish rank-and-file committees, independent of the unions, run by workers themselves and committed to the fight to mobilise health staff everywhere, to demand a massive increase in funding to the sector, safe working conditions and decent pay.

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