

Australian nurses, midwives strike against unsafe staffing levels and wage cuts

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More than 300 nurses and midwives in Sydney and across New South Wales (NSW) walked off the job on June 10, defying an order by the state's Industrial Relations Commission. Hundreds more have taken industrial action in the past two weeks at public hospitals all over the state.

The stoppages were over dangerous ongoing staff shortages, excessive overtime and lack of clinical staff, as well as the state Liberal-National Coalition government's cap of 1.5 percent on public sector pay increases this year—a real wage cut.

Members of the NSW Nurses and Midwives Association (NSWNMA), the trade union covering them, from Liverpool and Campbelltown hospitals in southwestern Sydney, and at Lismore Base Hospital in the state's north, voted to strike on June 10, with action ranging from four to 15.5 hours.

The stoppages, while kept isolated and limited by the union, are part of growing and determined industrial action by health workers in Australia, New Zealand, Sri Lanka and internationally. On the same day, paramedics in the Ambulance Division of the Health Services Union, went on strike for 24 hours over the public sector pay cut, only responding to the most serious call-outs.

There were stopwork actions by NSWNMA members at Port Macquarie Base Hospital and the Tweed Hospital in the state's north on June 9, and some 200 nurses and midwives rallied outside Sydney's Royal Prince Alfred Hospital on that day also. On June 7, workers voted to close beds at Yass District Hospital, in the state's south, over staffing and security concerns.

The previous week, around 500 nurses and midwives walked off the job or closed beds in public hospitals, at various places across the state—Belmont, Bowral, John Hunter, Waratah, Blue Mountains, Shoalhaven and

Springwood.

In May, the NSWNMA reported that a “resounding majority” of its public sector members had voted to reject the state government's pay cap and lack of shift-by-shift ratios.

The urgent need for safe staffing ratios has been highlighted by the COVID-19 pandemic, with an influx of coronavirus patients leading to increased emergency room wait times and delays in elective surgery. The emergence of more transmissible and deadly variants of the disease, and the lifting of all safety restrictions by governments, before a substantial section of the population has been vaccinated, has resulted in a new outbreak in Melbourne, in the neighbouring state of Victoria.

The union is fully aware of this danger, with NSWNMA general secretary Brett Holmes telling a rally of nurses and midwives in Newcastle in April about severe staff shortages, including at Westmead, the major public hospital in western Sydney.

“We hear far too many stories about large intensive cares that are running short,” Holmes revealed. “Westmead for instance, has 10-15 shortages on shift. It was the first ward set up for COVID-19 patients. If Westmead can't staff its intensive care, what hope for the rest of NSW if it were to be hit by a wave like that in Victoria?”

Despite this, the NSWNMA has refused to mobilise its 72,000 members across the state in a united struggle, and has instead ensured that the industrial action has remained restricted, with strikes confined to individual hospitals, across different days and for different lengths of time.

Moreover, the strike actions have been brought to an end without any of the workers' demands being met.

The union is seeking to “let off steam” in order to

prepare a sell-out, and force through the state government's demands, saying it will continue to "sit across the table" and negotiate, despite workers' rejection of the government's pay cut.

The 1.5 percent pay rise cap is not only a real wage cut, given the rising cost of living. It follows a 0.3 percent public sector wage freeze imposed by the state government last year. The unions claimed to oppose these wage cuts, but ruled out taking industrial action during the pandemic.

The NSWNMA is calling for a mere 4.7 per cent pay increase this year, which would only bring workers' pay in line with the 2.5 percent that was promised for last year. The union is also seeking staff-to-patient ratios of 1 nurse to 4 patients, as is meant to apply in the two adjoining states of Victoria and Queensland.

These demands are woefully inadequate. Over the past month, public health systems in Queensland and Victoria have reported increased ambulance ramping, due to lack of beds, with patients treated in ambulances on hospital driveways until a bed becomes available.

In May, the Royal Brisbane and Womens Hospital emergency ward in Queensland reported a code yellow internal emergency, with more than 191 percent capacity, and Rockhampton Base Hospital, in central Queensland, similarly reported a code yellow. Staff shortages have also been reported across a number of major hospitals in Victoria over the past month.

In fact, public hospitals throughout Australia are in crisis, even before a major outbreak of coronavirus, with reports from every state and territory of emergency departments overflowing due to lack of beds. In Wyong Hospital, on the NSW Central Coast, it was reported last month that over a dozen ambulances were ramped outside, with some patients waiting over five hours to be admitted.

With the long-delayed rollout of COVID-19 vaccines, the public healthcare system is being stretched to breaking point, as nurses and midwives are redeployed to vaccination hubs. Around 200 nurses and midwives are working at Sydney's vaccination hub alone, alongside 100 other staff members, including pharmacists and pharmacy students. Nurses in hospitals in the working-class suburbs of southwest Sydney are having to work double shifts, to make up for the staffing shortfall.

A NSW parliamentary inquiry report, released at the

end of last year, revealed that health services in the same area, which includes Campbelltown and Liverpool hospitals, have experienced historic underfunding by successive governments, with lower overall funding and numbers of health workers per capita than wealthier areas of Sydney, resulting in wait times of over 500 days for some procedures. An ongoing parliamentary inquiry into NSW rural and regional health services has likened conditions to those of "a third world country."

Last November, the NSWNMA shut down a strike of over 150 nurses and midwives at Blacktown hospital in western Sydney, in response to the deaths of five babies at the hospital in under two years, ongoing staffing shortages and concerns about patient safety. Acting on the orders of the NSW Industrial Relations Commission, the union forced workers back to work, without their demands being met. Since then another newborn has died at the same hospital.

Health workers everywhere are being driven to take action over conditions and wages. Last week, more than 20,000 Sri Lankan health workers, and around 30,000 nurses, healthcare assistants and midwives in New Zealand, went on strike, directly challenging the governments of President Gotabaya Rajapakse and Prime Minister Jacinda Ardern respectively. There were also strikes by nurses and hospital workers in France, Poland and Belgium.

This mounting opposition from workers is coming into conflict with the trade union apparatuses that have shut down strikes and refused to mobilise broader support.

To take forward their fight, health workers need to form rank-and-file committees, totally independent of the trade unions, to unify their struggles and link up with other workers throughout Australia and internationally.



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