

Taking public services back into public hands: reverse privatisation reforms in Australia

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Contents

Abstract	4
Statement of Originality	5
Acknowledgements	6
Chapter 1: Introduction	7
Chapter 2: Literature review	13
Privatisation and marketisation	13
Reverse privatisation reform	16
Broader policy literature: historical institutionalism, power resource theory and policy viability	21
Australia's economic history	24
Chapter 3: Methodology	29
Case selection	29
Case Method	34
Temporal framework	37
Key actors, institutions, and ideas	39
Chapter 4: Case Study – Port Macquarie Base Hospital	42
Background to the Port Macquarie privatisation	43
Political causes	48
Involvement of (left-wing) political parties	48
Citizen movements, and referendum	51
Union pressure	53
Lack of organised opposition	55
Pragmatic causes	57
(Presumed) Quality improvements	58
(Presumed) Improved trust	59
(Presumed) Efficiency gain	60
Structural factors	62
PPP nature	63
Other structural factors	65
Chapter 5: Case study— Mildura Base Hospital	67
Background to the privatisation	68
Political causes	71
Involvement of (left-wing) political parties	72
Citizen movements	76
Union pressure	79

Organised opposition	81
Pragmatic causes	82
(Presumed) Quality improvements	82
(Presumed) Improved trust.....	85
(Presumed) Easier contract management.....	86
Structural factors.....	87
Recent or upcoming expiration of contracts	87
Population density	89
Sector-specific findings	90
Manager wishes	92
Chapter 6: Research findings and discussion	94
Bibliography.....	101
Appendix A: Interview Guide	114
Appendix B: Final Ethics Approval Letter	115

Abstract

Privatisation is widely unpopular in the community and has led to reverse privatisation reforms despite the ongoing hegemony of neoliberalism. The existing literature, however, has limitations as it has primarily focused on two broad groups of causes: pragmatic reasons and political processes, explaining the extent of reverse privatisation reforms rather than understanding its underlying processes. The literature has also focused on remunicipalisation in North America and Europe with limited research on Australia despite it being an early adopter of privatisation.

This study will closely examine Port Macquarie Base Hospital and Mildura Base Hospital, two similar Australian case studies, to understand the processes of reverse privatisation reforms. Australia has been selected because of limited existing literature and its economic history of shifts between public and private control. The case studies were chosen from the Global Database of De-privatised Public Services. Methodologically, the study draws on Bart Voorn's temporal framework that categorises the causes of reverse privatisation reforms as political causes, pragmatic causes, and structural factors, and broader policy literature such as historical institutionalism, power resource theory, and policy viability.

The study uses publicly available existing sources and semi-structured interviews, conducted with representatives of key actors, selected through theoretical sampling, to explore the role of actors, institutions, and ideas in privatisation reversals at the Port Macquarie Base Hospital and Mildura Base Hospital.

I expect the findings of this research will assist in better understanding the process of reverse privatisation reform in Australia, providing insights and potential strategies for citizens and policy makers who wish to bring public services back into public hands.

Statement of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself. The Human Research Ethics Committee approval reference number for this work is 52021943328651.

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Chapter 1: Introduction

Debates over public-private ownership have long been important to sociologists because ownership determines how an economic system operates. It makes public ownership a high stakes issue with implications for class, power, and control within a society. Neoliberal hegemony implies privatisation is inevitable, however, this is challenged by reverse privatisation reforms. Reverse privatisation reforms are central to understanding the limits of neoliberalism, such as whether it is simply a pragmatic accommodation of neoliberal restructuring, or if it signals alternatives are possible. This is an important question internationally, with a growing body of literature about this question. My research adds to this literature, filling a significant gap by analysing Australian case studies. The lack of literature about reverse privatisation reforms in Australia is despite its history as an early adopter of privatisation and of decisions to return privatised public services to public control.

This research seeks to encourage more literature on the experience of reverse privatisation reforms in Australia by looking in-depth at Port Macquarie Base Hospital in New South Wales (NSW) and Mildura Base Hospital in Victoria, two prominent examples. The case studies were early examples of public hospital privatisations through public private partnership (PPP) contracts under radically neoliberal, state Liberal-National Coalition (Coalition) Governments in the 1990s. These privatisations generated significant community opposition in traditionally conservative regional centres and led to local campaigns to return the hospitals to public control. The privatisations were eventually reversed under state Labor Governments after ongoing campaigns. By analysing these

two similar case studies, albeit in different states and over different time periods, the processes of reverse privatisation reform in Australia can be explored.

