Australian health workers speak after public meeting in support of NSW nurses’ strike

Our reporters
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Health workers from across Australia participated in the Socialist Equality Party’s online public meeting on Saturday to build support for the nurses and midwives who have voted to strike on February 15 and discuss the political issues involved. The vote was called by the NSW Nurses and Midwives Association (NSWNMA), which is attempting to limit and isolate the strike action. A number of attendees spoke to WSWS correspondents.

Anna, an aged care nurse

My work asked me to stay back to do a double shift, but I wanted to hear the meeting, so I said no. We are always short of staff. The meeting was very informative and we learnt a lot through it. I learnt not only about Australia, but also about the USA. It is the same thing that has happened here. I think we have the same story. They have also had a lot of problems there during the pandemic.

I heard the report about the numbers of cases and deaths from the pandemic. I thought this was really important, because personally I haven’t heard any of the statistics regarding the cases, or about the rich people who are becoming richer. It’s not true what the governments say, that everything is alright in the hospitals. Everyone is struggling. I have a friend who works in a hospital setting. I don’t think they take COVID patients, but she said she is not allowed to take annual leave, because of the shortage of staff. So, I don’t think the hospitals are alright.

The government is telling lies like this because I guess they just want to normalise everything and they don’t accept that we really are struggling. I think they want profit, yes, they want to put profit first.

Julie, a former nurse

I completely understand why nurses are going on strike, it’s just appalling, the conditions that they are facing. To do your job properly, you’re supposed to be alert and on-the-ball, but how can you possibly be on-the-ball when you’re working so much? I know, myself, from working years of night shifts. I couldn’t sleep very well during the day and it was so hard trying to stay awake. You do the job because you love it and want to care for people, but it’s hard work.

Health workers’ wages keep getting cut back. They expect people to work for peanuts, and the conditions are so bad, they’re all overworked and underpaid. Our health system is shocking, it’s getting to the stage where if you haven’t got money, you get nothing.

Now, with the increasing number of COVID-19 patients needing hospitalisation, it’s just terrible. The government is downplaying how many people are dying from COVID, they’re saying, well, they’re over 60 or they’ve got disabilities, so it doesn’t matter. I’m over 60 and I’ve got disabilities, I don’t want to die yet!

It’s hard for health workers to go on strike, but it has to be done, you get nowhere trying to be nice. I agree nurses need to unite with other workers, it gives you more strength.

I can’t believe how bad the union is, they’re doing nothing to help workers. I always used to think that the unions were there to protect us, but they don’t protect much anymore, if they ever did. Workers need meetings like this one so that they can have an audience, to have somewhere to voice their worries and know that they have support from the people that are listening to them. I think the points by Katy from the US about forming independent, rank-and-file committees and her experiences were really important.

I’ve never heard of any political party, other than the Socialist Equality Party, organising something like this and talking about how to improve my working conditions, or anybody else’s. I think it’s great.

Frances, a health worker on telehealth

A lot of what was said in the meeting resonated with my own thoughts over the last couple of years. I think because I have been following what was happening with the pandemic right from the very start. I was already very conscious of it and concerned about it because my daughter had been overseas and when she returned, she was surprised at the lack of alarm in Australia.

Everywhere she had been in Asia, they were all wearing masks, they were all being told don’t come up close, and there was real fear. She arrived here and said “anywhere in Asia this wouldn’t be happening.” She actually had
symptoms about three weeks after she got back, and when she went to the doctor, they didn’t even bother to test for COVID at that point.

Then within a month we started to hear about cases emerging in New South Wales, and then we had the first lockdown. For me, I was thinking “this is about time.” Then everybody was trying to buy hand sanitizer and we were saying “What if it is airborne?” Then we discovered that it is airborne, that we’d have to wear masks. In my work everybody gradually became more concerned about this virus. We’d all had to quickly move to working in telehealth, working online.

With the reopening of the economy in 2021 it was astounding, and it was almost as though to say something about it, people were looking at you and rolling their eyes and saying “What’s wrong with you? We’ve got an opportunity to come back and mingle with people again. We can go back to normal.” There was a certain level of denial.

Yet, it has been such a difficult time for all health workers and I can’t imagine what it is like for nurses. And there is this whole tokenistic celebration of nurses sacrificing their lives. It kind of resonates with wartime, doesn’t it?

All of the human and social services that are integral to any sort of functional society, education, health and social services, now have competitive tendering, they’re having to be managed in a way as though they’re a business. It’s all just economic rationalism.

The meeting discussed unions. I think in the last ten or twenty years, people have felt that they can’t be confident that unions will help them. It did sound as though they are straitjacketing nurses. I’ve not really thought there’s a lot that unions can do.

I guess capitalism is sold to us as something that allows everybody to benefit, that there is a trickle down. But more and more it feels as though there is no trickling down to ordinary, working-class people and it does feel as if the experience is oppression for ordinary working-class people.

Sam, a biomedical research institute worker

I’ve been saddened by all the things I’ve been hearing about nurses’ conditions for a couple of years now. An eight-hour day would be a dream come true for a lot of them from what I’ve heard. They don’t get a lunch break as such, they have to quickly put something in their mouth, sit down for five minutes then get back on the job. Even weekends and leave have apparently been pushed under the bus for a lot of people in the overstressed hospitals. I can’t imagine going on for a long time like that, and I really hate the fact that people are going through that.

They chose to do a really hard job because they cared about saving people’s lives, and that is just being abused. The government’s version of “coping” is quite different to the hospitals’ version of coping, where they are able to provide the best possible care as befits a supposedly developed country. Elective surgeries, cancer surgeries, normal hospital visits are being dispensed with, emergencies of all kinds are being ignored. I would be enraged at it as the frontline health workers are.

Talking about the role of the unions is extremely important because people might think the union can take forward their struggle, and when the union doesn’t or makes excuses for it, it’s not automatic for workers to think they have to break from the unions and have an independent perspective. The reality is a union isn’t just a workers’ organisation that is trying and failing to do good for workers, it is an arm of companies and government to keep production going and keep profits moving, with the illusion of being a workers’ organisation.

The example of the rank-and-file committee in California is important, because obviously the point of rank-and-file committees is to break from the logic of the unions, which is that the pandemic can be controlled on a national basis when ending the pandemic can only be on a global basis. The unions fundamentally have a different aim than ordinary health workers and workers do.

The reports are a reminder that the pandemic is not petering out, the way it is portrayed in the media. There is a sort of disconnect between what a lot of people are seeing and the media narrative. The fact that there have been more deaths in the past month than in the last two years blows apart the whole concept that vaccines alone will help us live with the virus. So, all they can do is pretend that things are normal, and tell us the hospitals are coping, which they aren’t.

We know that even the things that are possible to do to end the pandemic aren’t being done. It’s a matter of what is being allowed to happen by the powers that be. They consider the necessary measures too costly, not worth spending money on. It’s a political thing, not a scientific or logistical thing.