

# Australia: NSW Labor government ends free parking in further attack on health workers

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On February 1, the New South Wales (NSW) Labor government ended free staff parking at metropolitan and major regional public hospitals, meaning workers confront thousands of dollars a year in fees, just for getting to work. This marks a deepening of the assault on health workers' conditions, after the union-backed Labor government imposed real wage cuts across the public sector last year.

The ability to drive to work is essential for many health workers, especially shift-workers who need to commute late at night or in the early hours of the morning, when public transport is infrequent or completely unavailable. As well, low wages in the sector, and sky-high housing costs, especially in Sydney, mean many health workers cannot afford to live close to where they work.

The change means health workers who drive will be sluggish with substantial parking fees—in excess of \$100 per week at some hospitals. Charges are typically highest in privately operated car parks, where corporations have been handed a licence to extract vast profits from the sick and those who treat them.

Prince of Wales in Randwick charges \$35 a day, while at Royal Prince Alfred, in inner-west Sydney, staff will pay \$23 a day. At the state-run Westmead and Concord hospital lots, in Sydney's west, the \$11 daily charge still amounts to more than \$2,600 a year for full-time or equivalent workers.

Staff can apply for parking permits—for a still significant price of \$27.20 per week at Westmead and Concord—but demand for these far outstrips the number allocated, and workers report waiting years. Those staff fortunate enough to be granted a permit still face a significant cost—\$27.20 per week at Westmead and Concord, up from \$11 before the pandemic.

Rasna Palanchoke, an administration worker at Concord Hospital in Sydney's west, told the *Daily Telegraph*, “The parking fees are a 127 per cent increase in what we paid pre-Covid, it's just ridiculous. There's no transparency in the parking permit waitlist—I've been waiting for almost two years now.”

Another, Naveen Singh, said, “It's just an extra cost, I'm

having to pay nearly \$700 a fortnight for childcare, then rent and groceries and now parking—I'm left with nothing by the end of the week.”

Amid an ongoing cost-of-living crisis, and on top of successive cuts to real wages, Labor's decision to reimpose parking fees has been met with anger and opposition from health workers.

Health Services Union (HSU) and New South Wales Nurses and Midwives' Association (NSWNMA) have staged lunchtime rallies at several hospitals, including Westmead, Concord and John Hunter, in Newcastle. But their supposed campaign against paid parking is a fraud, designed to allow workers to let off steam, while preventing any real challenge to the latest attack on take-home pay.

The limited and brief demonstrations have been held at individual hospitals on different days, with demands issued to hospital management, rather than the state government. The purpose is to hose down opposition to Labor, to which the union leadership is intimately tied, and ensure there is no repeat of the statewide strikes and mass rallies involving tens of thousands of health workers in 2022.

At the Concord Hospital protest, HSU NSW secretary Gerard Hayes—a member of NSW Labor's Administrative Committee—declared the reintroduction of paid parking was “outrageous and morally bankrupt,” accusing “hospital executives” of “plunging [workers] into financial distress.”

This bluster is intended to cover over the role of the HSU bureaucracy in imposing the increasingly impossible conditions health workers confront.

Last July, the HSU turned worker against worker to force through a sell-out agreement with the Labor government that gave workers a flat \$3,502 nominal pay increase, a real-wage cut to all but the lowest-paid workers in the sector. The meagre pay rise for lower-paid workers was extracted from those who enjoyed marginally better rates of pay, at no additional cost to the Labor government than its original offer of 4 percent, which workers had overwhelmingly rejected.

In August, the NSWNMA ensured that nurses and

midwives were compelled to begrudgingly accept the real-wage-slashing 4 percent deal, officially taking a “neutral” stance on the offer, but giving workers every reason to believe that a genuine struggle for decent wages and conditions was impossible. Three months earlier, the union had claimed to be demanding a 10 percent pay increase, in a log of claims endorsed by workers. The NSWNMA bureaucracy never intended to pursue such a demand, and the 10 percent figure was quietly abandoned after less than a month.

For health workers who drive, the reintroduction of paid parking will negate most or all of even the nominal gains contained in these union-Labor deals.

Taken in isolation, these agreements were major sellouts. But the extent of the betrayals runs deeper. Both unions used the lead-up to the March 2023 election as a means of curtailing mass strikes in 2022, and channelling workers’ anger into a campaign for the Labor Party, promoting illusions that Labor would introduce real pay increases and resolve the longstanding staffing crisis in health.

The union leadership knew this to be false—ahead of the election, then Opposition Leader Chris Minns had made clear that any increase in pay would have to be linked to “productivity gains.” This opposition to wage increases even matching inflation, let alone exceeding it, was and is completely in line with Labor’s policy at every level. Similar real wage cuts have been imposed throughout the public sector by state and territory Labor governments around the country.

At the federal level, the Labor government has slashed spending on health and other social needs, in order to boost corporate profits and force the working class to shoulder the burden of the economic crisis and the escalation of military spending.

Labor’s cuts are an expansion of decades of government attacks on the health system, including through the privatisation of hospitals. None of this could have been carried out without the collaboration of the union apparatus, which has consistently blocked the mobilisation of workers to oppose the evisceration of public health.

Any claim by the unions to be fighting to improve conditions for public hospital workers is further exposed as a complete sham by their attitude to the ongoing COVID pandemic.

The health unions have collaborated every step of the way with the complete removal of public health measures aimed at mitigating the spread of the virus. This criminal program began under the previous Liberal-National government, but has been expanded under Labor. Even masking requirements in hospitals have been eliminated—a move that was hailed by the HSU as “a milestone in health.”

Health workers continue to be exposed to and infected with the deadly virus every day and the death toll of patients who caught COVID in hospital mounts. But the unions portray the pandemic as a thing of the past, in line with Labor’s campaign to cover up the ongoing crisis.

The reintroduction of paid parking is part of that cover-up. Parking at public hospitals was made free for health workers in the early stages of the pandemic, in an attempt to lower transmission of the virus on public transport and in recognition that staff were being required to work increased overtime and double shifts.

Now, with transmission far more widespread, hospitals still struggling to deal with the influx of COVID patients and chronic staffing shortages worsened by worker illness, Labor has ended free parking for staff, both to promote the lie that the pandemic is over, and to increase revenue for private parking operators and the state.

To oppose this, health workers will need to take up a political struggle against the Labor government—an impossibility within the stranglehold of the union bureaucracy that defends Labor and enforces its demands.

Health workers must take matters into their own hands. This means building rank-and-file committees in hospitals and other health facilities, new organisations of struggle that are democratically controlled by workers themselves and politically independent from the corporatised unions.

The pandemic has made even more stark the fact that capitalism is incapable of satisfying the most basic social needs, including health and life itself. A high-quality public health system is totally incompatible with a system in which every aspect of social policy is determined by the profit interests of the corporate and financial elite.

The struggle of health workers for decent wages and conditions, including free parking, cannot be separated from the fight for an alternative socialist perspective.

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