Understanding how reverse privatisation reforms occurred in Port Macquarie and Mildura can inform debates about neoliberalism in Australia, especially regarding the pragmatic accommodation of neoliberalism and more radical possibilities. In analysing these two cases I also ask what we can learn about the prospect of reverse privatisation reforms for the future and what factors can make it possible. I draw on existing policy literatures to identify social democratic parties, the medical workforce, local MPs, and citizen movements collaborating with trade unions as key factors that contributed to privatisation reversal. Successful strategies mobilised ideas such as public ownership, community, and trust to build community support for political campaigns.

The first chapter reviews the literature and develops a toolkit to help analyse reverse privatisation reforms by delving into the role actors, institutions and ideas play. Exploring the contested nature of privatisation helps to understand shifts between public and private control. I examine contemporary public-private ownership debates through the key concepts of privatisation and marketisation. I then review existing reverse privatisation reform literature, identifying two dominant explanations of causes: pragmatic responses to failed privatisations and politically driven efforts to expand public control. As this existing literature is highly fragmented, I instead draw on the work of Bart Voorn to help understand reverse privatisation reform by using his temporal framework that categorises

the causes of remunicipalisations into political causes, pragmatic causes, and structural factors. Building on Voorn, I use a broader policy literature of historical institutionalism, power resource theory and policy viability to guide exploration of the role of actors, institutions, and ideas in each cause of reverse privatisation reform. I argue Voorn's temporal framework, and the broader policy literature should be adapted as a guide to understand reverse privatisation reform processes in Australia. Adapting these toolkits can address the current gap in the literature by encouraging more analysis of Australian case studies.

The second chapter explains the methodology used to select the case studies and analyse them. A qualitative case study approach was selected as the best method to explore reverse privatisation reforms in detail and gain insights. Port Macquarie Base Hospital and Mildura Base Hospital were selected from the Global Database of De-privatised Public Services using criteria derived from Voorn's temporal framework and the broader policy literature. Semi-structured interviews were conducted, using theoretical sampling to select interviewees for each case study. Political causes, pragmatic causes, and structural factors were identified and coded using NVivo. Drawing on the broader policy literature, the actors, institutions, and ideas whose role would be explored in each of the causes were identified. Using the policy scholarship I identify trade unions, citizen movements, local Members of Parliament (MPs), the medical workforce, political parties, the Health Minister, and the private owners of the hospital as potentially important actors. The institutions are PPP contracts, the strategic role of local MPs in the electoral system, the Health Minister within the system

of government, and the public service who advise about policy implementation. The ideas are public ownership, community, trust, neoliberalism, and labourism.

The third chapter examines the Port Macquarie Base Hospital case study.

Drawing on Voorn's temporal framework and the broader policy literature, the background to the privatisation and its reversal is discussed, and political causes, pragmatic causes, and structural factors are identified. The decision was less overtly political with less organised opposition as problems were generally accepted and the private owner sought to divest. Ongoing pressure from the Port Macquarie Base Hospital Action Group and the Nurses Association showed the privatisation's practical failures, making its reversal viable for a social democratic government. In making the decision, the government centred a pragmatic concern over economic viability. The PPP nature and expertise of the medical workforce were structural factors, the contract particularly structuring the nature of the campaign and choices available to government. The wider context of hospital divestment by the private owner suggests the NSW Government strategically used contract clauses to negotiate to overcome the lack of transfer clauses.

The fourth chapter examines the Mildura Base Hospital case study, providing background to the privatisation and its reversal before using Voorn and the broader policy literature to analyse political causes, pragmatic causes, and structural factors. The privatisation reversal in Mildura was more contested and resulted in a more overtly political campaign. The campaign mobilised ideas like trust and community to promote public ownership. The recent or upcoming

expiration of contracts and the expertise of the medical workforce were structural factors. Similar to Port Macquarie, the contract structured conflict, shaping campaigns and available options. Key differences to Port Macquarie were organised opposition as the private owner wanted to extend the contract and the lack of public service support for privatisation reversal but neither proved to be decisive factors in the final decision, suggesting political causes were more important. The contract was crucial to the outcome, as it enabled the government to end the privatised contract and facilitated a transfer to the public sector.

