

# Australia: Five-year-old girl dies after waiting more than 30 hours for treatment in Canberra Hospital

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The death of five-year-old Rozalia Spadafora from myocarditis on July 5, nearly 38 hours after arriving at Canberra Hospital in the Australian Capital Territory (ACT), lays bare a public healthcare system devastated by decades of funding cuts and privatisation, exacerbated by the coronavirus pandemic and a severe winter influenza wave.

Her family are demanding answers. In an interview with the 9News network's "A Current Affair" broadcast on August 12, they described a dysfunctional and inadequately staffed hospital, with few beds and resources available for patients.

In the days before her death, Rozalia was taken by her mother, Katrina, to her General Practitioner (GP) with flu-like symptoms, where she was prescribed steroids. However, by July 4, the morning of her fifth birthday, Rozalia's symptoms had worsened and she could not even walk from her bedroom to open her presents.

As her condition deteriorated, Katrina again took Rozalia to the GP and was told to go to Canberra Hospital, the only place where she could have blood tests after hours.

They arrived at the hospital emergency department by 7 p.m., where Katrina said she was told to go home if Rozalia was "not that unwell," and that they faced a four-hour wait to see a doctor.

Katrina said Rozalia was "out of it, just lifeless, white, pale." While they waited, Rozalia was given Hydrolyte, water and Panadol, and afterwards began vomiting. Her grandmother, Maria, said, "When we rang the bell, no one came... we had to do everything and I tried to find warm blankets, because she was cold."

According to the interview, some eight hours after arriving at the hospital, Rozalia's blood was taken at 3 a.m. for testing. After a further four hours, she was taken to intensive care for a chest X-Ray and liver ultrasound. There, it was determined that she had myocarditis—inflammation around her heart resulting from Influenza A.

Despite the seriousness of her condition, Rozalia's family

said it wasn't until around midday on July 5 that they were informed that she would have to be flown to Sydney for treatment because there was no paediatric cardiologist available in Canberra.

A team of paediatric specialists was reportedly dispatched from Sydney. However Katrina said that at around 7 p.m., she was told that the helicopter couldn't land at the hospital because of a problem with the tarmac and had been diverted to Canberra airport. Soon afterwards, Rozalia went into cardiac arrest.

Katrina said: "I looked over to Rozalia and I could see that she had this glare in her eye... They called us aside and said, 'she's gone, she's gone'. They couldn't bring her back. We just had to leave and leave her there with no answers, no nothing."

Rozalia's family have demanded answers. Her mother told the Australian Broadcasting Corporation (ABC), "I want to know what exactly happened. When did they know my daughter was that sick and why wasn't I told? I want to know why we don't have the equipment here to deal with these problems. Why do we need to go to Sydney? We're in the nation's capital—this is a joke. No other family should have to go through this."

Rozalia's death could likely have been prevented, were it not for the poor state of the territory's public health system. Myocarditis is treatable, and it is estimated two-thirds of children diagnosed with the condition will make a complete recovery if they receive appropriate medical care.

Speaking to ABC Canberra about the lack of specialist services, ACT Labor Chief Minister Andrew Barr said: "The range of health services is always going to be larger [in bigger cities]."

Attempting to whitewash the impact of decades of bipartisan cuts to public health spending on the circumstances leading to Rozalia's tragic death, Barr claimed: "There are certain things where even Australia, with 26 million people, is too small to be able to sustain

really highly specialised services for very rare health conditions.”

The Spadaforas’ long wait for treatment, and the fact that not a single paediatric cardiologist was available in Canberra, a city of almost half a million people, provide a stark indictment of the deliberate destruction by Labor and Liberal-National governments of the public health system in the ACT and across the country.

According to a Productivity Commission report, recurrent expenditure per person on public hospital services in the ACT fell by 5.7 percent between 2015–16 and 2019–20.

In April this year, it was reported that Canberra’s private hospitals would take on up to 28 additional public hospital patients at any given time, under a six-week deal in order to “lift the burden on the ACT’s overwhelmed health system.”

The federal Labor government has made clear that it will do nothing to provide adequate funding for public healthcare. It supported the previous Coalition government’s March budget, which cut federal health spending by \$10 billion to \$105 billion this year, more than 10 percent in real terms.

Rozalia’s tragic death follows other paediatric deaths in hospitals across the country that could have been avoided with the necessary resources and treatment.

In April 2022, seven-year-old Aishwarya Aswath was taken to hospital by her parents when she developed a fever. Despite her worsening condition and multiple pleas from her parents, she was triaged into the second least urgent category, and died within minutes of finally being seen by doctors.

In May, five-year-old Hiyaan Kapil died following his discharge from Logan Hospital in Queensland after just four hours, despite the objections of his parents. Speaking to the *Guardian*, Ousby, a pathology worker at Logan Hospital, described the desperate attempts to save Hiyaan on his second hospital admission saying “there was screaming and commotion,” with nurses yelling for a bed.

Across Australia, there are continual reports of record ambulance ramping, patients lining hospital corridors due to a lack of beds and life-threatening delays of care.

In July, one nurse from the Canberra Hospital emergency department told the *Canberra Times*: “It’s very, very, very common for nurses to be going to afternoon tea, lunch, a break... and you’ll walk past someone and they’re barely conscious... no one is there looking after that person. Every time I walk down a corridor, I’m terrified I’m going to find someone dead in a bed.”

In July, infected COVID-19 patients occupied 12 percent of Canberra’s hospital beds, the highest level in the country. The ACT health workforce has experienced record levels of unscheduled absences due to illness.

A survey by the Australian Nursing and Midwifery Federation’s ACT branch found 74 percent of nurses have considered leaving their job in the past 12 months.

The territory Labor government, along with the federal and other state governments and the trade unions, bears responsibility for this crisis. Knowing that the hospital system was breaking down even prior to an influx of COVID-19 hospitalisations, protective measures to stop the spread of COVID-19 were systematically dismantled, in line with the demands of big business. Scrapping these measures also created the conditions for the resurgence of influenza, after transmission had been suppressed for two years.

The unfettered spread of COVID-19 throughout the community, including among children, is already increasing the occurrence of serious paediatric conditions. A United States Centers for Disease Control and Prevention report from August last year found myocarditis infection with COVID-19 would develop in 146 per 100,000 cases. Hospitals around the world have reported increases in COVID-19 related pneumonia, myocarditis and multisystem inflammatory syndrome in children.

None of this has been opposed by the health worker unions, which continue to suppress workers’ demands for a struggle against the decimation of healthcare and block opposition to the homicidal “let it rip” policies embraced by all Australian governments.

Along with all the parliamentary parties and the corporate media, the unions are silent on the ongoing and worsening pandemic, which this month has claimed 1,883 lives at an average of almost 70 per day.

In July and August, the Australian Nurse and Midwifery Federation (ANMF) held rallies in the ACT that were designed to do nothing more than allow workers to let off steam. The ANMF urged workers to direct their anger and opposition into plaintive appeals to the government to improve workplace conditions. This follows similar limited and isolated industrial action in other states, including ongoing 15-minute stoppages by ANMF nurses in Tasmania.

To take forward the fight for fully-funded, properly staffed, public healthcare, health workers must establish their own rank-and-file committees, independent of the unions, to unite and coordinate their struggles across the country and internationally.



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