

Nurses strike across Australia's largest state

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Nurses and midwives struck today across New South Wales in their first state-wide action since 2001. More than 180 NSWNA branches voted for the strike, which proceeded in defiance of appeals by the NSW Industrial Relations Commission and state Labor government that it be called off. Throughout the state, as many as 35,000 nurses participated, with thousands taking part in a mass meeting at Sydney's Olympic Park.

While the NSW Nurses Association (NSWNA) called the industrial action over a demand for mandatory nurse-to-patient ratios, the overwhelming support for the strike is a measure of the anger felt by nurses towards the increasingly dysfunctional character of the entire public hospital system.

Nurses, doctors and other health care professionals are working under immense levels of stress. Doctors are regularly working 24-hour shifts and as many as 100 hours a week, according to the Health Services Union. Hospital emergency wards have become venues for daily scenes of chaos and frustration, as staff struggle to find beds for incoming patients. NSW public hospitals are generally operating with an occupancy rate of between 89 and 95 percent. At times, virtually every bed is occupied.

During its 15 years in office, the Labor Party government in NSW has presided over the slashing of as many as 2,500 public hospital beds. According to the most recent survey by the Australian Medical Association (AMA), the number of beds available in NSW fell again in 2008-2009, to just 2.6 per 1,000 people.

Officially, there are over 66,000 people on the state's hospital waiting lists, with the median wait for elective surgery still at 39 days. A recent auditor's revelation that hospital managers in the Sydney West Area Health Service had a "culture" of removing people from waiting lists, in order to reduce the numbers, is symptomatic of a systemic crisis.

Hospitals have to cope every day with the consequences of

under-resourcing. In recent weeks, doctors at the regional Bega hospital have gone public over the fact that a desperately needed CT scanner has not been provided for its Intensive Care Unit, despite two years of urgent requests. Patients regularly have to be driven to Canberra, extending the time before they are treated and taking ambulances out of local service.

Staff safety has been compromised by cost-saving measures caused by the huge pressures on hospital budgets. At Blacktown Hospital's Bungarribee House mental health ward, a nurse was severely injured by a patient, in large part due to the failure of the hospital to construct a mandatory second exit from a Psychiatric Emergency Care unit.

Nothing less than a broad-based political struggle is required to uphold the fundamental right of all to quality medical care, along with the right of all health workers to well-paid jobs, in decent and safe work environments.

It is critical that nurses and health workers as a whole recognise that the nurse-to-patient ratio campaign being conducted by the NSWNA is no such struggle.

On the face of it, the campaign has a laudable objective: the demand for a mandatory ratio of one nurse to four patients that has existed in Victoria since 2001. It is common place in NSW hospitals for nurses to have to care for five or even more patients at a time.

What the NSWNA is keeping quiet about, however, is that the demand for staffing ratios is, in reality, part of behind-the-scenes negotiations between the unions and the federal and state Labor governments over how they can together implement the so-called National Health and Hospital Network Plan.

The aim of the plan, drawn up by Prime Minister Julia Gillard and agreed by all the Labor states, is to slash public health spending, not increase it. Cost-cutting will be achieved by imposing the "casemix" system, which already

operates in Victoria, on public hospitals throughout the country.

Casemix will see block grants replaced by payments for each service that hospitals provide, determined by a national pricing benchmark based on the most “efficient”, that is, lowest, cost standard. If providing a given service costs a hospital more than the government’s payment, it will have to reduce spending elsewhere. The budgetary pressures that already exist on hospitals, and the consequent pressures on staff, will be vastly intensified.

The health unions, including the NSWNA, have no opposition to the National Health and Hospital Network Plan. The aim of the NSWNA’s current nurse-patient ratios campaign is, in fact, to standardise conditions with Victoria, which has established the lowest cost provision of medical care and is likely to be the source of most casemix pricing benchmarks.

NSWNA general secretary Brett Holmes told the *Australian* this month that extending Victoria’s staff ratios to other states “goes to the heart of how any so-called national ‘efficient price’ for a hospital service or procedure is set”. In other words, in exchange for a slight improvement in one aspect of NSW nurses’ working conditions, the union will collaborate with the Gillard government in imposing its reactionary agenda of cutting public health care spending overall.

The experience in Victoria has demonstrated that a nurse-patient ratio, without an expansion of available beds and facilities, simply becomes another reason why tens of thousands of people are being forced to wait for essential medical treatment.

Figures released this month under Freedom of Information, reveal that between July 2009 and June this year, more than 40,000 Victorian patients waited over 16 hours for admission to a ward bed, while 1,012 patients were left languishing for more than 24 hours in emergency departments. The number of beds available in Victoria is even lower than in NSW, at the disgraceful figure of just 2.3 beds per 1,000 people. Across 32 hospitals in the state, there are more than 200,000 outpatients on surgery waiting lists.

The unions are well aware that neither the federal nor the state governments have the slightest intention of making billions of dollars available to fund more beds, more nurses and doctors and a massive increase in hospital resources and equipment. At every level of government, an agenda of cost

cutting is being prepared, in order to meet corporate demands for balanced budgets, tax cuts and higher profits. Public health, one of the largest components of public spending, has repeatedly been named by Gillard as a key target area for “efficiencies” and savings.

Around the world, health services are being undermined as governments seek to make the working class pay for the crisis stemming from the 2008 meltdown in the global financial system. As many as 27,000 National Health Service jobs are likely to be lost in Britain, for example, as a result of the government’s recent austerity announcements.

A genuine fight to defend public health can only proceed if it is based on the fundamental principle that high quality health care, including access to the latest medical technologies and treatments, is an essential social right in modern society, which must be guaranteed free to all.

To defend this right, local committees of nurses, doctors and support staff, entirely independent of the various health unions, should be formed to reject the implementation of casemix and plan out a campaign of unified political and industrial action, in collaboration with workers and young people in every community, against the state and federal governments’ attacks on public health. Such a campaign must be grounded on the fight for a workers’ government and committed to a socialist and internationalist program.

That is the perspective of the Socialist Equality Party. We urge all health workers who agree with the need for such a struggle to make contact with the SEP and participate in the building of a mass revolutionary party of the working class.



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