The final chapter draws together differences and similarities between the two case studies to make findings, outlines research limitations and suggests lessons for potential strategies to return public services to public ownership. Key commonalities in Port Macquarie and Mildura were the election of social democratic governments, active citizen movements, independent state MPs and the support of the medical workforce for the privatisation reversal. Both partisanship and power resources mattered. While electing a social democratic party removed a barrier to the reversal of privatisation, reversal did not immediately follow suggesting active campaigns were also needed. In Mildura, there was more organised opposition to returning the public hospital from both the private owner and the public service, but neither were decisive to the final decision, due to a much stronger political campaign. Contracts were the most influential structural factor, shaping available privatisation reversal options and campaign strategies. It suggests social democratic governments and a strong local political campaign from citizen movements and trade unions influence the

success of campaigns for reverse privatisation reform. In both cases, pragmatic problems were important to return the hospitals to public ownership. but even where pragmatic causes were the rationale political campaigns were important to achieving privatisation reversal. Further research is needed about whether these findings are limited to the health sector and to regional Australia.

Examining the influence of medical expertise on policy makers, the popularity of 'public provision' of health and the role of local MPs in regional Australia will help understand how privatisation reversal campaigns may play out in other sectors and geographic locations.

Chapter 2: Literature review

In this chapter, I argue a broader definition of privatisation beyond asset sales is needed to understand shifts between public and private control under neoliberalism. Exploring how privatisation has been reversed provides lessons on strategies to contest neoliberalism, however, most literature on reverse privatisation reform has its limits because it focuses on the binary debate between neoinstitutionalists and heterodox activists on whether its causes are pragmatic or political. Voorn's temporal framework goes beyond this binary and the broader policy literature of historical institutionalism, power resource theory and policy viability provide a toolkit for exploring the process of reverse privatisation reform and the role actors, institutions, and ideas play. This toolkit can be adapted to explore the process of reverse privatisation reform in Australia, helping to fill the gap of limited existing literature on Australian examples of reverse privatisation reform despite its economic history.

Privatisation and marketisation

The differences between public and private ownership and whether it matters has been an important political debate (Crosland 2013; Hanna 2018). The debate over private ownership has centred on control, class power and its implications for democracy and equality as it is seen as the basis of social relations under capitalism (Marx and Engels 2002). As ownership is often understood as a bundle of rights that can be distributed and designed in different ways, the nature of ownership determines forms of control (Hanna 2018). Different forms of ownership are the product of political struggles between classes. Two core reasons given for public ownership are distributional

in the form of democratic control or popular participation and the transparency of political and economic decision-making (Hanna 2018).

While early debates over nationalisation centred around the inevitability of socialism as a pragmatic response to the problems of capitalism, the transition to neoliberalism challenged the role of the state, which shifted towards protecting private property rights and promoting free trade and free markets. Neoliberalism made privatisation and marketisation common sense practices, creating a sense of inevitability that continues today (Harvey 2005).

The most widespread definition of privatisation is a reduction of the role of government (Graeme A. Hodge 2000). It can take multiple forms including asset sales and contracting out activities to the private sector (Khemani 1993). However, this definition of privatisation is contested (Aulich 2011). In Australia, privatisation has often been narrowly defined to only mean selling public assets (Collier and Pitkin 1999; Graeme A. Hodge 2000). Whitfield suggests this narrower definition is used by privatisation advocates because of the public unpopularity of privatisation (Whitfield 2006). The widespread definition of privatisation will be applied as it captures the broader range of transfers from public to private control and use of contracts that may not be captured by a strict definition of asset sales such as PPPs or other forms of marketisation that have become increasingly common and is the dominant definition used in reverse privatisation reform literature.

Marketisation is the introduction of markets into the functioning of the state (Birch and Siemiatycki 2016). Marketisation is sometimes used interchangeably with privatisation, but it is a wider process that reshapes the state's institutional logics. Logics of marketisation include 'New Public Management', an approach that seeks to run public services similar to the private sector to improve efficiency, and the use of competition to organise quasi-markets or internal public service markets created by the state that are primarily tax-funded (Meagher and Goodwin 2015). Marketisation and privatisation are related, marketisation creating conditions and social relations that enable privatisation (Whitfield 2006). This complicates divisions between public and private by constructing markets within the state and shows the limitations of using a strict definition of privatisation that only applies to asset sales.

