

## WAGES FOR HOUSEWORK AND THE STRUGGLE OF THE NURSES

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We have asked for a workshop on this topic because we believe it is practical and vital to seize this time of the struggle of nurses to undermine the blackmail that all women face as service workers in the home and, very often, out of it too. Since we don't expect people to have time during the conference to read the draft document we prepared, we think a resume of its contents will be useful. 27 June 1974 Power of Women Collective

### I. WOMEN AND WAGED WORK

It's been assumed that the fact that housework is unwaged doesn't influence the wages men and other women get when they work out of the home. But unwaged housework does influence wages on the wage labour market.

1. All workers get less because the women who maintain and service them are unwaged. Workers would be more expensive for employers if these workers needed a wage big enough to buy the labour women put into them "for love" from womb to tomb.

2. Women workers get less than men workers (a) because their only choice is to work (at home) without a wage; (b) because they are used to subservience to men in the family. Inherited from previous societies, it is maintained and reinforced by women's wageless dependence on men, fathers, husbands, even sons. The relations between men and women in, say, a factory is a replica of these family relations quantified in wages; (c) because women often do the same housework out of the home as they did in it - glorified with a small wage and the title "service work". Since it has no quantified value in the home - no wage - it has a low value out of the home.

### II. THE NURSES' STRUGGLE

1. The hospital worker is a waged houseworker. But her various functions are fragmented among many different people. Some cook, some clean, some see after the creature comforts of the patient. A nurse changes nappies and "mans" the assembly line of the maternity ward where women are reduced to baby-machines. Nurses also administer medication and treatment, which is what housewives have traditionally done. Hospital work is socialised, industrialised housework.

2. The nursing industry has changed from a vocation for women of the middle class to a job for women of the working class, and particularly for Irish and other immigrant women. This change of class personnel has undermined the whole illusion of professionalism.

3. The present struggle is erupting (a) because of this increasing working class and especially black and immigrant personnel; (b) because of the new balance of power between capital and the working class as typified by the miners' strike and Northern Ireland; (c) because there is an international women's movement which has increased the boldness and the actual power of all women in varying degrees; (d) because inflation has driven women out of nursing since it is so low paid and has put greater pressure on those who remain. On the one hand, the working day is more intense; on the other, they can't be so easily replaced so they have more leverage to struggle.

4. One important way in which nurses acknowledge that they are working class, not professionals, is by joining unions. CoHSE is the union which has come forward as the most militant, which has been very useful. The existence of a large and powerful national organisation which was prepared to be militant, for whatever reason of their

own, was all that some nurses needed as a focal point for their own militancy.

5. The divisions among the unions have also been useful: unable to rely on any union's organisation of the struggle, they have organised across union barriers and independently, using the unions, but doing their own organising and formulating their own demands. Some male stewards and convenors with a trade unionist consciousness who began with a patronising support of the "powerless" nurses are now running to keep up, or to keep down, these same nurses, telling them for instance that they shouldn't strike because workers are patients.

### III. POWER AND THE SERVICE WORKER IN THE HOME AND OUT OF IT

1. The strike weapon in hospitals is attacking the myth that service workers have no power. The nurses struggle is confirming that workers who don't reproduce things but people have potential social power by refusing to reproduce these people. The ancillary workers were the first to make that clear on a mass scale.

2. If nurses and other hospital workers can make a struggle and win the help of other workers, then so can housewives working full-time in the home. But other service workers have two great advantages over the full-time housewife. (a) They already have a wage, and it's harder to go from nothing to something than to go from a little to more. (b) Other service workers are not isolated in their work as are houseworkers. We can't ignore these weaknesses, but we must not assume that they are insurmountable.

3. It is precisely the advantages of the worker from the sphere of socialised and industrialised housework which can be used by the houseworker. The hospital workers' struggle is precisely an occasion for the isolated, unwaged housewife to organise her power. And in organising her power, she is undermining the whole basis of low pay for all partially waged women and making the capitalist pay more of the bill for the work that the working class does for free. As one Asian woman said, "Equal pay? We do twice as much work. We should get double pay." A rise in wages for women workers cannot any longer exclude wages for the housework done by all women, and in fact this is already entering the demands nurses are making: paid eating time, paid childcare, etc.

