

Labor's posturing on health in Australia's election is a sham

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In the first week of the Australian federal election campaign, Labor Party leader Anthony Albanese has sought to capitalise on widespread anger over the dismal state of the public healthcare system.

Under conditions in which Labor is running a “small target” campaign, the health sector is one of the few areas in which Albanese has made any concrete policy announcements.

Even on their face value, Labor's promises would do nothing to resolve a breakdown of the public health system that has taken on catastrophic proportions. And the threadbare pledges that Albanese has made on health are shot through with disclaimers and limits in the fine print—that is, to the extent that they are not worth the paper they are written on.

Speaking to a group of health workers, assembled by the corporatised, pro-Labor trade unions in the sector, Albanese declared on Wednesday: “The tragic reality is that after two relentless years, nurses are leaving the profession. When we don't support our nurses, it has a ripple effect that is felt by every Australian.” He added: “If nothing else, the pandemic has given us some tough but vital lessons. And we must learn from every single one of them.”

The comments point to the hypocrisy at the heart of Labor's phony posturing. Lessons must undoubtedly be learnt from the pandemic, but they are not the ones contained in Albanese's soundbites.

Chief among those lessons is that Labor, the Liberal-National Coalition and the entire capitalist establishment have demonstrated during the pandemic that they are willing to sacrifice the health and the very lives of working people in the interests of corporate profit. Decades of cuts by Labor and Coalition governments, state and federal, have brought the public healthcare system to its greatest ever crisis, accelerated, but not caused by COVID.

Labor has backed and enforced the “let it rip” drive, which has resulted in an unprecedented coronavirus surge over the past four months. Albanese explicitly endorsed the unscientific “reopening plan” drawn up by the bipartisan

national cabinet in July–August last year. It advocated for COVID, a deadly illness that has claimed up to 20 million lives around the world, to be treated like the flu.

Albanese supported the implementation of this program, as the Delta variant continued to circulate and Omicron emerged last December. The Victorian state Labor government of Premier Daniel Andrews was at the forefront, lifting virtually all restrictions in tandem with the extreme right-wing Liberal government in New South Wales (NSW). As a result, at least five million people have been infected, more than four thousand have died this year alone, and there is a new surge of the even more infectious BA.2 Omicron subvariant.

All of this has greatly exacerbated the healthcare crisis and the “pressure that has left many nurses burnt out,” in Albanese's words. But while issuing meaningless statements of concern, Albanese is not proposing any change of course. Instead, his campaign website, to the extent that it refers to the pandemic, does so in the past tense.

Like Prime Minister Scott Morrison, Albanese is insisting that now is the time for an “economic recovery,” meaning no more pandemic safety measures, alongside stepped-up pro-business restructuring and social spending cuts to balance the budget. This will guarantee wave after wave of infection, millions of people suffering with Long COVID, continuous illness and death and no end to the pressure on nurses and other health workers.

With this as the unstated premise of all his health policies, what does Albanese propose to address the consequences of the “let it rip” program that he supports? The answer is very little.

In his headline announcement this week, Albanese declared that Labor would fund the creation of 50 GP clinics and community health centres, which would supposedly ease the burden on public hospitals. The clinics, however, are to be “trialled,” placing a question mark over whether they all will be established and operate into the future.

Albanese did not allocate a cent to public healthcare in his budget reply at the beginning of the month, meaning the

clinic announcement is his first spending pledge for the sector of the campaign. It amounts to just \$135 million, compared with the hundreds of billions in public funds handed to the corporations during the pandemic and the more than \$600 billion in funding to the military over the decade, which is supported by both of the major parties.

The clinic plan was skewered by Australian Medical Association vice president Dr Chris Moy. He told the media that it was “so far away from coherent policy in terms of really reforming health.” Moy said the proposal “tinkers around the edges,” and compared it to an “ambulance at the bottom of the cliff strategy.” “Neither party has really put their money where their mouth is,” he said.

As Moy and other experts have noted, Labor’s plan will do nothing to address the key issues: there are not enough public hospitals and those that do exist have been cut to the bone. Australia went into the pandemic with one of the lowest hospital bed per capita ratios of an advanced OECD country.

A *Medical Journal of Australia* study, published last October found that two years into the pandemic, Australia actually had 200 fewer intensive care unit (ICU) beds than when the COVID crisis began. Victoria, with a population of 6.6 million had 476 staffed ICU beds, while New South Wales (NSW), with 8 million people, had 884.

The unbearable situation in the hospitals, with nurses and doctors forced to work double shifts, overtime and to care for a dangerously high number of patients, has led to an exodus from the sector. Some 20,000 nurses left last year, representing 5 percent of the workforce. The crisis is replicated in every area of the public system, with insufficient numbers of ambulances in most states, not enough paramedics and general practitioners overwhelmed.

Labor and the Coalition are not proposing a single measure that will address this dire situation, which is of their making. Albanese himself was a senior member of the Rudd and Gillard Labor governments, which pioneered “national efficient prices,” by which public hospitals would be funded only for current levels of activity on the basis of “efficiency”—that is, least cost.

Coming on top of decades of stagnant or declining funding, it gives hospitals no capacity to anticipate or deal with increasingly complex patient needs or even population growth. Like other measures by those Labor governments, its aim was to open up a key area of social need to the full forces of the market.

Albanese’s other announcements have been desultory, with the largest being \$31 million for regional telephone health services.

His policies on aged care, introduced in the budget reply, were no different. In an industry that has become a killing

field during the pandemic, he declared Labor would mandate a registered nurse on premises at all facilities, 24/7. But Labor has since admitted there are not enough nurses and the policy would likely need to be “paused.”

Albanese has postured as a champion of lowly-paid nurses in the sector. But his only concrete policy, purportedly addressing their dire wages, was to “support” the matter being heard by the Fair Work Commission, the pro-business tribunal that has cut pay rates since it was created by the last Labor government.

Strikes by nurses and other health workers over recent months show the way forward. But the unions, aligned with Labor, are doing everything to isolate them, as they try and wear workers down to accept further sell-out enterprise agreements.

The Socialist Equality Party (SEP) is the only party standing in the elections demanding that billions of dollars be allocated to establish a fully funded, high-quality public healthcare system, with decent wages and conditions for all workers in the sector.

The SEP completely opposes the “let it rip” COVID policies, openly or tacitly embraced by all of the parliamentary parties and advocates the scientifically grounded measures that can eliminate the virus and end the pandemic. This includes universal provision of N95 masks, free and widespread PCR testing, air filtration measures, and where necessary, the closure of schools and non-essential businesses with full compensation for all affected workers and small-business people.

But that perspective requires a political fight, against Labor, the unions and the entire political establishment. It requires new organisations of working-class struggle, including independent rank-and-file committees. And it raises the need for a socialist perspective that insists the social needs of the population, including to health, take priority over the profit interests of the corporate elite.

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