Australia: NSW nurses' union shuts down strikes against Labor government cuts

Martin Scott 7 October 2024

The New South Wales Nurses and Midwives' Association (NSWNMA) today began "intensive talks" with the state Labor government in the Industrial Relations Commission (IRC), after shutting down virtually all industrial action by nurses and midwives "as a gesture of good faith."

Nurses and midwives should be warned—any deal cooked up between Labor and the complicit NSWNMA bureaucracy in these backroom negotiations will be a sell-out that makes real wages and conditions worse.

The shut down announcement came on September 30, less than one week after a statewide 24-hour strike and mass rallies involving more than 10,000 public sector health workers. Nurses and midwives walked off the job twice last month, demanding a 15 percent pay rise this year, in opposition to the Labor government's real-wage slashing offer of 9.5 percent over three years.

At the same time, the NSWNMA announced that nurses and midwives would immediately receive a 3 percent "interim" pay rise, backdated to July 1. This is a calculated move, based on the cynical assessment by the Labor government and the union bureaucracy that, with a few extra dollars in their bank accounts each fortnight, a certain number of nurses and midwives will no longer be inclined to fight.

By simultaneously ceasing industrial action and accepting the "interim" pay rise, the NSWNMA bureaucracy has effectively implemented the Labor government's miserly wage offer by stealth.

The NSWNMA's claim that this concession "will not impact our ability to negotiate a better wage outcome alongside your remaining log of claims" is a fraud. As the NSWNMA has explained, if the union-government talks "fail to produce an outcome," the dispute will be arbitrated by the IRC, during which industrial action will remain suspended.

The clear intention of the NSWNMA leadership is that

nurses and midwives will play no further role in this dispute.

Significantly, the 15 percent pay rise demand has not been mentioned in any of the NSWNMA campaign updates since the second strike. The use instead of vague references to the need for "a better pay deal" and a "genuine pay offer," is preparing the way for a far lower figure to be presented as a win.

The 15 percent demand is itself premised on concessions, which has involved the NSWNMA bureaucracy "finding the savings needed to pay for the pay rise that we have sought," according to Secretary Shaye Candish.

In April, around 1,200 nurses and midwives signed a petition urging the NSWNMA to fight for a 30 percent pay rise. This effort was systematically undermined by the NSWNMA leadership, which made clear that even if a majority of workers voted for this demand, the union's executive council would ignore the members' "recommendation."

Separately, a campaign supported by some 14,000 workers—almost one third of the workforce—called for nurses and midwives not to renew their professional registration unless the government produced a better pay offer. The NSWNMA bureaucracy refused to endorse this initiative, ostensibly "because it had been generated outside their democratic processes," according to an organiser of the campaign.

The fact is that a 15 percent pay rise would itself be totally inadequate to make up for the soaring cost of living and past losses resulting from previous sell-out union-government deals.

These experiences, along with the current sell-out operation, demonstrate that the struggle cannot be taken forward under the domination of the NSWNMA. In order to defeat yet another cut to real wages and take forward their fight for improved conditions, nurses and midwives

will have to take matters into their own hands.

Rank-and-file committees, independent of the NSWNMA or any other union, must be established in all hospitals and health workplaces. Only through such committees, can health workers fight for demands based on their actual needs, and those of the public health system as a whole, not what governments or union bureaucrats say is "affordable."

In the first instance, nurses and midwives must reject the NSWNMA bureaucracy's attempt to sideline them, and insist that industrial action, including strikes, be immediately reinstated. Health workers cannot fight with their hands tied behind their backs!

Central to this is an understanding of what nurses and midwives are up against: A state Labor government that, like its counterparts around the country and at the federal level, is determined to inflict harsh cuts to wages and social spending.

Last month's strike rallies, by far the largest by nurses and midwives since 2022, expressed growing anger towards Labor, which was promoted as a panacea by the NSWNMA ahead of last year's election. In fact, Premier Chris Minns' government has only deepened the attack on public sector pay and vital infrastructure, including the health system.

To the extent that nurses and midwives have been shocked by Labor's harsh austerity agenda, their surprise is a direct product of the lies and illusions pushed by the unions. These included that a Labor government would implement mandatory minimum nurse to patient staffing ratios and end the punitive sub-inflationary cap on wages throughout the public sector.

Minns and other leading Labor figures had made clear well before the election that public-sector pay increases would not be tied to the soaring cost of living, but to "productivity gains," that is, job cuts and worsening conditions.

With the harsh reality of Labor's pro-business austerity agenda now plain for all to see, the NSWNMA bureaucracy has sought to lead nurses and midwives down the dead-end road of divisive upper-middle class gender politics.

This was sharply expressed the second rally by Australian Council of Trade Unions (ACTU) president Michele O'Neil, who declared, "the men of Macquarie Street are not listening to the women of this mighty union." In a revealing expression of her own integral role to the Labor Party and its governments, O'Neil did not mention the word "Labor" once in her speech.

By insisting that nurses and midwives' dire wages and conditions are a product of some misogynistic campaign against a "female-dominated" industry, the NSWNMA leadership is trying to cover up the fact that Labor governments are carrying out a wholesale assault on the working class.

This is particularly stark under conditions of the federal Labor government's recent attack on construction workers—a "male-dominated" sector. The construction division of the Construction, Forestry and Maritime Employees Union (CFMEU) has been placed under administration, with a state-appointed barrister now exerting quasi-dictatorial power over the interests of some 80,000 building workers.

This has nothing to do with combatting unproven alleged corruption and organised crime links within the CFMEU, but is about driving down wages and conditions in a historically militant section of the working class.

This underscores that all workers, whether in health, education, construction, transport, or anywhere else, face a common enemy—the pro-business, pro-war Labor government. To overcome this, will require a united struggle by the whole working class. This is precisely what the NSWNMA has tried to prevent through its divisive feminist line.

The NSWNMA's strike cancellation poses the urgent need for nurses and midwives to build new organisations of struggle. Through rank-and-file committees, nurses and midwives can link up with other sections of workers. This includes health workers covered by the Health Services Union, as well as other public sector workers across the state, who all confront the same cuts to real wages.

Above all, what is required is a political struggle against Labor, the unions and all other representatives of the capitalist profit system, which is fundamentally incompatible with the basic social rights of ordinary people.

Workers need to fight for a political alternative, socialism: the reorganisation of society, by the working class, to meet social need, not private profit. This includes a high-quality, free, public healthcare system, with decent wages and conditions for all workers.



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