

Australian nurses' union “surveys” Lifehouse workers after wage-cut offer rejected

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After nurses at Chris O'Brien Lifehouse rejected a wage-slashing proposed enterprise agreement earlier this month, the New South Wales Nurses and Midwives' Association (NSWNMA) is desperately seeking to damp down workers' opposition to a union-management sell-out.

The union sent its members at the private cancer treatment facility in inner-west Sydney a text message Tuesday morning, inviting workers to complete an online survey, which claimed “your NSWNMA stands with you.”

This is utterly false. In the September 6–12 ballot, 68 percent of Lifehouse workers voted against the proposed agreement, in a powerful rejection of both the offer and the union, which effectively endorsed the deal through its supposed “neutral” position.

Now, despite acknowledging that the vote was “definitive,” the union still does not have a negative word to say about the Lifehouse offer. The premise of the survey as an information-gathering exercise is false—workers have made their attitude to the rotten deal explicit, through the vote itself and in the lead-up to the ballot.

In opposition to the union, Lifehouse nurses mounted their own “vote no” campaign, warning their co-workers that accepting the proposed agreement, which offered a 3 percent per annum wage increase, far below the rate of inflation, would result in “the greatest decrease in nurses' real wages in decades.”

The nurses' campaign included an open letter to the NSWNMA, urging the union to call for a “no” vote on the agreement, which did not meet “the majority of the claims” demanded by workers.

Tuesday's message to workers, the first communication from the union since the ballot result was announced two weeks earlier, must not be misinterpreted as a sign that the NSWNMA is listening to nurses' concerns and shifting

its position on the deal. In fact, the union is in damage-control mode, responding to the incipient rebellion with an attempt to convince the Lifehouse nurses it is on their side in order to prepare the way for a sell-out.

The survey asks workers who voted against the agreement to rank the importance of a series of factors: “I want nurse to patient ratios,” “The pay rise wasn't high enough,” “I want better leave such as parental leave, pandemic leave etc.,” and “I want better education resources.”

Workers are asked to rank their concerns in order to promote the idea that achieving all of their demands is impossible, and to provide justification for a subsequent union-management offer containing a minor improvement in only the “most important” area.

The vague wording of the demands will allow the NSWNMA to claim the support of nurses for the barest of concessions from management, even if they fall short of what is contained in the log of claims previously endorsed by workers.

This has nothing to do with soliciting members' opinions on the offer and is instead an attempt to cover up the union's role in pushing through a deal that will cut real wages and entrench poor conditions.

Those nurses who voted in favour are also asked to rank a list of factors designed to place the rejected agreement in the best light: “I wanted the pay rise to go through, and back pay,” “I liked the 13 improvements and no cuts,” “I think it is the best deal Lifehouse will offer.”

The wording of these questions is clearly intended both to discourage those nurses who voted “yes” from changing their position and to drive a wedge between workers by promoting the conception that those who voted “no” are depriving their colleagues from a “pay rise” and “13 improvements.”

Of these “improvements,” four have been described by the union as “partial,” meaning they fell short of actually

meeting workers' demands. The remainder are mostly minor gains covering unusual circumstances or attempts to close loopholes exploited by management under the existing agreement.

The final item in the questionnaire cynically implores the workers to become more involved with the very union that is in the process of selling them out, including by becoming a branch official, or helping to recruit their colleagues into the union.

The entire survey is confined to the narrow framework of "securing wins for nurses at Lifehouse." At no point does the NSWNMA even refer to the ongoing struggle of more than 50,000 public hospital nurses and midwives in the state, which is over essentially the same issues as the Lifehouse dispute.

The union operation at Lifehouse should be seen as a stark warning of the sell-out that is being prepared for the public sector nurses. Since the first statewide strike in February, intended by the NSWNMA as a one-off release of pressure, the union has done everything possible to keep the nurses and midwives isolated and wind up the dispute.

Now, the public sector nurses' struggle has been entirely diverted into an election campaign for the Labor Party. Last week, NSWNMA General Secretary Shayne Candish and Assistant General Secretary Michael Whaites appeared alongside Opposition Leader Chris Minns as he announced Labor's platform of limited health reforms for the March 2023 election.

The NSWNMA's endorsement of Labor and Minns, who proudly declared last month he had "clashed with the nurses' association over nurse-to-patient ratios" and who insists that pay rises must be tied to "productivity" gains, underscores the union's role as an enforcer of the cost-cutting demands of government and business.

Throughout the health system, workers face increasingly intolerable conditions as a result of decades of union-overseen restructuring, privatisation and cuts to wages and resources for patient care. Chronic staff shortages have been exacerbated by the ongoing COVID-19 pandemic, which is the direct result of the "let it rip" policies embraced by Labor and Liberal-National governments and the reopening drive enforced by the unions.

What this underscores is the need for Lifehouse staff to take matters into their own hands. The open letter and the "vote no" campaign were important first steps, which demonstrated the capacity of workers to organise independently of the union bureaucracy. But that is only

the beginning. The union will not be shifted from the role it has played for decades as an appendage of government and management by an open letter, or by any other means.

What is required is a complete break with the union bureaucracy and a fight to establish a rank-and-file committee at Lifehouse. This committee should not be limited to those nurses covered by the NSWNMA, but should be open to all Lifehouse workers, including those in the Health Services Union who have also recently rejected a wage-cutting offer from management.

The rank-and-file committee will provide a forum for workers to democratically formulate a concrete set of demands based on their needs, not what management or the unions say is possible or affordable, and develop a plan to fight for these claims.

In the first instance, Lifehouse workers should reach out to their colleagues throughout the health system, public and private, as the basis for a unified struggle for improved real wages and conditions, involving already striking teachers and rail workers, as well as broader layers of the working class.

Ultimately, this struggle is inseparable from the fight for the establishment of workers' governments and the implementation of socialist policies. Only by placing hospitals, along with the major corporations and banks, under democratic workers' ownership and control can society's resources be reorganised to provide high-quality, free, public health care, with decent wages and conditions for all health workers.

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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