

Australia: Union letter to Chris O'Brien Lifehouse nurses shows plans for a sell-out

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Three months after nurses at the Chris O'Brien Lifehouse private cancer hospital in Sydney rejected a wage-cutting enterprise agreement (EA), they have received an email from the nurses' union, declaring that management has acceded to a pay rise. But the offer, of a miserly three percent increase per annum, is the same that workers already rejected in September.

The email from Shaye Candish, the New South Wales Nurses and Midwives Association (NSWNMA) general secretary, announced that members had “won the pay rise” through “member action.” The union, however, has held no genuine action.

Candish wrote that “while it's not as much as members would like, it shows that management heard your call for cost of living relief.”

The email can only be described as extraordinary. It presents as an advance a real wage cut that has provoked widespread anger among rank-and-file nurses. The opposition has been so great that a number of nurses issued an open letter to the union demanding that it firmly reject the 3 percent “offer.”

A Lifehouse nurse responded to Candish's email, telling the WSWs: “I think it is an outrage that the NSWNMA sent an email to members announcing a 3 percent increase and painting it as a victory. Nothing could be further from the truth.

“Lifehouse already offered 3 percent, when inflation was at 6 percent, which was resoundingly voted down. The open letter, written and signed by Lifehouse staff, clearly stated that 3 percent is a real wage cut!

“It is an insult, not only to nurses at Lifehouse, but in NSW and all over the country. Inflation rates are now over 7 percent and the price of food, fuel, power and commodities are rising all the time. Whose interests are they really protecting?

“It's clear that health workers can no longer rely on the unions. To protect our interests and find a way forward, we need to form our own organisations.”

As Candish's email makes clear, such organisations—rank-

and-file committees completely independent of the NSWNMA—are the only means of fighting for nurses' demands.

Candish's email also listed 15 “improvements won so far.” Only three of those are different from what was contained in the previously rejected agreement.

The supposed concessions are of a pitiful character. They include no patient load for those in charge of the hospital, preference to be given for leave requests for cultural and religious reasons and staffing absences to be filled by nurses of similar experience. The changes are either inconsequential, or so vague as to allow management to void them at any time.

They do not address any of the concerns of nurses who are demanding a pay rise to offset rampant inflation, the basic right for workers to reject being forced to work on-call and safe nurse-to-patient ratios.

Candish's email concluded by declaring that this is the “starting point” to “finalise an agreement offer.” The union, having repeatedly defied the sentiments of workers, is returning to closed-door “bargaining meetings” with Lifehouse management early in the new year.

The letter is a clear warning that the NSWNMA is planning to ram through a sell-out deal.

This would be a rerun of the vote in September, when Lifehouse management called a ballot for an EA including a 3 percent “wage rise,” well below official inflation and addressing none of the safety concerns. The agreement was overwhelmingly rejected, with 68 percent of the participating nurses voting it down.

Critical to this rejection was the open letter issued by a section of nurses at the hospital, urging their co-workers to oppose the deal. The letter explained that the 3 percent per annum wage increase would result in “the greatest decrease in nurses' real wages in decades.”

The letter condemned the role played by the NSWNMA, whose “neutral” stand on the EA was “ceding the narrative to management,” who had “removed all ‘vote no’ posters and put up their own ‘vote yes’ posters.”

In fact, the posture of “neutrality” was a sham. It was aimed at ensuring that the deal passed, while providing the union bureaucracy with plausible deniability for the consequences of the sell-out.

After the rejection of the EA, the union went into damage control, desperately seeking to dampen down workers’ opposition. The NSWNMA held meetings at the hospital and issued a phony survey designed to give the union justification for agreeing to the most meagre concessions from management. Candish’s email is the outcome of that process.

In reality, the union functions as an arm of management. This has been underscored by the experiences of supporters of the Socialist Equality Party (SEP) and the Health Workers Rank-and-File Committee (HWRFC) who have campaigned against the sell-out.

In a revealing incident last September, Chief Financial Officer Rodney Green approached SEP campaigners, demanding that they leave the public footpath.

Green called over both Lifehouse staff and security. One of his female offsidiers took a leaflet and said to Green, “They aren’t with the union.” Green replied, “You call the union, I’ll call the police.”

In other words, the union and management are working in tandem, against nurses and those who oppose the plans for a regressive agreement.

Nurses are thus posed with the need to take up a struggle against the NSWNMA leadership itself. The SEP urges Lifehouse staff to continue and deepen the fight against the sell-out being prepared, including by voting “no” in any ballot that the NSWNMA and management may call after their backroom talks.

Lifehouse nurses must turn to their real allies, healthcare staff across the board, in the public and private hospitals. The NSWNMA’s moves towards a sell-out at Lifehouse are of direct relevance to those workers. If the union is able to inflict a defeat on the Lifehouse nurses, it will create a precedent for sell-outs elsewhere.

For the past year, public sector nurses have been fighting the attempts of the state Liberal-National government to impose an industrial agreement mandating a real wage cut and entrenching intolerable conditions.

The NSWNMA has been compelled, by workers, to call four statewide strikes of public sector nurses this year. But it has isolated them, preventing any unified mobilisation of nurses, let alone all health staff.

The union, moreover, has continuously appealed to the state government to “come to the negotiating table” with a “fair offer.” At the same time, it is seeking to transform the dispute into an adjunct of the NSW Labor Party’s campaign for the state election.

Labor, a party of big business, has presided over decades of cuts to public healthcare and opposes mandated ratios and other basic demands of nurses.

The federal Labor government’s October budget signalled that national funding to public hospitals will decrease by \$755 million this financial year and \$2.4 billion over four years. Meanwhile, the Labor administration has opposed “across-the-board” wage rises, instead seeking to ensure that any pay increases remain below inflation.

Nurses are also holding stopwork meetings this week at Mater Private Hospital and St Vincent’s Private Hospital, both in Sydney. The workers are similarly facing regressive enterprise agreements.

The actions of the NSWNMA at Lifehouse demonstrate what it intends to inflict, not only on the nurses there, but across the board, including in the public sector and at other private hospitals.

The entire healthcare system is in an unprecedented crisis, resulting from decades of government cutbacks and the “let it rip” COVID policies. The NSWNMA has facilitated this situation, through decades of sell-out deals and its tacit support for the profits before lives coronavirus policy.

Now, it is attempting to ram through even greater defeats and to block a unified struggle of health workers, who face identical issues. This is because the unions are not workers’ organisations in any sense of the term. Instead they are a police force of governments and corporate managements.

That is why it is crucial for workers at Lifehouse and throughout the health sector to take matters into their own hands. This means the formation of rank-and-file committees, independent of the NSWNMA and democratically controlled by workers themselves.

A network of such committees can coordinate unified action, involving all health staff. What is needed is a genuine fight for high-quality, fully-funded public healthcare for all, and decent wages and conditions for all workers in the sector. That poses the need for an alternative socialist perspective, which rejects the subordination of essential social services such as healthcare, to the profit interests of the corporate and financial elite.

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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