

# Australia: Vote “no” to union-Labor sellout of Victorian nurses

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Public sector nurses and midwives in Victoria are this week voting on a proposed enterprise agreement brokered by the Australian Nursing and Midwifery Federation (ANMF) bureaucracy and the state Labor government.

The Health Workers Rank-and-File Committee (HWRFC) urges nurses and midwives to vote “no” to this sell-out deal, which is totally inadequate to keep up with the soaring cost of living and make up for years of real wage cuts imposed by Labor and the ANMF.

Under the proposed agreement, base pay rates in most classifications will remain lower in real terms than they were in 2019, until at least October 2027. Moreover, the deal will do nothing to address the deepening crisis in the state’s public health system.

The ANMF leadership is trying to ram through the proposed agreement which was accepted “in-principle” at a meeting of around 2,000 nurses and midwives on June 26. This result was engineered by the bureaucracy which worked closely with the Labor government to repackage and rebrand what was, essentially, the same offer workers rejected in May.

Rattled by the first “no” vote, ANMF state secretary Lisa Fitzpatrick hit out at union members, insinuating that the highly educated professional nurses and midwives present at the meeting were simply not “able to grasp the concept” of the deal put before them.

In line with this insulting conception the offer now before nurses and midwives is a “simplified” one, its description essentially reduced by the union bureaucracy to three digits: 28.4 percent (compounded) over four years.

The use of a “compounded” figure, that is, the total increase in pay over the term of the agreement, rather than the simple sum of each pay rise, as is typical, is one aspect of the union’s deliberate attempt to confuse and distract workers.

The largest component of the offer in fact arises from a process that is out of the Labor government’s control. The ANMF has brought a “work value case” before the Fair Work Commission (FWC), arguing that nurses and

midwives have been systematically underpaid for many years. Only after it became clear that the FWC would order a pay increase did the Labor government agree to include the anticipated sum in the enterprise agreement proposal.

Lumping what amounts to reparations in with an annual pay rise, ostensibly meant to cover inflation and provide a gradual increase in workers’ living standards, is a fraud. The ANMF bureaucracy is both seeking to cover up its own role in enforcing the inadequate wages of nurses and midwives over decades, and hide the fact that the Labor government is only offering a pay rise above the official inflation rate because it is being compelled to by the industrial courts.

Try as the ANMF bureaucracy might, no amount of creative arithmetic can conceal the fact that this proposed enterprise agreement is totally inadequate in the face of an ongoing cost-of-living crisis.

On average, the proposed pay increase roughly equates to 6.45 percent per annum, although the timing of pay increases differs according to pay classification. Workers in most categories will receive pay rises of around 5 percent this year, 4.23 percent in 2025, 4.09 percent in 2026 and 12.71 percent in 2027.

This will almost certainly mean at least another three years of real wage cuts. Australian Bureau of Statistics (ABS) data show that inflation rose to 3.8 percent for the 12 months to June, up from 3.6 percent for the year ending in March.

This is a vast understatement. By far, the greatest inflationary burden falls upon the shoulders of the working class. The ABS’s “selected living cost indexes” show that the cost of living for employee households rose 6.2 percent in the year to June.

First-year registered nurses and midwives will receive the largest increase, 17.51 percent this year, followed by three years of 3 percent nominal increases—likely lower than the official rate of inflation. Registered nurses and midwives up to year six will also receive larger pay increases in the first year.

For all but the newest workers, the proposed offer falls far short of what is necessary to recoup past losses resulting

from previous ANMF-brokered deals.

Victorian public sector nurses and midwives have not received a pay rise since a 3 percent increase in December 2022, less than half the official inflation rate of 7.8 percent.

Since April 2019, while the consumer price index has increased by 20.42 percent, the wages of Victorian nurses and midwives have risen by just 9.27 percent. A first-year registered nurse now earns \$170 less per week than if pay rises had kept up with inflation over the past five years.

While the proposed deal will immediately overcome this shortfall for first- and second-year nurses, most other classifications will have to wait. Even assuming an almost inconceivably low annual inflation rate of 2.5 percent from March 2025 onward, the wages for nurses above third year will not exceed their 2019 level in real terms until November 2027.

The cumulative impact of previous union-government wage cuts is greater still. A full-time registered nurse or midwife who started as a first year in April 2019 has earned almost \$8,000 less than if their pay had matched inflation. By the end of the proposed agreement, based on 2.5 percent annual inflation, that deficit will blow out to almost \$26,000.

Woefully insufficient though it is, nurses and midwives will be forced to pay for their wage “rise” many times over in the form of worsening conditions as the crisis in the public health system deepens.

The ANMF bureaucracy has sought at every stage to keep the pay dispute isolated from opposition to the broader attack on public health.

This was on stark display at the June 26 meeting, which took place the same week that Western Health and Northern Health, collectively responsible for nine Melbourne hospitals and some 19,000 staff, announced immediate hiring freezes. Downplaying the significance of this to nurses and midwives, Fitzpatrick simply told them, “We are not bankrupting the hospital system.”

Emergency departments in Victoria had their busiest ever quarter in the three months to June, with almost 40 percent of ambulance patients waiting more than 40 minutes to get in and thousands of patients spending more than 24 hours in emergency. Tens of thousands of patients are languishing on surgery wait lists, including thousands who face delays of up to two years for so-called “non-urgent” procedures.

Yet the state Labor government is trying to further slash public health spending, demanding hospital-level budget cuts, despite warnings that this will force bed closures, staff cuts and the cancellation of procedures. While a public outcry over planned cuts forced the government to restore \$1.5 billion in health funding last month, this is only enough to cover existing budget deficits, not deal with rising demand and costs.

This is in line with harsh cuts to social spending and public sector jobs, wages and conditions being carried out by Labor governments throughout the country at state and federal level.

This cannot be fought within the framework of the ANMF or any other union. These organisations are enforcing this harsh austerity agenda, just as they have presided over decades of funding cuts, privatisation and attacks on workers’ jobs, pay and conditions throughout the health sector.

This means nurses and midwives have to take matters into their own hands. In the first instance, nurses and midwives should vote “no” to the sellout ANMF-Labor agreement this week, and fight for their colleagues to do the same. Whatever the ballot result, this is only the beginning of the struggle that has to be taken up.

Rank-and-file committees must be built in every hospital and health facility as a means for health workers to democratically prepare demands based on their actual needs, and put in place a program of action to fight for them.

Victorian nurses and midwives must turn to the hundreds of thousands of other public-sector workers who are being subjected to similar attacks on their wages and conditions at the hands of Labor governments throughout the country.

This includes nurses and midwives in New South Wales (NSW), who last week carried out statewide strikes against a real-wage slashing Labor government offer. They too confront the imminent prospect of a sellout at the hands of the NSW Nurses and Midwives Association, the state branch of the ANMF.

Through a network of rank-and-file committees, these workers can discuss the commonality of their situation and prepare a unified fightback against its perpetrators, the Labor governments and the complicit union bureaucracies.

This fight is inextricably linked to the struggle for a public health system of the highest quality, which is incompatible with the capitalist system.

This poses the need for workers to fight for a political alternative, socialism. Hospitals and other vital public infrastructure, along with the major corporations and banks, must be placed under full public ownership and democratic workers’ control. Only in this way can society’s vast resources be used to fulfil the needs of the entire working class, not further the profit interests of the wealthy few.



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