The motivations for privatisation and marketisation are the subject of debate, which I will show below mirror political and pragmatic causes used in the remunicipalisation literature. Feigenbaum and Henig suggest at least three contrasting strategies behind privatisation: pragmatic, systemic and tactical (Feigenbaum and Henig 1994). Pragmatic privatisations are understood as technical solutions to a specific problem, tactical privatisation is driven by short-term political interests and systemic privatisation seeks to reshape economic and political institutions.

The public and private divide, however, has historically always been blurred and contested as shown by the outsourced transport of convicts to Australia and the British East India company (Sturges, Argyrous, and Rahman 2017; Wettenhall

2005). Both privatisation and marketisation are embedded in varied local contexts, resulting in different and uneven changes (Brenner, Peck, and Theodore 2010). Placing these processes within a longer, contested historical trajectory helps us better understand neoliberalism as privatisation is a key feature. Too universal a reading of neoliberalism does not adequately explain shifts between public and private control such as reverse privatisation reforms. Understanding how privatisation has been reversed provides lessons on what strategies could contest neoliberalism.

Reverse privatisation reform

Reverse privatisation reform challenges the assumption that neoliberalism is inevitable. The extent of reverse privatisation reform and its causes, however, are the subject of debate. Researchers distinguish between pragmatic and political causes of reverse privatisation reforms. I argue this existing research on reverse privatisation reform provides a good foundational understanding by analysing real-world examples and grouping similar cases to identify sectoral trends but has limitations. The literature is highly fragmented between pragmatic and political explanations and less suited to understanding processes in-depth. Applying Voorn's typology of political causes, pragmatic causes, and structural factors to analyse case studies provides a better framework for understanding reverse privatisation reform. I draw on other broader policy literature such as historical institutionalism, power resource theory and policy viability to identify the roles of actors, institutions, and ideas within each cause.

Reverse privatisation reform is a reversal of privatisation or marketisation by returning assets or services to public control or ownership. Alternative terms include deprivatisation, privatisation reversal and contracting back in, reclaiming public services, taking services back in public hands, insourcing, and social re-appropriation (Abbott and Cohen 2016; Kishimoto, Steinfort, and Petitjean 2020; McDonald 2019; Siami Namini 2017; Vickers and Yarrow 1991; Warner and Hebdon 2001). Insourcing, renationalisation and remunicipalisation are considered subsets of reverse privatisation reform (Clifton et al. 2019).

Most recent literature focuses on remunicipalisation. Remunicipalisation is the return of services to public ownership and control at local government level (Clifton et al. 2019; Kishimoto, Steinfort, and Petitjean 2020), although some extend it to include state and national government (Clifton et al. 2019).

Remunicipalisation is generally accepted as a response to the failure of privatisation to deliver improved outcomes. The sectors most prominently associated with remunicipalisation such as health and social care, water, energy, and transport are considered essential to basic needs and social reproduction, the failures having local political effects (Paul and Cumbers 2021). McDonald's typology usefully organises what he defines as remunicipalisation ideologies into five categories: autocratic state capitalism, market managerialism, social democratic, anti-capitalist and autonomous (McDonald 2019). Drawing on McDonald's typology, most literature centres market managerialist and social democratic models, which Lobina and Wegmann categorise as neoinstitutionalist and heterodox (Lobina and Wegmann 2020).

Lobina and Weghmann identified a debate between neoinstitutionalists and heterodox activists about whether remunicipalisation causes were pragmatic or political (Lobina and Weghmann 2020). The neoinstitutionalist school sees remunicipalisation as a pragmatic response to market and contract management failures. The heterodox school understands remunicipalisations as a politically transformative project, which underpins political support (Kishimoto, Steinfort, and Petitjean 2020). Methodologically, neoinstitutionalists primarily use quantitative survey data while heterodox activists rely on case studies (Lobina and Weghmann 2020). The methodology chosen is influenced by their focus and impacts on their findings.

Neoinstitutionalists have used survey data to analyse multiple cases to identify sectoral trends. Using large-scale quantitative data, they seek to identify managerial motivations behind reverse privatisation reform. Reverse privatisation reform is understood as a continuation rather than rejection of New Public Management (Lobina and Weghmann 2020). In contrast, the heterodox school focuses on the role of institutions and actors to explore the complex social determinants that lead to reverse privatisation reforms (Lobina and Weghmann 2020). It delves into specific individual cases in a more detailed, qualitative manner to identify political motivations and draw wider conclusions that challenge assumptions about privatisation.

