The growing global movement of nurses and health care workers

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Throughout the world, nurses and other health care workers are engaging in a growing wave of strikes and protests against understaffing, exhausting workloads and the erosion of their living standards by the sharp rise in inflation.

In Germany, more than 2,500 nurses at North Rhine-Westphalia university hospitals have been on strike for more than a month over staffing levels and pay. “We simply can’t take any more,” a striking nurse in Essen said. “We come home physically and psychologically broken—this must finally come to an end.”

In the United Kingdom, 40,000 Scottish nurses at public and private facilities are planning to walk out if their demands for a 10 percent raise are not met. Hundreds of thousands of National Health Service (NHS) workers in the UK also want to join the “summer of discontent” work stoppages by railway workers, teachers and other public sector workers.

In France, health care workers at hospitals across the country are walking out Tuesday, June 7, to protest the lack of resources, low wages and a wave of emergency room closures in public hospitals. This follows last month’s strike by 11,000 Spanish doctors and nurses in Madrid and a nationwide strike by 20,000 doctors in Turkey demanding better wages and benefits.

In India, 20,000 nurses are striking government hospitals in Nagpur in the western state of Maharashtra. In nearby Sri Lanka, health care workers have been at the forefront of the strikes and mass protests demanding the resignation of the Rajapakse government and an end to rising prices and IMF austerity demands.

Last month, 10,000 nurses in New Zealand conducted strikes and slowdowns to demand higher pay and safe staffing levels. This followed the first stoppages by Australian public hospital nurses in New South Wales in more than a decade. They struck twice, in February and March, in defiance of government bans and remain locked in a dispute.

In the United States, 350 nurses, respiratory therapists and radiology technicians at St. Michael’s Medical Center in Newark, New Jersey, have been on strike for more than two weeks. Another 1,300 resident physicians at Los Angeles public hospitals—who regularly work 12-hour shifts and are paid the equivalent of barely the minimum wage—just voted overwhelmingly to strike. Last week, 12,500 nurses in Minnesota conducted a one-day picket, and tens of thousands of nurses in Michigan, New York, California, Washington and other states face contract struggles in the coming weeks and months.

On May 27, dozens of nurses walked off the job at Orlando Regional Medical Center (ORMC) in Florida to protest inhuman workloads, which led to a tragic suicide by a patient going unnoticed for hours. This followed the mass protests by nurses and other health care workers in Washington D.C. and Nashville, Tennessee, demanding the dropping of criminal charges against former nurse RaDonda Vaught for a medical error caused by chronic staff shortages and other safety violations by Vanderbilt University Medical Center.

The scapegoating of Vaught has led to a virtual boycott of Vanderbilt by nurses and health care workers, and medical center officials have resorted to training shuttle drivers and other university workers to perform clinical duties.

All over the world, health care workers confront the same intolerable conditions, which have been enormously exacerbated by the response of the ruling classes to the pandemic. The prioritizing of profits over human lives by capitalist governments led to the virtual breakdown of health care systems, which had already
been undermined by decades of cost-cutting and understaffing.

Burnout, stress and health concerns have led to an exodus of nurses, further deepening the crisis. Conditions have gotten so bad that 90 percent of US nurses are considering leaving the profession, according to a March 24 report in Healthcare IT News, and medical school students are switching their majors.

Far from mobilizing health care workers to oppose these conditions, the trade unions have worked to suppress and block the opposition of nurses and health care workers. At the same time, the unions have promoted all sorts of quarter and half measures—from legislation to cap nurse-to-patient ratios and the setting up of more labor-management committees for “safe staffing,” to Bernie Sanders’ deadend “Medicare for All” proposal in the US—which have done and can do nothing to solve the crisis.

The same giant hospital chains in the US—Tenet, UnitedHealthcare, Allina, Prime Healthcare—that received billions in government pandemic relief are now crying broke and telling workers they have no money to hire more staff and provide living wages to those who have risked their lives and health.

The fight of health care workers raises directly the subordination of health care to private profit. The domination of the global health care system by giant hospital monopolies, pharmaceutical, medical equipment and insurance companies makes it impossible to provide high quality health care to everyone regardless of income.

The major capitalist governments, led by the United States, are diverting society’s resources to war, that is, to the instruments of death not the preservation of life. Biden can find $40 billion to ramp up the US-NATO proxy war against Russia on top of the nearly $1 trillion the US Defense Department eats up every year.

At the same time, the US government’s trustees for Social Security and Medicare reported last week that the two critical federal programs—which 47 million retired workers rely on to supplement their income and health care expenses—would not be able to fully fund benefits by 2028 to 2034.

What flows from this?

First, the struggles of health care workers must be organized and unified through the development of rank-and-file committees, independent of the corporatist trade unions.

Nurses in the US have already taken a critical first step by forming a national steering committee to build rank-and-file committees in every hospital and health care facility to fight the victimization of medical workers. This is part of the fight to build the International Workers Alliance of Rank-and-File Committees (IWA-RFC) to unite the struggles of health care workers across all national borders and develop it as a globally coordinated movement of the working class.

Second, the fight to prioritize life over profit requires a political mobilization against the capitalist system.

The consequences of the subordination of social needs to private profit is clearly expressed in the catastrophic state of the health care system. Nurses and health care workers see this every day. The for-profit system is based on the exploitation of health care workers and the sacrifice of patient health to the bottom line of the medical corporations and their investors. The private insurance industry exists for the sole purpose of denying proper care to patients that need it.

But this must be understood as a particular expression of the character of the capitalist system as a whole. Over the past two-and-a-half years, 20 million people died from COVID-19, including more than 1 million in the US, because the ruling class rejected the most basic public health measures to stop transmission and eliminate the deadly virus. The stock markets soared, and the world’s billionaires gorged themselves.

The global movement of health care workers is part of a growing movement of the working class against social inequality, austerity and war. A central aim of this movement must be the fight to take profit out of medicine and the establishment of a socialist system, democratically controlled by health care workers and committed to the provision of high quality medical care as a basic social right for all.