

# Australia: Reject the New South Wales nurses agreement

James Cogan  
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Nurses should reject the agreement that the New South Wales Nurses Association (NSWNA) has negotiated with the Keneally state Labor government just weeks before Labor is expected to be thrown out of office in the March 26 NSW election.

Voting will take place at NSWNA branches between today and February 21. The union is attempting to pressure nurses into voting yes with claims that an incoming Liberal-National government would not honour any undertakings made by Labor. In reality, the union is trying to tie nurses into an agreement until July 2013 that offers precious little in regard to staffing and wages, while pledging full collaboration with the imposition of the national hospital plan that has just been agreed by the federal Labor government and the states.

While many of the details of the national plan are vague, its fundamental objective is not. Its aim is to slash public health costs. Block grants will be ended and hospitals funded procedure-by-procedure, according to “national efficient prices” modelled on the case-mix system that operates in Victoria. If a procedure costs a hospital more to perform than the government’s price, spending will have to be reduced elsewhere. The existing budgetary squeeze on hospitals, and the consequent pressures on staff, will be vastly intensified (see: “Australia: Gillard health plan to slash spending”).

Contained in the NSWNA’s memorandum of understanding with NSW Health are undertakings that the union will collaborate with various “initiatives” that are bound up with this agenda. These include transferring entire aspects of treatment to “short stay

surgery centres” and “procedure rooms” and facilitating “earlier patient discharges”. The union will help implement new data management systems that are likely to lead to substantial job cuts among hospital clerical staff.

The union will also cooperate with the Pharmacy Reform program and a review of “nursing roles in medication management”—a euphemism for proposals that nurses be delegated the responsibility for writing prescriptions.

The new national funding scheme, which is due to commence in mid-2012, envisages public hospitals, health care companies and not-for-profit organisations competing to provide the cheapest medical services. Private hospitals and clinics will inevitably focus on the most lucrative areas, leaving a rundown public hospital system to deal with the more complex and costly cases.

As the health system is further privatised, the NSWNA’s agreement would leave nurses banned from raising any issues regarding wages and working conditions until July 2013. They will receive only a 3.9 percent pay increase for 2010-2011; 3 percent in 2011-2012 and 2.5 percent in 2012-2013. According to the Australian Bureau of Statistics, the cost-of-living for working families is rising by 4.5 percent per year, even before the federal Labor government imposes a carbon price that will dramatically increase basic fuel and power costs.

The NSWNA agreement does not even achieve what the union declared was the non-negotiable aim of the industrial campaign it has conducted since last July—a nurse-to-patient ratio of one to four. The NSW health

ministry had estimated that an additional 6,000 nurses would be needed to provide the ratio across the board, so the union has agreed that the ratio will be introduced only in certain areas, requiring no more than 1,400 extra full-time equivalent positions.

It is just as likely, however, given budgetary considerations, that hospital administrators will meet the nurse-patient ratio by closing beds and reducing the number of patients they admit. In Victoria, where a staffing ratio exists, there are just 2.4 acute public hospital beds per 1,000 people, which is even less than the 2.6 beds per 1,000 available in NSW. Victoria has the longest waiting lists and the shortest hospital stay times, with patients pushed out as quickly as possible to free up beds.

While nurses, along with doctors, ambulance staff and other health professionals, endure immense levels of stress, hundreds of thousands of people needlessly suffer pain and discomfort as they languish on waiting lists. A two-class health system exists, in which the wealthy have access to the latest medical technologies and treatments while working people are denied the necessary hospitals and trained staff to cope with the demands of a growing and aging population.

The further restructuring of public health planned by the Gillard government and the states is part of a broader assault on the living standards and social conditions of the working class. In Europe and the United States, government spending and workers' wages and conditions are being slashed to pay for the multi-trillion dollar bailouts of the banks and major companies in 2008-2009. The Australian financial and corporate elites are demanding that similar measures be carried out in order to protect their international competitiveness and profitability. Gillard has committed to delivering their demands.

The centre-piece of the Gillard government's May budget will be "welfare reform". Major cuts are being prepared to disability support pensions, family tax benefits and other programs in order to force tens of thousands of people to take low-paid work on the employers' terms while at the same time returning the budget to surplus and enabling further reductions in

high-income and company taxes. Education and aged care are being targeted for the same type of cost-cutting as public health.

A political rebellion must be organised against the Labor Party and the trade unions and the agenda of austerity they are seeking to impose.

In rejecting the NSWNA agreement, nurses should adopt the fundamental principle that high-quality health care, including access to the latest medical technologies and treatments, is an essential social right in modern society, which must be guaranteed free to all. At stake are not only the wages and conditions of nurses, but the interests of the working class as a whole.

The Socialist Equality Party advocates the formation of local committees of nurses, doctors and support staff, entirely independent of the health unions, to oppose every facet of the national health care plan.

The most critical issue is the adoption of a new political perspective and the building of a new political leadership that directly opposes the capitalist system and the subordination of every aspect of life to corporate profit and the personal wealth of a tiny few. A struggle must be developed for a workers' government and the reorganisation of society, on a national and international scale, on the basis of socialist policies. This is the program of the SEP.



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