4. The houseworker understands best her own weakness<sup>es</sup> and is helped to overcome these weakness by women in many other places besides her own, here and abroad, demanding what she clearly needs but knows is hard to win. We feel that a national campaign of posters, pamphlets, badges, leaflets, films and meetings, showing all the work that women do in reproducing their own and other people's capacity to work, can be waged. We feel that the nurses' struggle has made it even more possible, and that this is the best way of supporting that struggle, as workers in the home and out of it, and as feminists.

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I. WOMEN AND WAGED WORK

It has always been assumed that wages are not influenced by unwaged housework. The economic link between the waged and the wageless has never been exposed. There is a labour market where workers sell their labour power to capital. This sale and this labour market often appear not to be much influenced by how many unemployed wageless people there are, and certainly appear not to be influenced at all by how many housewives are working at home without wages.

As far as unemployed people are concerned, it is assumed that they are a brake on wages. It is never assumed that by refusing to be employed for short or long periods that they assist waged workers in their struggle for higher wages. There is a big power difference for waged and unwaged between being sacked and quitting. If the boss sacks you, he decides you are to be denied a job. If you quit, you refuse his job either for another one which is not as bad or which is better paid, or in order to demand money from the State. (It is this power difference in favour of the worker who quits because he is seeking or has developed an alternative, however temporary, which the State tries to reduce, and to penalise the work for, by withholding benefits. They try to reverse the power balance back in favour of the capitalist.)

As for the housewife, she is never counted as working, let alone as influencing wages at all, except by those who assume that she stands in the way of men striking and so helps keep wages low, and even that she is a parasite living off the man.

(But there is a deep connection and a very different one between what waged workers get and (a) who and how many are wageless, (b) whether they are unemployed and struggling either for jobs or struggling for money so as not to have to take a job, (c) whether they are housewives already working who are struggling for money and refusing the second job as well as the first. In other words, the wageless are not necessarily a pressure on wages if they are not demanding to replace workers already waged, thus threatening that wage.

[In another very important sense, the unwaged housewife is the most hidden element determining what happens on the waged labour market.] She is invisible on that market because when her husband and her daughter go to sell their labour power ((in the separate male and female labour markets)) the work she has put into them in the home is invisible. Because she is unwaged, their labour power can be bought cheaper than if she were getting a wage for reproducing it. It costs £14 or more a week for the government to keep one child in care. Women do this work for their own biological children "privately" for subsistence and less. [Ninety-nine hours a week (the estimated work week in the home by Chase Manhattan Bank) represents a lot of free labour to capital which they don't have to pay for in wages on the labour market. So that her work and her wagelessness have been a determinant of the wages that her husband and her daughter will get.

Finally, when she presents herself directly on the wage labour market, what she herself will be offered is determined by the general wage situation which her wagelessness in the home has influenced indirectly, invisibly, and directly by the relative lack of power of her wageless situation which is so general that it appears natural, is taken for granted and in this way also is invisible.

So that

1. The value of labour power is very much lowered, and the measure of that value, wages, are lowered by how cheaply her/his labour power is reproduced daily and from generation to generation by isolated unwaged female labour in the home.
2. But housework, as every work under capitalism, becomes more industrialised, more socialised. The unwaged housewife becomes also the waged housewife for that part of the day when she is working in hospital, school, food factory, rag trade, nursery and canteen. The wage she gets there is low because of her wageless work at home doing the same jobs, which of course don't disappear with the second job. She does two jobs for one low wage.
3. The reason women are poorly paid when they do waged work is because (a) women are used to getting no money at all for working, (b) they have no time to organise, and (c) the relationship between men and women in waged employment is a replica of family relations between men and women in the home.
4. It has been noted many times by the women's movement but bears repeating that the work we do in the home without wages is what we most of the time end up doing out of the home for low wages. Service work is housework is "women's work", and even a man doing service work tends to get "women's pay". Where wage scales are low, the proportion of immigrant and black workers is high.

## II. THE NURSES' STRUGGLE

With the unwaged housewife as our frame of reference, we can see the nurses and their struggle more clearly, where it comes from, where it's at and what are its implications for all women, the partially waged and particularly the unwaged.