Neoinstitutionalists argue heterodox activists mix up desired outcomes with real-world causes and effects (Clifton et al. 2019). Reasons cited for remunicipalisations are used by neoinstitutionalists as evidence of it being

pragmatic. These include public ownership taking the form of business-like corporations, private sector withdrawal being a cause, no clear underlying ideological paradigms, reasons like efficiency, need for investment and cost savings, and limited evidence of a large-trend (Campos-Alba et al. 2020; Lindholst 2019; McDonald 2019; Voorn, Genugten, and Thiel 2020). Rather than a retreat from neoliberalism, it is characterised as a pragmatic accommodation of it. This is not inconsistent with what Brenner and colleagues call 'actually existing neoliberalism' as neoliberalism is not an ideologically pure project and can result in uneven and contradictory restructurings of state-market relations (Brenner, Peck, and Theodore 2010; Cumbers and Becker 2018).

Heterodox activists acknowledge remunicipalisations do not guarantee a 'public' ethos (Pigeon 2012). Rather, it suggests possibilities for constructing a policy alternative to neoliberalism (Cumbers and Becker 2018). Existing quantitative evidence on political drivers of remunicipalisations is mixed and has limitations. North American studies suggest it is not driven by political reasons (A. Hefetz 2004; Amir Hefetz and Warner 2007; Warner and Hefetz 2012). Recent European quantitative studies, however, vary on whether political reasons have an impact (Albalade and Bel 2020; Campos-Alba et al. 2020; Chong, Saussier, and Silverman 2015; Czaplak 2015; Gradus and Budding 2020). These differences between contexts point to the importance of analysing Australian cases.

There have been attempts to move beyond the dichotomy of political versus pragmatic reasons for remunicipalisation (Hung and Lu 2022; Lobina and

Weghmann 2020; Voorn 2021). Voorn's review of remunicipalisation literature found both pragmatic and political trends but stated the literature was too disjointed to be certain. Voorn noted qualitative studies focus on actual political and pragmatic contexts whereas quantitative studies focus on the environments in which these political and pragmatic contexts transpire (Voorn 2021). He suggests both heterodox and neoinstitutionalist methodologies have their weaknesses and do not sufficiently engage with each other, reinforcing a binary dichotomy. Confirmation bias and too much focus on immediate catalysts have also been cited as limitations of a qualitative research approach (Voorn 2021). While there have been other quantitative attempts to categorise the relationship between institutions and actors (Busshardt 2014), quantitative methods may also overlook more nuanced political reasons (Clifton et al. 2019). Quantitative methods provide an insight into the extent of its causes, but it may not capture the broader historical, institutional, and political context that shapes a decision, for example, whether political contestation pre-empted the pragmatic response.

Voorn's temporal framework synthesises both qualitative and quantitative research about reverse privatisation reform, methodologically and thematically, enabling a better exploration of causes, beyond the limitations of a binary pragmatic versus political dichotomy. Voorn's temporal framework categorises the causes from quantitative and qualitative research from reverse privatisation reform literature into three main categories of causes, which he terms: proximate, intermediate, and ultimate (Voorn 2021). The framework suggests ultimate causes may be a structural feature. Voorn noted there are limits to this framework, suggesting the need to examine the origins behind political

movements for remunicipalisation and the sequential nature of antecedents of remunicipalisation. While Voorn uses, proximate, intermediate, and ultimate, it suggests a hierarchy of importance. I will use political causes, pragmatic causes, and structural factors to refer to the same concepts, drawing on remunicipalisation and policy literature.

Hung and Lu argue most existing research on reverse privatisation reform focuses on a direct, linear relationship between causes and the decision without considering the impact of context (Hung and Lu 2022). Qualitative research methods and the use of conceptual tools from the broader policy literature, in addition to Voorn's temporal framework, help to better understand the role of actors, institutions and ideas. I use the broader literature as a toolkit to identify important actors, institutions, and ideas in each cause, and then use Voorn's typology of causes to analyse why reverse privatisation reform may have succeeded in each case.

