

# Australia: Overloaded Victorian hospital system narrowly avoids Code Red

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The decision of the Labor Party government in the southern Australian state of Victoria to accelerate the scrapping of virtually all remaining pandemic restrictions following the right-wing anti-vaccination rallies in Melbourne over the past week will throw the already teetering public health system into greater crisis.

With all but the most urgent elective surgeries halted in the state's two largest cities, Melbourne and Geelong, due to COVID-19 cases, the overloaded hospital system is coping with 83,000 extra emergency department patients, up 23 percent on the same time in 2020.

A recent survey by Monash University and the Royal Melbourne Hospital of more than 7,800 Australian healthcare workers, most based in Victoria, found more than 40 percent suffered post-traumatic stress disorder by the end of the second wave of the pandemic in the state.

Over the weekend of November 6–7, Ambulance Victoria narrowly averted a Code Red, which means the service has exhausted its ability to meet patient needs. A Code Red is called when “lights and sirens” patients are left waiting because there are no ambulances available to dispatch.

Ambulance Victoria CEO Professor Tony Walker said the entire health system was “under inordinate pressure” and warned that a Code Red was likely in the weeks ahead. “We’ve been in a Code Orange, which is an escalation event, probably five or six times in the last two to three weeks,” he told Radio 3AW.

The ambulance service is facing 2,000 calls for help a day, with 10 percent of them for COVID-19 patients.

Victorian Ambulance Union secretary Danny Hill said: “At one point there were about 70 cases where people have called for an ambulance and there wasn’t

any ambulance available.” This was due to a “perfect storm” of staff shortages and patient demand.

On November 7, Premier Daniel Andrews denounced COVID-19 patients in hospital. “You are an avoidable admission,” he declared. “You don’t need to be in hospital. You’re in hospital because of the choices you’ve made, not to be protected by the vaccine, and other patients have to wait—patients who can’t afford to wait like heart attacks, strokes, accidents.”

Following the dangerous reopening of schools, beginning on October 5, the paediatric intensive care unit (ICU) at the Royal Childrens’ Hospital was recently operating beyond its capacity, at 112 percent. The Monash Childrens’ Hospital also exceeded 100 percent capacity several times in the past month.

Andrews was seeking to shift the blame for the crisis in public health, which is the product of years of attrition at the hands of governments, both Labor and Liberal, now brought to boiling point by the pandemic and the profit-driven “reopening” program that his government has adopted.

Knowing full well that a tsunami is hitting the hospitals, Andrews said staff “are under very significant pressure, there’s no question about that. I would just ask every single Victorian, if it’s not an emergency, please don’t call triple-0. There is a bit of pressure in the system at the moment.

“That will pass in time as we see both the COVID demand come off and the benefits of our ongoing investment really kick in.”

Andrews’ claim that things would improve were belied by evidence that hospital ICU figures have been significantly under-reported. Government statistics that suggested ICU admissions due to COVID-19 had been slowly falling since mid-October were shown to be a misrepresentation.

The Department of Health and Human Services figures do not include patients who are deemed not infectious, yet remain in ICU. The *Age* found that on November 5, with 181 COVID patients in ICU, 66 had been declared “COVID cleared,” and only 115 publicly reported.

The newspaper reported that one senior intensive care doctor said: “You’ve got a system in Victoria that’s so close to being overwhelmed it has just skated by over the last few weeks. It is just not sustainable.

“We are much busier than Sydney was as a proportion of their ICU beds at their peak in the outbreak because they’ve got double the number of staffed beds. The pressure in Victoria is dramatically different.”

Victoria has 476 staffed ICU beds, while New South Wales (NSW) has 884. Andrews had promised a massive increase in ICU beds but Victoria’s numbers have decreased during the pandemic by 40. Those in NSW have decreased by 45.

The manipulation of the ICU figures serves to cover over the severity of the crisis in the hospital system.

The health unions have remained completely silent in the wake of the revelations about the ICUs. They are complicit in the facade of “freedoms” being promoted relentlessly by the government and the corporate media.

The unions have cooperated with the war of attrition waged against the health system for decades, with consequences that are being fully revealed by the pandemic.

The Australian Nursing and Midwifery Federation (ANMF), with a membership of 90,000 nurses in Victoria, entered into an eight-year industrial agreement with the Andrews government to cover 2016-2024, which includes essentially a no-strike arrangement during the pandemic for 2020-2024.

The Health and Community Services Union (HACSU), with about 4,500 mental health nurse members, has just closed down industrial action by mental health workers. The Victorian Ambulance Union and the Health Workers Union have also collaborated with the government to the hilt.

ANMF secretary Lisa Fitzpatrick is donning hospital scrubs to work in the Royal Melbourne Hospital emergency department every Saturday, and some other ANMF staff are doing likewise. This is nothing but a PR exercise to cover over the unions’ responsibility for

the crisis, having prevented any action by health workers against the situation they face.

Desperately seeking to paper over the cracks, the Labor government announced a \$307 million healthcare package on November 5, most of which will go to a hospital-in-the-home system, similar to that in NSW, which serves to hide the situation caused by the pandemic.

The NSW program resulted in a sharp increase in deaths of COVID-19 patients at home, due to the rapid deterioration of their condition which could not be adequately monitored. In some cases they were at home alone.

The plan in Melbourne is to “free up” 100 public beds by moving out COVID-19 patients and others who supposedly could be “safely” treated at home.

Victorian Health Minister Martin Foley admitted the state’s health system had “been under pressure like never before” but claimed that decisions on who could be treated at home would be made on clinical grounds.

The Labor government has only been able to carry out its dangerous policy to prematurely open up the economy—the consequences of which will be especially borne by health workers—because of the unions’ opposition to any mobilisation of their members against it.

Only the intervention of the working class, through the formation of rank-and-file safety committees to fight for elimination of COVID-19 and a socialist program will halt this deepening attack.



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