

Australia: Nurses at two private hospitals in NSW take industrial action

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Yesterday, around 250 nurses and midwives in Sydney, New South Wales (NSW) engaged in a one-hour work stoppage at St. Vincent's Private Hospital in Darlinghurst and Mater Hospital in North Sydney, both part of the St. Vincent's Health Network. The two hospitals are among the most prestigious and profitable in the country.

This is the first industrial action by nurses at the two private hospitals in more than 20 years. The stoppage occurs amid a broader struggle by health care workers across the country, who have carried out strikes throughout the year. The entire health care system is at breaking point, with the effect of decades of cost-cutting exacerbated by the ongoing COVID-19 pandemic.

Nurses, midwives, ambulance drivers and other health care workers are demanding measures to address chronic understaffing and concerns over patient safety, as well as wage increases that keep pace with soaring inflation.

Members of the NSW Nurses and Midwives' Association (NSWNMA) at the two hospitals voted 94 percent in favour of industrial action after management refused to increase its wage rise offer from 2.25 percent. Following the strike vote, the company revised its offer to a measly 3.75 percent increase in 2023, followed by 3.25 in each of the next two years. This would be a massive cut to real wages, with official inflation currently at 7.3 percent.

The union is calling for a pay rise linked to the consumer price index, or a minimum of 5.5 percent per annum. They are also seeking the same nurse-to-patient ratios being called for in the public sector, with the additional claim of two midwives per three mothers in delivery suites.

The fact that the union was compelled to hold the action yesterday, three days before Christmas, reflects not only the determination of the nurses to fight, but how acute the crisis is in health care.

Nurses told *World Socialist Web Site* reporters

yesterday it is not uncommon to have just one nurse caring for eight patients in general wards during the day, which can increase to one nurse to 10 patients at night. As a result, patients are not getting seen in a timely manner, with some waiting hours for assistance. (See interviews).

At the rally, the NSWNMA bureaucracy sought to direct the anger of the health workers toward the election of a Labor government in the NSW state elections in May 2023.

This was on display when Shaye Candish, NSWNMA general secretary, told the striking nurses "we have a state election in March and both parties are under pressure to deliver ratio commitments." Candish declared "staffing in hospitals will be a key feature of the election campaign, St. Vincent's will not be immune to this pressure."

While not explicitly stated yesterday, at previous rallies NSWNMA officials have heralded the "commitment" of NSW Labor opposition leader Chris Minns to "safe staffing levels." Minns has, in fact, refused to legislate staff ratios, something promised by Labor in the 2019 election but quickly abandoned.

Labor is promising to implement some shift-by-shift ratios, but without a mass-hiring campaign, ratios will do nothing to address chronic staff shortages. This is the situation in other states, such as Victoria and Queensland, in which mandated ratios have not resolved the crisis in hospitals.

The parlous state of the health system is the product of decades of funding cuts by state and federal governments, Labor and Liberal-National alike. The Albanese Labor government, in line with its pro-business agenda, implemented a \$755 million cut to public health in its October budget for this year alone, with a total of \$2.4 billion to be slashed over four years.

In all of this year's strikes by health workers, COVID-19 has been completely buried by union speakers. This was sharply expressed yesterday in

Candish's use of the term "post-pandemic." This flies in the face of the experience of health workers, who confront every day the reality of homicidal "let it rip" COVID-19 policies, with hospital wards full of infected patients.

This will only worsen as the population is forced to "live with the virus." The federal Labor government has spearheaded this process by lifting virtually all public safety measures, with the full support of the unions, including the NSWNMA.

Health workers around the country have been engaging in courageous strike action throughout 2022, facing the same issues of underfunding and chronic understaffing.

But anger and determination will not compel the unions to take up health workers' genuine demands. This is because they are not organisations of workers, but bureaucratic apparatuses that serve governments and big business.

In Western Australia, after public sector nurses struck for the first time in two decades, the state Industrial Relations Commission (IRC) moved to deregister the Australian Nursing Federation (ANF). In response to this almost unprecedented attack on the right of workers to take industrial action, the ANF leadership quickly assured the state Labor government and the IRC that there would be no more strikes.

Public sector nurses in NSW have held four statewide strikes this year, opposing the state government's attempts to impose a massive real wage cut and demanding mandatory nurse-to-patient ratios to improve patient safety. But the NSWNMA has done everything possible to limit these actions, preventing health workers outside the public hospital system from taking part and, in September, holding separate small protests outside individual hospitals rather than mass rallies. The union bureaucracy has promoted illusions that the dire conditions in hospitals are entirely the fault of the state Liberal-National government and sought to divert the workers' struggle into a campaign for the Labor party.

At Sydney private cancer hospital Chris O'Brien Lifehouse, nurses rejected a paltry 3 percent pay increase in September. Nurses at Lifehouse issued an open letter condemning the union bureaucracy for its "neutral" stand on the deal, really a tacit endorsement of the rotten deal.

Three months later, Candish sent an email to the Lifehouse staff declaring a great "victory" had been won, putting forward another 3 percent pay offer, the exact amount already overwhelmingly rejected by the nurses.

This, along with the experience of nurses across the country, should stand as a stark warning for nurses and

midwives at St. Vincent's and Mater of the perfidious role of the NSWNMA and other union bureaucracies.

What is critical is for workers in the health sector to take matters into their own hands. This means forming rank-and-file committees, separate from the NSWNMA bureaucracy and controlled by the nurses and midwives themselves.

A network of these committees must be set up to share information about disputes, democratically discuss and develop a set of demands in the interest of workers and coordinate a unified struggle with nurses, midwives, and other workers across the country.

This flies in the face of the campaign of isolation waged by the NSWNMA and other health unions throughout the year. While health workers throughout the country, whether in the public or private sector, confront all the same issues, the union leadership have ensured that their disputes have been kept entirely separate.

The conditions at the two private hospitals in Sydney reveal the reactionary character of the health care system, as high quality health care is sectioned off for the elite and wealthy while staff are underpaid and overworked.

Essential to this fight must be the call for a universal, free and fully funded public health system. Only in this way can decent wages and conditions for all health workers be secured. This is only possible through a fight for the establishment of workers' governments to implement socialist policies, including placing the major corporations and banks, along with the hospitals, under public ownership and democratic workers' control to take the massive super-profits out of the hands of the wealthy and instead use them to fund these essential social services.

We encourage health workers to contact the Health Workers Rank-and-File Committee to discuss this perspective and the establishment of independent rank-and-file committees.



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