Broader policy literature: historical institutionalism, power resource theory and policy viability

A broader policy literature that explores how actors, institutions and ideas influences shifts from private to public control is needed to understand policy changes. Historical institutionalism and power resource theory do this by identifying the key specific actors, institutions, and ideas, such as political parties, trade unions, systems of government and labourism, and the role they play in back and forth struggles over control.

Historical institutionalism emphasises the role institutions and their associated power relations play in shaping policy outcomes and that institutions create path dependencies and unintended consequences (Hall and Taylor 1996).

Institutions can be understood as formal or informal procedures, routines, and rules (Bevir 2022). This can manifest in privatisations through contracts being continually revisited and renegotiated due to risk exposures within transactions (Ashton, Doussard, and Weber 2012; Weber, Ashton, and Marc 2016). Power resources theory, that is the distribution, mobilisation and exercise of power resources, provides a complementary explanation of why governments adopt policies (Korpi 1985).

Both historical institutionalism and power resource theory identify trade unions as a central actor in struggles over public-private ownership. The organised working class through trade unions was a key influence on the development of Australian welfare state policies (Castles 1985). Historically, the ideology of labourism sought state power through parliamentary means to improve conditions for the working class through a desire to extend public ownership as opposed to an ideology of overt socialism that saw public ownership as a step towards abolishing capitalism (James, Markey, and Markey 2006). While weakened, Australia maintains institutionalised and tight major left-of-centre party-trade union relationships, in contrast to much of Europe and America, implying historical institutionalism and power resource theory provide a better explanations of policy decisions by Labor Governments in Australia (Allern and Bale 2017).

The decline of trade union density has weakened their influence as a central actor, with implications for power resource theory. The limits of classical power resource theory has meant examinations of other types and forms of power resources such as coalitional power resources or the ability to form coalitions with other actors such as social movements (Refslund and Arnholtz 2021). This may take the form of trade unions working with actors such as citizen movements in campaigns against privatisation at a local level rather than a reliance on social democratic parties to represent trade unions. However, even when not the primary actor, achieving remunicipalisations can be more difficult without trade union support (Roca and Las Heras 2020). Successful privatisation reversals rely on heterogenous alliances between activists, trade unions, citizens, and other groups because of dissatisfaction with privatisation. These labor-community coalitions are shaped by common interest, pre-existing identities and structures (Tattersall 2009). Cumbers and Paul argues these coalitions can emerge and change but depend on spatial trajectories and temporal contexts (Cumbers and Paul 2020).

Hall draws on historical institutionalism and power resource theory to provide an account of how policy trajectories can change through policy viability. Hall identified three key factors to the judgement of a policy idea: economic, administrative and political viability. (Hall 2020). Economic viability is whether a reform addressed economic problems, administrative viability is judged on whether the state has existing capacity to implement the policy idea, and political viability is whether the idea fit the existing goals and interests of

dominant political parties (Hall 2020). All three factors are necessary for ideas to be adopted.

Drawing on historical institutionalism, power resources theory and policy viability can explain the role actors, institutions and ideas play. Exploring the role of class actors, social movements and policy viability is necessary when trying to understand government decisions. They build on Voorn's temporal framework by allowing their role in each cause to be explored. This toolkit demonstrates the need to look at case studies to understand reverse privatisation reform by placing it in a broader historical, institutional, and electoral context. This toolkit can be adapted to country-specific gaps in research literature about reverse privatisation reforms.

Australia's economic history

While there is significant literature about privatisation in Australia, a large gap is the lack of literature about reverse privatisation reforms. This is despite Australia's economic history showing key features of the broader policy literature, shifts between public-private ownership and neoliberalism. Drawing on existing literature on remunicipalisation, the broader policy literature, and adapting it to a different institutional and historical context, provides a means of analysing processes of reverse privatisation reform in Australia. By analysing Port Macquarie Base Hospital and Mildura Base Hospital, two early examples of privatisation that were eventually reversed, insights into reverse privatisation reform in Australia can be gained.

Like in many countries, Australia's economic history was shaped by actors, institutions, and ideas such as trade unions, political parties, and neoliberalism. It fits pragmatic explanations for reverse privatisation reform and show a two-way shift between public and private control. Australia's economic history is also unique, having initially been established as a prison colony and achieving early trade union strength that translated into labourist governments decades before the rest of the world, showing key features associated with power resource theory.