1. The hospital worker is a waged housework. She takes care of the very young, the very old and the sick of all ages. But her various functions are fragmented among many different people. Some cook, some clean, some see after the creature comforts of the patients. A nurse changes nappies and "mans" the assembly line of the maternity ward where women are reduced to baby machines. Nurses also administer medication and treatment, which is what housewives have traditionally done. Hospital work is socialised, industrialised housework, on a factory-like basis, where different functions are taken over by different people in different uniforms, functions to which there correspond specific wage scales.

2. The hierarchical division of labour of the hospital factory is re-inforced by the myth of professionalism. Until



recently few nurses thought of themselves as hospital workers. They had been told they were professionals, like doctors. The specific way this hierarchy functions, which is different from other waged work, is that every first year student nurse has a chance to be second year, and every second year the chance to be third year, and every third year the chance to be staff nurse, and every staff nurse the chance to be ward sister, and some ward sisters become matrons and a few matrons become ...

Of course there are two types of training from the beginning. A two-year course leads to a qualification of S.E.N. (State Enrolled Nurse) which cannot lead to promotion. A large number of West Indian, Asian and Irish are deliberately directed to S.E.N. training. One way of pushing women from overseas into S.E.N. training is by demanding educational standards which overseas applicants are less likely to have. This is an attempt to guarantee a trained, low-paid work force on the ward floor.

The S.R.N. (State Registered Nurse) goes through a three-year training and it is she who has upward mobility. This system is closer to the old apprenticeship system than to modern factory production, but it is uniquely useful to modern factory production in a hospital. It is a method of social control re-enforcing the hierarchy and widening divisions among workers, and at the same time it is the specific method of organising work in the hospital factory where, unlike most other factory work, certain skills cannot be eliminated.

3. The nursing industry has changed from a vocation for women of the middle class to a job for women of the working class, and particularly for Irish and other immigrant women. Since the war women from business and professional families have had other options open to them. This change in the class background of the work force has undermined the whole illusion of professionalism. The working class woman becomes a nurse because she needs the money, because she will always have a training to fall back on as she goes in and out of waged employment all her life, and because the work is presented as being more human than in a factory or a typing pool. Some immigrant women didn't even have that slim element of choice; it was their only way to get to Britain, that is, to get waged employment.

University graduate women who "are desperately anxious to escape from the triple trap of teaching, nursing, or shorthand typing..."\* are being invited on a new basis into the hospital service, to be "skilled middle management".\* This fits in with the general plan for the health service, beginning with the Salmon Report, to further stratify nursing and management skills and to further stratify wages. This creation of a more top-heavy management elite is an attempt also to "re-professionalise" nursing. In response to rebellion by middle class women against women's work, the hospitals will use them as "grateful outsiders"\* to manage other women. It is with these women that Barbara Castle intends to institute "workers control of the health service". They are the same women who, in the women's movement, see no more to liberation than equality of pay and opportunity.

FINANCIAL TIMES, March 9, 1971, as quoted in WOMEN, THE UNIONS AND WORK or What Is Not To Be Done.

That political position always leaves the great majority of women not only at the bottom but even more efficiently managed by capital.

4. The present struggle is erupting
  - a. because of this increasing working class and especially immigrant personnel in nursing.
  - b. because of the new balance of power between capital and the working class as typified by the miners' strike and Northern Ireland.
  - c. because there is an international women's movement which has increased the boldness and the actual power of all women in varying degrees.
  - d. because inflation has driven women out of nursing since it is so low paid, and has put great pressure on those who remain. On the one hand, the working day is more intense, and the nurses' working class position is more exposed. On the other hand, they can't be so easily replaced so they have more leverage to struggle.
  - e. because the young nurse, as part of her generation has less respect for discipline and authority on which the whole organisation of hospital work is based. The counterpart to lack of respect is lack of ambition: the fact that a woman could rise in nursing was in itself a discipline.

5. Therefore nurses today are less vulnerable to the blackmail to which service workers are traditionally subject, and are undermining the conditioning that they have received as women re-inforced by their conditioning as nurses. Women are always made to feel completely responsible for whatever happens to those in their charge and guilty for considering their own needs. This is a direct result of wageless work, where we are always justifying our existence because we appear to be living off other people's (men's) labour. When women's needs and others' needs appear to clash, they are made to feel selfish, ungrateful and uncaring if they consider themselves. The nurses, in wriggling out of this stranglehold, have begun to break the blackmail of which we are all victims.

