Sick children turned away as crisis deepens in Australian hospitals

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Australia's health system is being pushed to breaking point, with new reports emerging daily of hospitals unable to meet demand as a result of chronic underfunding and crippling staff shortages exacerbated by surging COVID-19 infections.

On Monday, the Royal Children's Hospital in Melbourne, Victoria, released a statement advising families to seek alternative care because it faced "unprecedented demand" in its emergency department. The hospital said a high number of "extremely unwell children" were presenting to the ED, and it expected that some patients would wait more than 12 hours to be seen.

Elective surgeries have been deferred at two major hospitals in Victoria. The Alfred Hospital, one of Melbourne's largest trauma hospitals, cancelled all elective surgeries on Tuesday, reporting its highest level of staff sick leave since early 2022. At the Royal Melbourne Hospital, "Category 3" surgeries were deferred. These include joint replacements for mobility, eye surgeries to prevent blindness, and certain cardiac surgeries to prevent heart attacks.

Ambulance Victoria issued a "code red" in Melbourne last week, meaning some emergency cases could not be reached on time, due to a "surge in workload and demand." Ambulance Victoria has reported eight such alerts in 2022. According to ABC News, "code orange," meaning people requiring "non-emergency care" must find alternative transport to hospital, was called 17 times in November alone.

Ambulance and other health services are seeing major staff shortages due to COVID-19 infection. Some 1,635 public hospital and 126 ambulance workers in Victoria were unable to work due to COVID-19 last week, according to a report in the *Age*.

In New South Wales, Australia's most populous state, 1,897 healthcare workers were off work with COVID-19 on December 7. The ongoing staffing crisis means many health workers are forced to work double-shifts and overtime, placing them under immense psychological and emotional stress.

The catastrophic conditions in hospitals are a product of "let it rip" COVID-19 policies, implemented with bipartisan approval since late 2021 and deepened by the federal Labor government of Anthony Albanese.

Even the most basic of public health measures to stop the spread of the virus, such as testing and isolation requirements, pandemic leave payments, daily reporting of cases and mask mandates have been abandoned. This has been carried out in defiance of epidemiologists and medical experts, whose advice has been ignored because it conflicted with the demands of big business that there could be no further disruption to corporate profits.

Amid a "fourth wave" of COVID-19, hospitals are facing a renewed influx of patients. More than 3,100 people are currently hospitalised with COVID across Australia, including some 1,500 in NSW.

In NSW, Bureau of Health Information (BHI) reports reveal that the state saw its worst ambulance response times on record between April and June this year, smashing the record set in the previous three months. Urgent cases categorised as "P1" are supposed to be attended within 15 minutes, but half of patients under this classification waited more than 16.3 minutes.

At Maitland Hospital in regional NSW, which has reported some of the worst wait time statistics in the state, the BHI reported that 70 percent of patients are leaving hospital emergency departments without receiving treatment. There was a 15 percent drop in the number of patients starting treatment on time compared to the same July to September quarter last year.

Similar conditions exist across the country. Recent data from the Australia Institute of Health and Welfare (AIHW) for 2021?22 show that nearly 40 percent of patients across the country waited more than four hours in emergency departments, the worst performance recorded in 20 years, up from less than 30 percent in 2017?18. The longest wait times were in the Australian Capital Territory (ACT), Tasmania and Victoria.

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In Tasmania, 44.8 percent of all patients waited more than four hours for care. Of those triaged as urgent, just 43 percent were seen within the clinically recommended time frame. The ACT's average emergency department wait time was the longest nationally for the fifth year in a row, with 47.6 percent of patients waiting more than four hours.

In South Australia, Labor Health Minister Chris Picton revealed last week that ambulance ramping outside hospitals had increased substantially to 3,516 hours in November, up from 3,331 hours the previous month.

In Queensland, government department figures made public in November showed that from June to September, more than 6,900 patients waited longer than 24 hours in hospital emergency departments across 26 hospitals.

In Western Australia (WA), ambulance ramping figures for November were the worst ever for that month, with paramedics across the state spending more than 5,700 hours outside emergency departments. Western Australia saw a 23 percent reduction in elective surgeries in public hospitals this year, the second-largest after NSW, as a result of staff shortages exacerbated by the COVID-19 pandemic.

Elective surgery wait times have blown out across the country, the product of decades of funding cuts to public healthcare under successive Labor and Liberal governments and the ongoing COVID-19 pandemic, which has exacerbated the strain on public hospitals.

This crisis is being compounded by general practitioner (GP) shortages and a decline in Medicare "bulk-billing," a system whereby doctors and medical clinics send their patients' bills direct to the government. This has forced patients to seek care from public hospital emergency departments.

Dr Sarah Arachchi, a general paediatrician in Melbourne, told the *Guardian*, "GPs are overwhelmed and many no longer bulk bill… that has resulted in a lot of people unable to afford the gap and so they're bringing their children to the emergency departments."

This crisis will only worsen under the Albanese Labor government. After a decade-long virtual freeze, the federal government has refused to increase rebates under the Medicare insurance scheme for doctors in its latest budget. Nor was there any increase in remuneration for longer consultations, or reinstatement of longer telephone consultations.

According to Labor's budget, announced in October, payments to the states and territories for public hospitals will be slashed by more than $755 million this financial year and $2.4 billion over four years. The government has imposed a cap on federal hospital funding of 6.4 percent, while inflation, currently at 7.3 percent, continues to soar.

These increasingly intolerable conditions have sparked a wave of strike action and protests by health workers across Australia. This year, public sector nurses in NSW have gone on strike five times, demanding safe staffing and opposing the slashing of real wages.

In November, nurses across WA went on strike for 24 hours, their first statewide action in more than two decades, in defiance of a ruling by the Industrial Relations Commission. Nurses are fighting an offer from the WA Labor government of a 3 percent per annum pay "rise," a substantial pay cut compared to inflation, and a nurse-to-patient ratio plan that will do nothing to resolve a major staffing and patient safety crisis in Western Australia (WA).

These struggles reflect the determination of health workers around the country to fight. But in every case, they are running up against a union apparatus that is actively working to isolate, minimise and shut down disputes, to clear the way for sell-out deals that do nothing to address the demands of workers for improved pay, decent conditions and patient safety.

In WA, the Australian Nurses Federation (ANF) announced last week that it would not defy any further rulings by the industrial court, in other words, that there will be no more strikes.

This is a continuation of the role union bureaucracies, in health and throughout the working class, have played over decades as the enforcers of the cost-cutting demands of governments and corporations. The decimation of the public health system, under state, territory and federal governments, Labor and Liberal-National alike, could not have been carried out without the full collaboration of the health unions.

To reverse this devastation, nurses and other health workers must take matters into their own hands. This will require the formation of new organisations of struggle, rank-and-file committees, independent of the trade union bureaucracies. Such committees must become the organising centres of a fight for a high-quality public health system, freely available to all, with decent pay and conditions for all health workers.

The dire state of public health in Australia is a glaring indictment of capitalism and the prioritisation of corporate profits over the health and lives of ordinary working people. This underscores the necessity for health workers to take up a fight for an alternative socialist perspective, aimed at reorganising society to meet human need, not private profit.

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