Union shuts down South Australian nurses' strike in backroom deal with Labor government

Vicki Mylonas
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The Australian Nursing and Midwifery Federation South Australia (ANMFSA) announced Friday the indefinite suspension of all industrial action by the state's 20,000 nurses and midwives. The union bureaucracy had done a backroom deal with the state Labor government of Premier Peter Malinauskas for a so-called "interim" pay rise that falls far short of health workers' demands and delivers no improvements to working conditions.

The union-government deal is a betrayal of nurses and midwives' deep-seated anger over real wage cuts and intensifying workloads throughout South Australia's public health system. Nurses had overwhelmingly rejected the government's offer of 11.14 percent (compounding) over three years, which, under conditions of rising inflation and soaring living costs, would amount to a further real wage reduction. The ANMFSA had initially demanded a pay increase of 23 percent over three years, but had already reduced this claim to 21 percent before the developments last week.

The cancelled action includes a 24-hour strike at Adelaide's Lyell McEwin Hospital that was set to take place on February 26. The stoppage had originally been slated for February 19, but was "postponed" by the union the preceding afternoon after closed-door discussions in the South Australian Employment Tribunal. The Labor government had appealed to the pro-business industrial court to have the strike shut down entirely, under the phoney pretext of concerns over patient safety.

The postponement—of an action that was already designed by the union bureaucracy to limit the overwhelming opposition of nurses and midwives to Labor's attacks on their wages and conditions by dividing them up, hospital-by-hospital—was an immediate red flag, pointing to an imminent sellout. It meant that the strike would have occurred during the pre-election "caretaker" period, allowing the government to claim that its hands were tied and no new offer could be made.

Sure enough, by Friday afternoon, the union leadership had stitched up a deal with the government, behind the backs of the membership, to halt all industrial action, granting Labor a guarantee of industrial peace in the lead-up to the March 21 state election.

In a Facebook video, ANMFSA secretary Elizabeth Dabars presented the deal as a victory, telling members the union had "secured a total interim administrative increase of 6 percent this year." In fact, the union-government deal consists of a 4 percent increase backdated to 1 January 2026—which, Dabars was compelled to admit, was "already secured" previously—with a further 2 percent rise that will not come until October.

Dabars' announcement was met with strong hostility from nurses and midwives. Hundreds of comments on the Facebook post, almost unanimously opposing the backroom deal, laid bare the gulf separating the union apparatus from its members. The comments told a story of disbelief, anger and betrayal. Far from celebrating, workers recognised the agreement for what it was: a face-saving measure for the Labor government, brokered at their expense and imposed without their consent.

Many workers pointed out that the so-called "6 percent" increase was largely illusory, with the additional 2 percent delayed until October 2026, reducing the real rise for the year to around 4.5 percent. Some also noted that, given the previous enterprise agreement expired in July last year, the pay rise effectively amounted to little more than 3 percent per annum.

Nurses expressed outrage at the suspension of industrial action without any vote or consultation, arguing that momentum had been lost and that stronger gains could have been achieved through continued coordinated strike action.

One commented, "How is it that members, i.e., the actual nurses, were not asked to vote on this?? I think the resounding response would have been NO. If they wanted to offer 6 percent backdated to January 2026 it may have

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passed but not when we only get it from October!”

Another asked “Why has industrial action been suspended?”

Beyond the pay figures, workers voiced sharp criticism of the union’s failure to secure meaningful improvements in conditions and its broader strategy of containment. The prevailing sentiment among members—disappointment, frustration, and distrust—demonstrates that the interim agreement does not reflect the interests of the nursing workforce.

In response to the backlash, the ANMFSA yesterday published a “fact sheet” on the “Administrative Wage Increase.” This document, which defensively notes that “your elected ANMF officials made the decision on your behalf to ensure members did not miss the opportunity,” stresses that enterprise bargaining will resume—although it does not say when.

This is an attempt to placate nurses and midwives with the illusion that further improvements to wages and conditions will be won through behind-closed-door negotiations with the government after the election. The union even notes that industrial action could be resumed “if genuine progress is not achieved at the bargaining table.”

Nurses and midwives should place no faith in these claims. The so-called “interim” pay increase is a well-worn union tactic that has been used time and time again to impose the demands and punitive wage policies of governments behind the backs of workers.

In Western Australia, the Australian Nursing Federation, in league with the state Labor government and the industrial courts, used such a technique to effectively defer the entire 2022 enterprise agreement, pushing through “interim” 3 percent nominal pay rise deals in 2023 and 2024 and enforcing a strike ban.

In New South Wales, amid mass opposition from nurses to the Labor government’s three-year, 3 percent per annum pay rise offer in 2024, the Nurses and Midwives’ Association (NSWNMA) agreed to a strike ban in October of that year that remains in effect, with workers’ wages and conditions to be decided by a protracted “special case” before the Industrial Relations Commission. The NSWNMA pushed through 3 percent interim pay rises in 2024 and 2025 as a means of suppressing opposition to the draconian strike ban—meaning the union bureaucracy has effectively imposed the first two-thirds of Labor’s real-wage slashing “offer.”

These experiences, as well as the Malinauskas government’s move last week—in which the industrial courts and ANMFSA bureaucracy collaborated—to have the Lyell McEwin strike shut down, should be a warning to nurses and midwives in South Australia: Neither the government nor the union has any intention of allowing hospital strikes to proceed.

Friday’s shutdown of industrial action is only the latest and sharpest expression of what has been the role of the ANMFSA throughout this dispute—to contain and isolate nurses’ opposition to Labor’s attacks. This has been compounded by the actions of the other unions covering health and the broader SA public sector, which have all shut down or prevented industrial action and imposed sell-out agreements far short of workers’ demands.

Above all, the health unions have acted to prevent a unified struggle by state-employed workers against Labor’s austerity agenda and the escalating crisis in South Australia’s public health system, despite the 2022 election pledge by the Malinauskas Labor government to “fix ramping.”

Nearly four years later, ambulance ramping has only worsened, while emergency department congestion and the widespread practice of “internal ramping”—with patients treated in corridors and improvised spaces due to chronic bed shortages—remain entrenched features of the system.

What is posed is the necessity for health workers to break free from the straitjacket of the union apparatus. This means the formation of rank-and-file committees, democratically controlled by workers themselves, to unite nurses with doctors, paramedics and other health workers, as well as the rest of the public sector and broader sections of the working class, in a common struggle against attacks on their wages and conditions.

The struggle for decent wages and safe staffing for health workers is inseparable from the fight for a fully funded public health system of the highest quality, freely accessible to all. This is incompatible with the capitalist system, in which all human needs are subordinated to the profit demands of the financial and corporate elite. The alternative is the fight for socialism.

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