6. The hospital worker is very largely immigrant, from Ireland, the West Indies, Asia, Africa and Southern Europe. Many of the European immigrant women are here on something akin to contract labour and do the heaviest domestic and other hospital work. When these workers went on strike in 1972/3, the division between nursing and non-nursing status combined with racism and nationalism, and nurses scabbed on the striking ancillary workers. Even now, because of this history, nurses tend to go for support to male factory workers before going to men and women in the hospital service itself. This is also because they have not yet fully appreciated how much power service workers can have. If all hospital workers came out together they would not be so dependent on workers in any other industry. This awareness will grow as the struggle develops and it is the only guarantee that the hospital hierarchy, complicated by national and racial divisions, will be undermined.

7. The divisions within the health service business and within each health factory are the usual hierarchy of labour powers, of sex, age, and race, reinforced by the division between those who are "professionals" and those who are not, and the fact that those who are students today, if they pass their exams, are promised that they will be professionals tomorrow. These students, however, get the lowest wages, work the hardest, have the least power and the least loyalty to nursing. They are the most militant among the nurses.

8. Traditionally workers join unions; professionals join professional bodies; students join students unions. As one nurse in Brent (London) put it, the nurse does not have the rights of a student nor the rights of a worker. And she certainly doesn't have the pay or the status or the rights of a professional. Of the 12 organisations that represent nurses, most are trade unions. The largest non-union professional body is the Royal College of Nursing where traditionally the highest echelons of nurses (your supervisor in fact, or your supervisor's supervisor) are supposed to represent all the nurses' interests, including the students.

One important way in which nurses acknowledge that they are not professionals but workers and that being a student nurse is being a worker is by joining unions. Different unions have taken different positions in the nurses' struggle depending, among other things, on what other membership they have. The National Union of Public Employees, for example, would be in some difficulty if they took a militant stand on nurses, for they are having at this moment to cool the militancy among other public employees who make up their membership, and it is difficult to have two different policies for two different sets of members. Besides, most nurses are women, and if they took a militant stand about women, the men would be even more adamant that this militancy extend to them. CoHSE is the union which has come forward as the most militant, going so far as condoning strikes and calling a work-to-rule. It has been very useful. The existence of a large and powerful national organisation which was prepared to be militant, for whatever reason of their own, was all that some nurses needed as a focal point for their own militancy.

On the other hand, the very divisions of the unions is also a strength for the nurses. Unable to rely on any one union's organisation of the struggle, they have organised across union barriers and in fact independent of unions. More than other service workers, and more than most industrial workers, they have been able, despite problems, to utilise unions and trades councils while doing their own organising and formulating their own demands. In many of the local meetings, key people who are organising have been in touch with the women's movement or are members of women's groups. Almost all the women have a healthy cynicism of any trade unions and discuss their unions and professional bodies among themselves without any particular loyalty to any one of them. The unions are a factor in their struggle but are by no means considered to be leading it or to be depended on.

The male steward or convenor with a trade unionist consciousness who began with a patronising support of the "powerless" nurse is now running to keep up, or to keep down, these same "powerless" nurses.



9. Nurses have had little experience in unions and are not in any way pinned down to one way of doing things, but are quite open-minded about how to proceed and don't believe there is a "right" way to organise. Their organisations, which have been springing up overnight everywhere, are informal, unstructured and many people are learning new skills, writing leaflets, duplicating, doing public speaking, chairing meetings, attending meetings. At the same time many nurses are still in the professional bag where even joining a trade union is making a class commitment that they are yet frightened to make. It is remarkable how, once the nurses have gone beyond leaving the professional body and mentality to join a union, they move almost with the same gesture beyond the union and see the real power they have as workers and the potential power other workers have.

