

# Australia: Thunderstorm-related deaths expose impact of health cuts

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People throughout Melbourne, Australia's second largest city, faced the threat of thunderstorm-related asthma deaths again last weekend, less than two weeks after eight people died and more than 8,500 were hospitalised on November 21.

On that day, the chronically-underfunded public health system in the state of Victoria, of which Melbourne is the capital, essentially broke down, with dangerously-ill people unable to call ambulances in time. In most cases, people received no official warning of the danger.

Fortunately, a similar storm last weekend was less severe than initially forecast. Ambulance Victoria said paramedics responded to "several dozen" calls relating to asthma on Sunday afternoon.

In response to the public outrage over the way in which the system crumpled on November 21, officials said 15 extra road crews were rostered on. But in a sign of alarm, pharmacies reported selling out of asthma-related products, particularly spacers—devices that make it easier for people to take asthma medication.

On November 21, Melbourne, a city of more than three million people, ran out of ambulances despite the authorities reportedly calling in 60 extra ambulance crews. Police and fire crews had to supplement the ambulance service, along with non-emergency patient vehicles and field doctors trained for disasters. Hospital emergency departments were overwhelmed, with patients sleeping on the floors of some hospitals. At least two major hospitals, including Royal Melbourne, ran out of Ventolin, a basic asthma medication.

With a more than six-fold increase in calls to the ambulance emergency lines—one call every four and a half seconds—not all incoming calls were answered. In some cases callers were not informed they would be waiting for long periods for an ambulance to attend,

resulting in deaths in at least two cases. Families spent desperate minutes trying in vain to resuscitate their loved ones.

At Sunshine Hospital, in the western suburbs, 18 ambulances were banked up in the early hours of November 22. Paramedics attended to patients because the lack of beds prevented their patients from being admitted to the hospital. This, in turn, meant they could not respond to the mounting emergency in the surrounding suburbs.

Victorian state Health Minister Jill Hennessy denied any responsibility for the breakdown, insisting the event was entirely unpredictable. Interviewed on the Australian Broadcasting Corporation television program "7:30," she described the events as "like having 150 bombs go off at once in 150 different places."

Drawing parallels to war conditions is spurious, designed to promote the perception of a system under siege by outside and hostile forces about which nothing could be done. In fact, the state Labor government and health officials received prior warnings of the storm, its severity and its probable consequences.

Biomedical Science Associate Professor Cenk Suphioglu from Melbourne's Deakin University, who helps maintain Deakin Airwatch, a pollen count and forecasting facility, anticipated a high risk of thunderstorm-related asthma on November 21 based on prevailing weather conditions.

His study established a link between rye grass pollen as the chief allergen in thunderstorm-related asthma, with an initial publication appearing in the international medical journal the *Lancet* in 1992. There are abundant fields of rye grass in and around Melbourne, making the city particularly susceptible to thunderstorm-related asthma outbreaks.

Respiratory specialists in Victoria appealed for an advance-warning system for thunderstorm asthma five years ago, further exposing the government's claims that the deadly weather event was unprecedented.

Researchers called for more warnings when thunderstorms followed days of high pollen counts in a letter published in the *Medical Journal of Australia* in 2011. Those conditions matched the weather on November 21 when the pollen count was "extreme," temperatures topped 35°C (95°F) and northerly winds reached 56 kph (35 mph).

In their letter, specialists working at Austin Health in Melbourne drew conclusions from thunderstorm-related asthma events in Melbourne in 2010, 1989 and 1987. They proposed "that additional warnings of elevated risk of asthma exacerbations in pollen-allergic individuals should be made when springtime and summertime thunderstorms follow several days of high or extreme pollen counts." No such warning systems were established.

Extreme outbreaks occur when pollen grains, of which there are high concentrations in Melbourne in spring and summer, are carried into the humid cloud base by hot drafts just before a storm. The pollen grains then absorb moisture, causing them to rupture and release large numbers of significantly smaller pollen particles.

These minute particles are able to pass into the lower respiratory system, triggering an asthma attack in asthmatics and with the potential to trigger an asthma attack for the first time in those with hay fever. The commencement of the storm brought these particles to ground level and, judging by the severe health impacts, distributed the pollen over a radius of about 50 kilometres.

To dissipate the growing anger over the debacle, the state government announced an inquiry, to be headed by a former police chief. Its only purpose will be to divert the blame away from its root causes in the underfunding of the health system by successive governments, Labor and Liberal-National alike.

To cover his government's tracks, Premier Daniel Andrews pledged \$500 million to be spent over the next five years to improve Ambulance Victoria, in a deal brokered with the assistance of the ambulance trade union. Even if honoured, this promise is for a paltry amount that will not overcome the cuts that have

already taken place.

There is a long history of budget cuts in both state and federal spheres, resulting in public hospital closures, ward shutdowns and nursing and ancillary staff shortages. A new stage was marked when the Rudd and Gillard federal Labor governments, between 2007 and 2013, removed block funding from the national public hospital system. In its place, hospitals are now paid a "national efficient price" for each procedure actually performed, constantly pushing them to lower costs and undercut each other.

The current federal Liberal-National coalition government has continued this attack, slashing health funding nationally by an estimated \$1.8 billion over four years, and \$57 billion over a decade. During the campaign for the July 2 federal election, the Labor Party junked previous vows to reverse this cut.



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