

Australian state election sees bogus spending promises in face of escalating health crisis

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Ahead of a state election on November 26, the incumbent Labor government in Victoria is promising new spending on hospital and health infrastructure, as is the opposition Liberal Party. These pledges are a fraud—regardless of which party forms government after the election, the crisis in Victoria’s public health system will only worsen further.

Following decades of bipartisan under-investment and under-funding, every area of public health is in disastrous condition. There is a lack of hospital beds, ballooning elective surgery waiting lists, ambulance services are on the verge of outright collapse, and there are chronic shortages of mental health, community health, and diagnostic services.

The various election promises—even if they are implemented, which is by no means certain—will barely scratch the surface of this crisis.

The Labor government of Premier Daniel Andrews recently announced \$900 million for a hospital in outer suburban Melton and \$225 million toward a jointly funded redevelopment of the Albury Wodonga Hospital on the border of Victoria and New South Wales. The opposition Liberal Party has promised to start construction on the Melton Hospital in 2023, a year ahead of Labor’s start date, falsely claiming they will “fix the healthcare crisis without raising taxes” by shelving a scheduled \$35 billion rail project.

The promised Melton hospital is a case in point of how the underfunding by successive governments will continue. The outer suburb of Melton, 45 kilometres west of central Melbourne, has seen its population grow four-fold in 20 years due to working class families turning to semi-affordable housing in the area. It now has more than 180,000 people and is projected to grow to 500,000 by 2050. Despite this, the area does not have a single hospital. The government’s plan will see a

facility operational by 2029, with 100 beds.

This is grossly inadequate—the World Health Organisation recommends three hospital beds for every 1,000 people. On this basis, a hospital serving the current population alone ought to have 540 beds, more than *five times* that planned by the government. On opening, the hospital will be overwhelmed.

The Labor government’s healthcare infrastructure for Melton underscores its contempt for working people. Residents in the suburb currently rely on the nearest major public hospital in Sunshine, a 40 minute drive away. In May, Emergency Department patients at Sunshine Hospital had to queue up in a carpark for nearly two hours before they were triaged and even able to enter the overcrowded waiting room.

Across Australia, since 1983 the number of public hospital beds per 1,000 people has halved. Victoria is the second worst in the country behind Western Australia, with just 2.34 public hospital beds per 1,000 people.

The Victorian Labor government played a pivotal role last year in implementing the pro-business shift to a “let it rip” policy on COVID-19. Collaborating with then Prime Minister Scott Morrison and New South Wales Premier (NSW) Dominic Perrottet, Andrews has step by step junked every single public health measure that previously helped limit the spread of the dangerous virus.

The COVID-19 pandemic exposed the healthcare crisis, but did not cause it. Australian College of Emergency Medicine president Clare Skinner explained to the *Herald Sun* that the disastrous state of the hospitals was due to “deep structural flaws in the Australian health system... Healthcare workers find it really emotionally difficult when we see politicians standing up and saying ‘this is just COVID, this is

world-class care, it'll be all right,'... We can tell you that this is not just a COVID-related problem. The reality is COVID has only exposed cracks that were pre-existing in the system.”

In March 2020, the number of physicians working in the health protection branch of the Victorian Health Department was 6, compared with 24 in NSW and 17 in Queensland. This was the department responsible for contact tracing during the pandemic.

In Victoria, another measure of the crisis is the lack of Intensive Care Unit (ICU) beds. Victoria has 476 staffed ICU beds, or about one bed for every 14,000 people. By comparison, NSW has 884 ICU beds, around one bed for every 9,000 people. The number of staffed ICU beds in Victoria fell by 40 during the pandemic.

The attack on the public health system is a long running bipartisan operation. In 1991, the Labor government shut down the inner-city Prince Henry's hospital. From 1992 to 1999, the Liberal government led by Premier Jeff Kennett ramped up the onslaught on the health system, closing 17 hospitals and 1,400 hospital beds, destroying 10,000 jobs.

The Labor Party—in power for 19 of the past 23 years—entrenched and extended the Kennett government's austerity attacks. When it took office in 1999, it used cynical “community consultation” processes to ram through further cuts and privatisations of public assets. The 1999-2010 Labor governments of Steve Bracks and John Brumby also implemented Public-Private Partnerships (PPPs) that opened up new areas of profit-making for corporations.

This has continued apace since Andrews was elected in 2014. The upper middle class who can afford private health insurance and expensive additional fees can readily access first class treatment. Just to take one example, anyone able to pay an upfront fee of \$485 can access the Cabrini Private Hospital Emergency Department in the inner Melbourne suburb of Malvern with minimal wait times and no queues through the car park.

At public hospitals, there is a near constant queue of ambulances outside emergency departments, with overworked and under-resourced staff unable to admit patients. Last week, Andrews announced \$26 million to boost mobile intensive care ambulance (MICA) paramedic numbers from the current 600 to 640 with

seven additional MICA ambulances.

Like the hospital spending pledges, even if enacted, this amounts to a drop in the bucket when compared to the scale of the crisis. In the COVID pandemic, the Victorian ambulance service has all but collapsed. During the first Omicron surge daily calls for an ambulance reached 4,000 per day up from 2,200 per day prior to the pandemic. On seven occasions this year there were no ambulances available for emergencies. The *World Socialist Web Site* has previously reported that ambulance triple-zero call delays were linked to 33 deaths over 18 months.

None of the parties contesting the state election will resolve the healthcare crisis.

The dire conditions are producing major struggles by healthcare workers, across the country and internationally. Nurses in New South Wales have engaged in five stoppages this year, while their Western Australian counterparts are striking this Friday.

As with the broader upsurge of the class struggle, these disputes are coming up against the corporatised trade unions, which serve the interests of governments and big business. In Victoria, the unions, including in health, are promoting the Labor Party even after it has presided over the “let it rip” COVID catastrophe that has inundated the crisis-ridden hospitals.

This underscores the need for health workers to form their own rank-and-file committees, independent of the unions, to develop demands that meet their needs, to organise democratic discussions and to prepare a genuine industrial and political struggle against all of the governments, Labor and Liberal-National alike.

Everyone ought to have, as a basic social right, access to freely provided, high quality healthcare. This, however, is only possible through the socialist reorganisation of society, with social need rather than corporate profit made the basis of economic life.



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