While considered a liberal market economy (Hall and Soskice 2001), Australia began as a command economy after European settlement (McLean 2013). The dominant role of the state in economic development meant traditionally governments rather than markets were seen as guarantors of welfare and security (Keating 2004). Rather than simply responding to market failures or natural monopolies, public ownership extended to introducing or enhancing competition with the private sector (Goot 2010).

Despite the dominant role of the state, Australian governments were considered pragmatic with institutionally flexible policy arrangements (McLean 2013). The ideology of 'state socialism', for example, which was influential on all governments from the late 1880s and throughout early Federation, was a pragmatic, as opposed to socialist, adoption of state-run industries and services (Moore and Walter 2006). The flexible adoption of policy arrangements, not strictly along party-political lines, has been a two-way process, for example, the centre-left Australian Labor Party initiating and advancing neoliberalism

federally in the 1980s (Aulich and O'Flynn 2007; Humphrys 2019; McLean 2013). Applying Feigenbaum and Henig's typology for the reasons behind privatisation to Australia, as discussed earlier, Labor's approach to privatisation has been identified as pragmatic compared to the centre-right Liberal Party's more ideological, underpinned by a systematic and tactical approach (Aulich and O'Flynn 2007).

Australia's adoption of neoliberalism has been the subject of a political versus pragmatic debate. One school of thought argues neoliberalism was an ideological project advanced by business, aided by other key actors and institutions including the public service, political parties and trade unions (Cahill and Toner 2018; Humphrys 2019; Pusey 1991). This has been disputed with claims neoliberalism had limited influence and was only applied where it provided a plausible solution to a problem (Keating 2004).

Beyond the national level, Australia's federal structure has led to jurisdictional differences between states, requiring comparative analysis. For example, there is debate as to whether Labor is a singular political party or in fact eight different ones (Gauja and Grömping 2020). Historical comparisons between how Labor Governments saw public ownership in the 1920s provide an insight into how the state branches of the same political parties such as in NSW and Victoria differ (Goot 2010). There are also contemporary similarities, radical waves of privatisation occurring after the election of Liberal Premiers Jeff Kennett in Victoria in 1992 and Richard Court in Western Australia in 1993, both sharing a

similar neoliberal agenda at the state government level (Barton and Van Onselen 2007).

The privatisation of the Port Macquarie and Mildura Base Hospitals should be understood as the product of neoliberal experimentation at the state government level in the 1990s in Australia that sought a much larger role for the private sector in the delivery of public services. Port Macquarie Base Hospital was the first public hospital delivered under the PPP contract model in NSW. Mildura Base Hospital was one of the earliest PPP arrangements to deliver hospital care in Victoria. The restructuring of the public sector along New Public Management lines, the privatisation of public enterprises and the adoption of the National Competition Policy in 1995 were also part of a wider shift across governments.

The initial adoption of what is now seen as neoliberal policies in NSW began in 1988 with the election of the Greiner Government. Broomhill argues it marked the beginning of a decade of domination by conservative governments, NSW quickly outpaced by the free-market policy approach in Victoria that involved privatisation and extreme cuts to public services, following Jeff Kennett's election (Broomhill 2004). The Kennett Government, elected in 1992, used rhetoric that emphasised a fiscal crisis and expressed preference for a smaller public sector and the use of the private sector in providing government services (Goldfinch and Roberts 2013). The approach extended to all sectors, Harkness noting the Kennett Government's approach to health was largely ideological with an emphasis on smaller government and the private sector (Costar and

Economou 1999). The Kennett Government can be understood as learning from the managerialism of the Greiner Government. Ken Baxter, the former Secretary of the Victorian Department of Premier and Cabinet, observed that Alan Stockdale, Treasurer during the Kennett Government, drew on Greiner's managerialism and combined it with other elements such as Thatcherism and Rogernomics from New Zealand (McIntosh 2010)

This context provides an understanding of the overtly ideological nature of the privatisation. As we will see in the case studies, this provoked community opposition and saw problems with a new type of contractual arrangements arise. It helps when trying to unpack why the privatisation of the Port Macquarie and Mildura Base Hospitals were eventually reversed.

The assumption there is no alternative to privatisation is challenged by reverse privatisation reforms. Shifts between public and private ownership remain a two-way process albeit uneven and constantly changing. A binary focus on whether causes of reverse privatisation reform are pragmatic or political are insufficient in exploring the role of actors, institutions, and ideas in reverse privatisation reform processes. Australian literature remains focused on privatisation whereas there is growing overseas literature on privatisation reversals. Drawing on Voorn's framework and the broader policy literature can help examine Australian case studies associated with a strong community campaign such as Port Macquarie and Mildura, and through these cases, reflect on the implications for efforts to reverse other instances of privatisation in Australia.