10. Agency nurses are the counterpart of temps in factory and office work. They represent women using their skill to escape from the worst features of the hospital hierarchy, or their inability to be tied down to the traditional nursing routine of shiftwork because they have children and homes to see after. Agency nurses take night work when they have to, and take off when a child gets ill without "losing the job". Of course the agency nurse loses the advantage of holiday pay and sick pay, but she gets a higher rate than the starting rate in the National Health Service. The NHS wage goes up with seniority, but returning to nursing after dropping out of the NHS to have children, for example, you have to begin all over again and lose all seniority. So it is particularly women who have left nursing to nurse their own children at home who are penalised by the NHS and whose only recourse is agency work. The agencies take out as much as 12% or even more from the nurse's wage. It is clearly still cheaper for the NHS to have agency nurses than to raise wages for all other nurses. But on balance, considering what she loses in holiday pay, rises she would get through seniority on the NHS, etc., the agency nurse loses on the wage swings what she gains on the roundabout.

The idea that agency nurses owe anything to the NHS for their training is a lie. Nurses more than pay for their own training by working as part of training. The NHS would cease altogether without the virtual slave labour of student and pupil nurses.

The trade union line on agency nurses has been very typically trade unionist and anti-working class. In some areas to say "agency nurse" is to say "black nurse", partly because black nurses always were freer of the professional illusion and went where the money was, with less loyalty to hospitals or "the profession". They least of all are the descendants of Florence Nightingale in the sense of self-sacrifice, not in the sense of rebellious woman. Yet instead of trying to bring the agency and NHS nurse together, the unions and trade unionists have called for the abolition of the agency nurse. CnHSE has called on its members to refuse to work with agency nurses. As always with temps, of course, agency nurses are potential scabs (the same relation, by the way, of the wageless who potentially threaten the gains of the waged). But many agency nurses have refused to scab, for example, to work more shifts to replace striking NHS nurses. The important thing is that the agency nurse's situation is often the typical mother/wage earner situation, and she must



not be further punished because she is deprived of childcare and money for childminding. Many of these women, like Night Cleaners, work a night shift for wages and see after their children in the day. Agency nursing would disappear in itself if NHS wages were not so low and if childcare was available as and when and of the kind that women wanted and needed.

The question of childcare has already been raised in the nurses' struggle, but presents the serious dilemma that often arises when we demand childcare from a specific employer: we are tied to the job by the childcare which we would lose if we changed jobs.

### III. POWER AND THE SERVICE WORKER, IN THE HOME AND OUT OF IT

1. It was the ancillary worker who brought the strike weapon to the hospital and in that way began to extricate us all from the tyranny of the myth that service workers have no power. The decisive question which the nurses' struggle is answering is whether workers who do not reproduce things, but who reproduce people have potential social power by refusing to reproduce these people. Can they withdraw their labour and make it hurt capital? Nurses have demonstrated this power in strikes and demonstrations, by causing wards to close and admissions to hospitals (except emergencies) to stop, by refusing to work for private patients.

If the nurses and other hospital workers are able to make a struggle with the help of other workers, then housewives can too. Service workers have shown their power - the power to hurt capital directly and the power to mobilise other workers to support them.

2. But other service workers have two great advantages over full-time housewives. First, they already have a wage and it is much more difficult to go from nothing to something than to go from a little to more. Second, other service workers are not isolated in their work as housewives are. It is these advantages that make it so important for housewives to use the occasion of the hospital workers' struggle and the power that hospital workers are developing, against their own isolated unwaged situation.

We cannot ignore these weaknesses of the housewife. For one thing, every housewife knows this about her situation. But we must not assume that they are insurmountable weaknesses, that the housewife cannot organise her power. The hospital workers' struggle is precisely an occasion for the isolated, unwaged housewife to organise her power and to demand the support of other workers. But no one will help the full-time housewife unless she, like the nurses, takes action herself. In supporting the nurses, she is doing precisely that, gaining confidence from the nurses' struggle, using the occasion of the nurses' struggle, to wage her own struggle and to cut through the blackmail which we all suffer.

3. The nurses' demands are already beginning to break down the division between the time when we are available to capital by working to reproduce our own labour power, and the time when we are officially "working." They are beginning to demand that capital

pay them for the maintenance and reproduction of their own labour power. This is how Marx describes what the capitalist gains from the worker when she/he is not officially working.

