# Australia: Victorian Labor government shuts down COVID-19 respiratory clinics

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Last month, the Victorian Health Department announced the closure of six COVID-19 respiratory clinics in Melbourne, Australia's second most populous city, due to the cessation of state government funding. While 17 others will remain open during winter, their funding is only "short term," and they are also "expected to eventually close their doors."

The clinics were established early in the pandemic so that COVID-19 patients would not have to go to other health facilities, potentially infecting health workers and other patients at general practices or hospital emergency departments.

The slashing of funding for these clinics by the state Labor government of Premier Daniel Andrews is in line with the pro-business "let it rip" policies carried out throughout the country. With Labor governments, and Andrews in particular, playing the leading role, virtually all public health measures to limit—or even measure—the spread of COVID-19 have been torn down amid a mounting toll of infection, illness and death.

The ongoing need for these clinics is clear. According to the Australian Broadcasting Corporation, before their closure, demand was so high for one of the six clinics that as soon as their phone lines opened at 8 a.m. each Monday all 60 appointment spots for the week were taken within 45 minutes.

With the closure of specialised clinics, general practitioners (GPs) have been told by the Health Department that if they were not already seeing COVID-19 infected patients face-to-face then they needed to work out ways of accepting such patients in their clinics.

One practice in Altona North, in Melbourne's western suburbs, is keeping its outdoor respiratory clinic open even though it lost government funding last year.

Dr Mukesh Haikerwal, who runs the clinic and is deputy chair of the Australian GP Alliance, told the ABC: "We think it's important to keep our staff safe, to keep our other patients who've got respiratory illness safe and those who've got other conditions, where they would be very vulnerable if they got COVID."

Denouncing the government decision to end the funding, he said, "I think we've learned a lot, and we're about to forget it, which is a disaster… I think we've lost the plot [because] there is no change to the status of COVID. It's a very nasty disease."

Haikerwal was also critical about the lack of transition of management of infected patients. "We've seen no good guidance from authorities, state or federal, about how we should be caring for people with potential COVID," he said.

Attempting to justify its closure of the specialised respiratory clinics, the Victorian Health Department declared that 25 "priority primary care clinics" opened last winter still offered "similar care and services," but again, this will not stop the risk of infecting other patients and staff at those clinics.

The dangerous consequences of this policy are highlighted by the fact that, as of April, 659 people had died after catching COVID-19 while being treated for other conditions in Victorian hospitals. The Health Department data, which was obtained by the *Age* newspaper via freedom of information laws, revealed that one in eight of the 5,614 Victorians who caught COVID-19 in hospital died from the virus.

The closure of respiratory clinics is one among several recently announced cuts to public health in the state.

The *Herald Sun* reported on July 2 that funding had been scrapped for Ambulance Patient Offload Teams

and Hospital Ambulance Liaison Officers (HALO). The two programs were introduced to help improve ambulance-emergency department transfer times.

Attempting to justify the cuts, Andrews said "very specific measures put in place for COVID" were no longer needed because "COVID is but a fraction of what it was." The claim is false on both counts—the pandemic is far from over, and the HALO program has been in place since at least 2017.

The end of June saw the Andrews government declare that residents of the state would no longer be able to report positive COVID-19 rapid antigen tests. The Victorian Labor government is the first in the country to take this step, which further obfuscates the already massively undercounted infection numbers.

Last month the *Age* newspaper reported that two public health units charged with managing communicable diseases would close at the northern and eastern hospitals in Melbourne, eliminating 90 jobs.

As a result, one of the three remaining units, located at Austin Hospital in the northeast, will now have to serve a population of 1.8 million. The area was among the worst impacted parts of Victoria during the early stages of the pandemic and includes some of Melbourne's most socio-economically disadvantaged communities.

These health units were established in October 2020 when Victoria was at the height of the second wave of the COVID-19 pandemic, forcing the state into lockdown. The units will lose 40 percent of their funding over the next two years—from $80 million this financial year to $55 million in 2023–24, and another reduction of $47 million in 2024–25.

When they were introduced, the units were ostensibly intended to be the front line in dealing with future waves of COVID-19 as well as managing outbreaks of influenza, measles, HIV and Japanese encephalitis. The cuts will threaten the ability to respond in a timely manner to other potential public health emergencies, including floods, bushfires and unusual events like the "thunderstorm asthma" epidemic that hit Melbourne in 2016.

Like the specialist respiratory clinics, the public health units, along with all other public health measures adopted early in the pandemic, were introduced because of the demands of health workers and in recognition that the Victorian health system was already in a state of crisis before the virus arrived.

In a stark illustration of this, in March 2020, Victoria's communicable disease contact tracing team had just 14 members, in a state of 6.4 million people.

The state's hospitals took a battering in the 1990s, with 17 hospitals closed down, 10,000 health jobs, including 3,500 nurses, destroyed and 1,400 hospital beds lost under the Liberal government of Jeff Kennett.

The evisceration of public health, including through privatisation and outsourcing, has continued under all state governments that have followed, with Labor at the helm for all but four of the past 23 years.

None of this would have been possible without the complete collaboration of the unions, which have repeatedly shut down strikes and prevented health workers from fighting the assault on their jobs, wages and conditions.

The closure of COVID-19 clinics by the Victorian government amid a raging pandemic underscores that the fight for a high-quality public health system, with decent wages and conditions for workers, requires a political struggle against the Labor government.

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