



Australian Citizens Party

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MEDIA RELEASE

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Learn the lesson: public healthcare must always be the top priority

Australia is struggling with an acute healthcare crisis from decades of under-resourcing public healthcare. Crucially, the COVID-19 pandemic has not caused the crisis, only made it worse, and the pre-existing lack of adequate front-line resources has severely limited options to handle the pandemic. Yet what are governments doing about it?

The pandemic should have been—and still must be—the catalyst for a war-style mobilisation of resources, training and staff into boosting healthcare infrastructure all across Australia. This must include restoring the rural and regional healthcare infrastructure that has been systematically shut down over decades, which has left Australians who live in regional areas vulnerable to healthcare emergencies requiring long trips to distant municipal centres. Most importantly, the Australian people must resolve to never again allow politicians to gut healthcare resources on spurious, short-sighted budgetary grounds—public healthcare must always be the number one priority.

The systemic run-down of Australia's healthcare is undeniable:

- Hospital beds per thousand (public and private) fell from 6.4 in 1980, to 3.84 in 2016-17 (according to Australian Institute of Health and Welfare statistics).
- Liberal Premier Jeff Kennett's reforms in Victoria in 1992-99 saw some of the most aggressive dismantling of public healthcare in Australia, with the closure of 17 hospitals (including the world-leading Fairfield Infectious Diseases Hospital) and firing of 3,500 nurses—Dr Graeme Brazenor, then Victorian chairman of the Australian Association of Surgeons, resigned in protest at Kennett's "ideologically driven" cuts in 1997, saying that Victoria's public system had gone from being the "repository of the highest standards" to "if it were a dog, you'd shoot it".
- Australia has become very reliant on overseas-born doctors and nurses, often from poor developing countries (which pay to train clinical staff only to have them poached by ostensibly rich developed countries like Australia)—the 2011 census recorded 19 per cent of GPs, specialists, and nurses in Australia had arrived in the previous five years, a sharp increase from 12, 15 and 9 per cent respectively a decade earlier.
- Ambulance services are increasingly overwhelmed all across Australia, irrespective of COVID outbreaks—in April 2021 Ambulance Victoria chief operating officer Mark Rogers noted in *The Age* that emergency ambulance protocols had been adopted at triple the rate of the previous two years combined, and Victorian emergency medicine specialist Sarah Whitelaw told the paper there was "an acute public health disaster", with the system at its worst in three decades: "We haven't understood how close we were to a crisis before COVID with normal demand outweighing health system capacity", she said, adding, "We are incredibly nervous going into winter. Even with no COVID, no flu ... we are tipping over the edge."
- COVID-free Western Australia experienced ambulance "ramping" from lack of availability of hospital beds that exceeded 6,500 hours for the month of August, prompting the government to announce another 332 beds, but the WA Australian Medical Association insists double that number is necessary.
- Healthcare in regional Australia has been gutted—dismantled and concentrated into larger centres—by economic vandals who prefer to use words like "rationalised", which has resulted in the damning statistic that the rate of potentially avoidable deaths increased from 91 per 100,000 people in the major cities to 136 in outer regional areas and 248 in remote Australia, [according to AIHW in 2019](#).

Up until 2019, Australian politicians of both major parties boasted of "28 years of uninterrupted economic growth"; ask yourself then, why in that period of supposedly growing national wealth did Australia's healthcare capacity not *increase*? Why didn't we go from 6.4 beds per thousand to 9 or 10, rather than fewer than 4? The answer is it wasn't real growth—it was in areas like financial services at the expense of real wealth-producing manufacturing—and the same economic ideology that decided our economy didn't need to actually produce anything took a knife to the healthcare system. One of the architects of Jeff Kennett's healthcare assault on Victoria, Institute of Public Affairs Senior Fellow Des Moore, demanded a "major downsizing in the Victorian health Department", paired with "a move to a competitive market situation". The 1997-98 Commonwealth Health Department Annual Report referenced its commitment to "major structural reforms ... aimed at reducing the rate of growth of spending across the portfolio to more sustainable levels", including a pathway "to establish a

successful framework for outsourcing”. In the 22 years since then, the amount of Australia’s healthcare budget spent on consultancies—outsourcing various health roles and decision-making to private executives on fat pay packets—has nearly tripled, including nearly doubling in just the six-year subset from 2013-14 to 2019-20.

The result is we have a public health system that cannot handle Australia’s healthcare needs—even before a pandemic. However, instead of the pandemic being the trigger for governments to reverse these decades of cuts and mobilise to massively expand healthcare capacity, the crisis has met ideological paralysis. The only contingencies that have been put in place have been for temporary extra ICU capacity at the expense of other healthcare needs, not a permanent expansion. Insanely, the Doherty Institute modelling on which the National Cabinet has based its plan to end lockdowns assumes total healthcare capacity is fixed.

In World War II, when the challenge was expanding industrial production to supply the war effort to save Australia from invasion, the Curtin-Chifley government threw everything at it, and within two years of coming to office they had transformed Australia’s entire economy. Australians must demand the federal and state governments abandon their destructive cost-benefit ideology and make a permanent expansion of healthcare capacity in all areas—including acute, aged, and psychiatric care—their number one priority. Fundamentally, this means ending Australia’s reliance on (not acceptance of) overseas doctors and nurses, by investing in a massive expansion of training of clinical staff to man the increased bed capacity we need, and immediately fast-track the training of nurses, as NSW intensive care nurse Michelle Rosentreter pleaded for in the 29 August *Sydney Morning Herald*. The expansion of healthcare capacity must be across the entire country, especially in regional areas, not just concentrated in the major cities.

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