

Striking health workers speak out against Victorian Labor government's real wage cuts

Our reporters
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On October 1, thousands of allied health professionals and public sector doctors in the Australian state of Victoria walked off the job and rallied in Melbourne.

For allied health workers—including radiographers, physiotherapists, podiatrists, pharmacists, speech pathologists, occupational therapists and other health professionals—it was the third 24-hour strike in an enterprise bargaining dispute that has been ongoing for more than a year.

Labor has offered allied health workers a meagre 19–21 percent nominal pay rise over four years, barely higher than the current official inflation rate of 4 percent. This would further entrench the losses incurred under the last union-Labor enterprise agreement, which slashed real wages for public sector allied health workers by 10 percent.

Moreover, Labor's offer would do nothing to address workers' concerns over excessive workload, burnout and unsafe staff-to-patient ratios, or the staffing shortages that underly them.

Prior to last week's rally, Victorian doctors had not been presented with any offer from the state government at all, although their existing agreement expired in February.

The two sections of workers raised virtually identical concerns—understaffing, intolerable workloads and plummeting real wages amid a cost-of-living crisis. Doctors and allied health workers are up against a common enemy: the state Labor government and its austerity agenda. This objectively poses the need for a united struggle.

But the union bureaucracies covering them, the Victorian Allied Health Professionals Association (VAHPA) and the Australian Salaried Medical Officers Federation (ASMOF), are doing all they can to divide the striking medical professionals.

The two rallies last Thursday were carefully timed not to overlap, and union speakers at each offered no more than token gestures of “solidarity” to the other. Just as significant as the physical division of striking workers is their political isolation. By covering over Labor's responsibility for the meltdown of the public health system and the destruction of jobs, wages and conditions throughout the public sector, the VAHPA and ASMOF bureaucrats aimed to drive a wedge between allied health workers and doctors, and cut them off from the rest of the public sector.

VAHPA Secretary Aneta Menkinoska called for workers to be “optimistic” and continue pressuring the government for a better deal, adding, “I wish Premier Carroll would stand on this stage and look out to see what I can.”

This bankrupt perspective, that Labor will eventually see reason once alerted to the plight of health workers, is based on a distortion of reality. Labor is not only directly responsible for imposing dire conditions on health workers over decades, having ruled the state for 23 of the past 27 years. It is presiding over the breakdown of the public health system, as part of an offensive by state and federal Labor governments to inflict social austerity measures targeting health, education and other vital services.

VAHPA and ASMOF have both presented the strikes as an opportunity to “place pressure” on Labor ahead of the November 28 state election. In a social media statement ahead of Thursday's strike, VAHPA wrote: “On the 3rd of November, the Victorian government enters the caretaker period ahead of the election. The government is quickly running out of time to fix allied health before the state election.”

In reality, it is the union bureaucracies that are rushing to shut down these disputes before the election, to help Labor send a message to big business that it is best placed to deliver its demands for austerity.

This is exemplified by the fact that, even as the doctors' strike was happening, the ASMOF bureaucracy was negotiating with the government behind closed doors on an “interim” offer that would ban any further industrial action until mid-next year, while delivering none of the doctors' key demands.

This underscores that to avoid a sellout, health workers must take the leadership of these struggles into their own hands, and that requires new organisations—rank-and-file committees, totally independent from the trade union bureaucracy and Labor, democratically run by workers themselves.

Such committees would provide the means to unite workers across the health sector, from doctors and allied health to nurses, and link them up with workers in other industries, who all confront the same attacks and a common enemy. Rank-and-file committees would enable a struggle for demands based on what workers actually need, not what Labor or the union

bureaucrats say is affordable.

Labor's assault is not a solely Victorian phenomenon, but part of a nationwide program by state and federal Labor governments to decimate health, education and social welfare and funnel resources into corporate wealth and military spending.

The struggle for decent pay and conditions in health and other vital services is inseparable from a struggle against the capitalist profit system, which subordinates all human social needs to the demands of the corporate elite. The enormous resources presently hoarded by a wealthy minority must be seized by the working class, in the fight for a socialist society, and used to fund a high-quality healthcare system with well-resourced public hospitals and decent wages for all staff.

World Socialist Web Site reporters spoke with striking allied health workers and doctors last Thursday.

Amy told reporters, "This is the third full-day strike that VAHPA have had, and it's disappointing that we're still bargaining. We've been bargaining for over a year, it's exactly the same with the doctors. Despite all these weekly union meetings with the government, we're still no closer to having a fair deal. We haven't had a pay increase since March last year.

"This is incredibly tough with inflation, everything that's going on in the world, the cost of living and so on. Living costs in Melbourne are just crazy now. We want to make sure that people can continue to live and work. We don't want people to have to be living nowhere near where they work."

Matt, an allied health worker from the regional city of Bendigo, said a major challenge was "retaining our workforce that we've got, especially in regional Victoria and Bendigo, or even attracting staff in the first place.

"The real problem for us is the clinical demand and not having the resources to meet that. Being understaffed is probably the root cause of it all. We're constantly overcompensating for a lack of staff, and that does mean staff burnout."

Nancy, who has worked six years in Melbourne hospitals, said, "We are currently so overworked, with nowhere near enough staffing. We don't receive enough support. Because of the conditions that we're working under, there are those who burn out, more and more. They don't get enough pay for what they do, so they just chuck the profession."

When asked about striking together with doctors, Nancy said, "I think we would all absolutely love to join them as well."

Grace, a public sector doctor, told the WSWS, "I am about to work seven days in a row. Two of those shifts are 14-hour shifts. So I will start work at 8 a.m., finish at 10 p.m., and then be back the next day at 8 a.m. to keep working.

"We care very deeply about our patients, and we do have a lot of responsibility. It's important for us to be working under ethical conditions so that we can deliver care safely."

Nick, who works in a CT scanning service at a public

hospital, said: "Night shift is dangerously understaffed. Our service has just two radiographers handling all the acute patients, basically keeping the entire hospital safe.

"On many occasions, I've found situations such as one time when a patient was in the waiting room with a spontaneous bleed that hadn't even been assessed by a doctor, who I noticed was on the list. I brought them in, I scanned them, and I noticed they're basically waiting to die. They're in a highly critical state. So I informed their doctor, and that got them a neurosurgeon appointment. But imagine if it had been an even longer wait time. What if I didn't just happen to go there and pick this one person, who is very quick and easy to scan? Had I not noticed, it might have been a much worse outcome. And there's more cases like this that occur that we don't notice.

"The government tries to cover over what's happening. They hide this bottleneck in the hospitals by blaming it on just a generic emergency department wait time. They're quite happy to tell the general public that they've hired, say, 100 nurses to staff this ward. It looks good, but they're masking the true issue and it affects patients' lives. It's putting a huge amount of pressure on the whole system. It's not about when the wheels fall off, they've already fallen off."

Nick was concerned that the federal Labor government's cuts to the National Disability Insurance Scheme (NDIS) would exacerbate the lack of funding for support staff in hospitals and schools: "These kids are falling through the cracks, and it's through no fault of their own. It's terrible, we just need to give them a chance. The Victorian government would like us to think that that's a separate issue, but yes, we're united in that. We're all in this together."



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