

Australian union tries to subordinate nurses to NSW Labor government

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Members of the New South Wales Nurses and Midwives Association (NSWNMA) last week endorsed the union's award claim for public sector nurses and midwives.

The NSWNMA is seeking a 10 percent pay rise from July 1, with future increases linked to the consumer price index (CPI). The purpose of this claim is to convince workers that they can fight for genuine improvements to pay and conditions within the union bureaucracy, despite the betrayals of the past.

A 10 percent pay rise is the bare minimum needed to bring nurses and midwives' real wages up to pre-pandemic levels and would not even begin to make up for decades of cuts. But the union has no more intention of leading a struggle for this figure than it did last year when workers demanded 7 percent. Even the initial 2022 claim of 4.75 percent was quietly abandoned.

The reality is that the NSWNMA bureaucracy will impose the further cuts to real wages demanded by the government, in line with the broader austerity agenda of Labor governments throughout the country.

Also included in the claim is the demand for shift-by-shift minimum nurse-to-patient ratios in all areas of public health. But this is completely undermined by the union bureaucracy's promotion of Labor's "safe staffing levels" plan.

Late last month, the NSWNMA hailed Labor's announcement that it would establish a "Safe Staffing Working Group" to begin implementing ratios. This group will allow union officials to be closely involved in rolling out the staffing changes, positioning the bureaucracy to shut down any opposition from workers to management decisions.

Health Minister Ryan Park emphasised that "safe staffing levels" would be introduced over an extended period of time, starting in emergency departments only, with a requirement for a minimum of one nurse to every

three patients.

The union promoted illusions that a Labor victory in the March NSW state ballot would be a panacea for nurses and midwives, diverting last year's strikes entirely into an election campaign. Now, almost eight weeks after the election, with no sign of an end to the punitive public sector wage cap, the bureaucracy is conscious that workers' patience is running out.

Since taking office, the New South Wales (NSW) Labor government has moved at a glacial pace, attempting to string workers along while delaying action on its meagre promises.

In reference to the wage cap, Premier Chris Minns said last week, "It's going to take a bit of time, but the clock is ticking and I acknowledge that." The government has deferred releasing the state budget until September, well after key public sector industrial awards are due to be negotiated, including those covering health workers.

Even if it proceeds with the removal of the 2.5 percent wage cap, Labor made clear before the election that an inflation-level pay rise for public sector workers is completely off the cards. Instead, Labor insists that wages must be tied to increased "productivity," that is, cuts to jobs and working conditions, and that the "target" range for nominal pay increases is 3–3.5 percent per annum.

Similar attacks are being carried out against health workers by Labor governments around the country. In Western Australia (WA), the McGowan government is refusing to grant nurses and midwives a 5 percent pay rise, despite six consecutive state budget surpluses driven by the mining boom.

After workers held a single strike of less than 24 hours last year, the WA industrial court threatened to deregister the Australian Nursing Federation (ANF) and is seeking to impose a massive fine, potentially as high as \$36 million. These threats are not really directed at the union bureaucracy, but at workers themselves, and have in fact

been utilised by the ANF leadership to justify its refusal to call further strikes.

Last year, NSW health workers carried out multiple statewide strikes, demanding wage increases and safe staffing ratios. The NSWNMA leadership was compelled to hold these stoppages as a “safety valve,” to prevent an explosion of workers’ anger and a rebellion against the union bureaucracy.

After two major strikes involving mass demonstrations in Sydney and elsewhere, the NSWNMA ensured subsequent stoppages were limited to small demonstrations outside individual hospitals.

At every stage the NSWNMA and other health unions sought to keep the dispute isolated. Private sector nurses and midwives were excluded from the strikes, along with other public sector health workers, such as pathologists, radiologists, orderlies, cleaners, food service workers and paramedics, who were also seeking to defeat the wage cap.

These divisive tactics, designed to demoralise and disarm health workers, are continuing. Last week, nurses and midwives at St Vincent’s Private Hospital in Sydney’s Eastern Suburbs and Mater Hospital in North Sydney engaged in their ninth stoppage.

Like their counterparts in the public sector, they are seeking real wage increases and safe nurse-to-patient ratios, but the union bureaucracy is actively seeking to prevent a unified struggle. At the rally, NSWNMA leaders promoted illusions that the public sector battle is over and done with, warning St Vincent’s management that failure to match the supposedly forthcoming changes in public hospitals would lead to an exodus of staff.

Public sector health workers other than nurses and midwives covered by the Health Services Union (HSU) are also demanding action on wages and conditions. Earlier this month, workers at three hospitals in northern NSW walked off the job briefly and this will be followed this week by stoppages on the south coast. Paramedics and patient transport officers in the HSU will tomorrow implement a 24-hour statewide ban on transporting patients home from hospital after they are discharged.

The HSU has been forced to call these piecemeal stoppages for the same reason that the NSWNMA claims to be fighting for a 10 percent wage increase—to defuse and redirect opposition to the Labor government.

The union bureaucracy insisted last year that workers’ issues could only be resolved by diverting their anger and frustration into electing a Labor government. Now, with Labor in power not just in NSW, but federally and in

every state except Tasmania, workers are beginning to demand action on those promises.

The complicity of the unions with all governments, but especially with Labor, underscores the need for workers to build their own organisations of struggle, rank-and-file committees. Through these committees, workers can democratically develop demands based on their needs, not what the government or the union says is affordable, and prepare a plan of action to fight for them.

In order to mount a unified struggle for these demands, workers will need to defeat the isolation tactics of the NSWNMA, HSU and the rest of the union apparatus. The disputes already simmering among health workers in NSW show that there is a substantial constituency, far broader than just public sector nurses and midwives, for a fight for real wage increases across the board and safe conditions for all staff and patients in every health facility in the state.

This will not only be an industrial dispute, but a political struggle, against Labor, the unions, the industrial courts and the capitalist system, which subordinates all human needs—even health and lives—to the profit demands of a wealthy few.

Capitalism is fundamentally incompatible with a top-quality public health system, with fair wages and conditions for all workers. Such a system is no utopian dream. There are more than enough resources, but the issue is which social force controls them. A workers’ government would implement socialist policies, including placing the entire health system, along with the major corporations and banks, under public ownership and democratic workers’ control. This would facilitate the complete reorganisation of society’s resources to serve the interests of the entire working class, not those of big business and the financial elite.



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