By converting part of his capital into labour power, the capitalist augments the value of his entire capital. He kills two birds with one stone. He profits not only by what he receives from but by what he gives to the labourer. The capital given in exchange for labour power is converted into necessities, by the consumption of which the muscles, nerves, bones and brains of existing labourers are reproduced, and new labourers are begotten. Within the limits of what is strictly necessary, the individual consumption of the working class is, therefore, the reconversion of the means of subsistence given by capital in exchange for labour power, into fresh labour power at the disposal of capital for exploitation. It is the production and reproduction of that means of production so indispensable to the capitalist: the labourer her/ himself. The individual consumption of the labourer, whether it proceed within the workshop or outside it, whether it be part of the process of production or not, forms therefore a factor of the production and reproduction of capital; just as cleaning machinery does, whether it be done while the machinery is working or while it is standing. The fact that the labourer consumes his means of subsistence for his own purposes, and not to please the capitalist, has no bearing on the matter. The consumption of food by a beast of burden is none the less a necessary factor in the process of production because the beast enjoys what he eats. The maintenance and reproduction of the working class is, and must ever be, a necessary condition to the reproduction of capital." (CAPITAL Vol. I, p. 572.)

To demand payment for the time when we are maintaining and reproducing our own labour power is not qualitatively different from demanding payment for the time when we are also maintaining and reproducing other people's. They are both a demand for wages for housework.

4. The power hospital workers and housewives draw from each other derives first of all from the fact that they are the same people. There are fewer and fewer women who go through their entire lives without doing waged work before, during, after or without marriage. This is a great unifying force since, whatever else they are doing, or have been doing or will be doing, they are doing housework.

5. But they not only gain by unifying and therefore increasing the number struggling for the same goal. As we said at the beginning, the basis of the whole structure of the working class wage, the male wage, the female wage, is unwaged employment in the home. In demanding that the State pay for this work, the whole level of wages in general is forced to rise, and most particularly the level of female wages, clearly. If the basic weakness of the waged woman is her unwaged work and the tradition of women doing unwaged work, then it is precisely at this point of weakness which we as a women's movement must attack. A rise in wages for women workers cannot any longer exclude wages for the

housework done by all women. As one Asian woman said in Southall, "Equal Pay? We do twice as much work. We should get double pay." (See RACE TODAY July 1974)

6. It is extremely important for the full-time housewife to see the struggle for her wage going on in many places at once. Every worker, woman and man, knows that the more your struggle is widespread, the more likely you are to win. But houseworkers understand best the weakness inherent in their isolated labour and need to see that women in many other places, in this country and elsewhere too, are demanding what they clearly need but what no one is saying they should have, except as a productivity deal. (We have in mind here particularly the Eastern European countries who, unable to import immigrant labour, are hoping that a pittance per week per child will fertilise the labour power plant.)

We feel that for this a national propaganda campaign is necessary, of posters, pamphlets, badges, leaflets, films and meetings which takes as our starting point the struggle of women workers in the hospitals, and showing all the work that women do, in reproducing their own and other people's capacity to work.

7. We must see how the perspective for a wage takes shape in each local situation, but any campaign of this kind has strong limitations imposed from the beginning if it is only local.

We have already found with the badge "Wages for Housework" that women accept that as a need; what they don't accept is that it can be won. We can point out that women demanding to be paid for eating in a hospital, demanding that hospitals finance childcare, are already demanding wages for housework.

8. We must also make clear what this health service is and what it has meant to us as women, from birth control that doesn't work or kills and poisons through prenatal care through abortion and childbirth to the gynaecological and the catheterising of women in the geriatric ward, because it's faster than walking the woman to the toilet regularly. The health service, private or nationalised or a combination of both is and can only be the control by the State of our bodies.

The nurses' struggle is a political struggle against the State's use and organisation of their labour. In joining with them, we are not fighting to extend capitalist medicine but to extend health and the control of our minds and bodies. The more we develop our capacities in struggle, the more time and money we win in struggle, the less we will be ill.

9. The last word must be with the wageless. To the degree that hospital workers succeed in their struggle, the State may call upon the dependent, wageless, isolated housewife to take over some of the functions now performed in hospitals. If housewives don't win wages and hospital workers win rises, one will again be used against the other. Wages for housework is a burning necessity for every waged worker - even men.