Chapter 3: Methodology

This chapter outlines the methodology used for the case study analysis. The Port Macquarie and Mildura Base Hospitals were purposefully chosen from the Global Database of De-privatised Public Services using selection criteria. Public hospitals/clinics were the most common sector in Australia. The cases were selected to focus on the role of politics and context. I selected cases with visible community campaigns, but which took place in different state jurisdictions and time periods.

The case method used a combination of semi-structured interviews and analysis that drew on Voorn and the broader policy literature. Interviews were used to fill information gaps from existing sources about the case study. Selected interviewees were key political actors, namely the local state MP and the Health Minister at the time where possible, and campaigners for reverse privatisation reform from trade unions and local citizen movements. Voorn's temporal framework was then used to categorise causes identified in interviews and existing sources into three categories then sub-categories from Table 2. Within each cause, the role of identified key actors, institutions and ideas from Table 3 was explored using the broader policy literature.

Case selection

A case study approach was chosen because it allowed the historical, institutional, and political context behind Australian reverse privatisation reforms to be explored in detail, something a quantitative survey approach would not allow. This is necessary if insights are wanted into the role of actors, institutions,

and ideas in reverse privatisation reform in Australia as there is little existing literature.

The methodology is centred on a purposeful selection of Australian case studies, based on criteria derived from Voorn's temporal framework, the broader policy literature and factoring in convenience. Port Macquarie Base Hospital and Mildura Base Hospital were chosen from the Global Database of De-privatised Public Services. The database is a collaboration between the Transnational Institute and the 'Global Remunicipalisation and the Post-Neoliberal Turn' project based at the University of Glasgow's Adam Smith Business School. Case study information is based on a survey that asked participants from trade unions and civil society to identify cases of privatisation reversals. Information collected was independently verified by collaboration researchers. The database is currently the most comprehensive global public database on reverse privatisation reforms.

The research required focusing on two different levels of selection: cases and people, to better understand the processes behind reverse privatisation reform in Australia. Selection criteria for the case studies drew on the categorisation of causes in Voorn's temporal framework, historical institutionalism, and power resource theory. Voorn's framework has three main categories: political causes, pragmatic causes and structural factors (Voorn 2021). In both selected cases, there were visible political campaigns, pragmatic reasons were cited by government for the privatisation reversal and a structural context. I attempted to

limit the extent of difference by selecting cases in the same sector and with similar geographic locations.

I used the broader policy literature to identify actors, institutions, and ideas. Power resource theory identifies social democratic parties and trade unions as key actors, literature on coalitional power resource theory extending it to other citizen movements. Drawing on historical institutionalism and policy viability, different time periods and jurisdictions were also included as criteria to understand whether there were critical junctures that were unique in each case study. It helped to unpack local and sector-specific characteristics. Finally, given limited existing literature, the availability of existing sources on the case study was also a factor.

The sector of public hospitals/clinics was selected as according to the database, based on the 35 privatisation reversals implemented between 2000 and 2022 at a state government level in Australia, hospital/clinic cases were the most common example. The five hospital/clinic examples in the database were Mildura Base Hospital in Victoria, Sisters of Mercy in Queensland, Modbury Hospital in South Australia, Latrobe Regional Hospital in Victoria, and Port Macquarie Base Hospital in NSW (Transnational Institute 2021).

Labor was the party of government at the time of these reverse privatisation reform examples. There were generally few examples of reverse privatisation reforms occurring under Coalition Governments in the database. It shows

partisanship matters, which suggests the ideological orientation of political parties matters.

Case studies were selected with identifiable civil society groups, drawing on political causes from Voorn's temporal framework. Only three cases had identifiable civil society groups campaigning against the privatisation and for its reversal from the literature. This was an important criterion because citizen movements and trade unions are associated with political causes in Voorn's temporal framework. Sisters of Mercy Hospital and Modbury Hospital were both excluded as a result. The remaining hospitals of Port Macquarie Base, Latrobe Regional and Mildura Base Hospitals were public hospitals in regional locations that were privatised in the 1990s under state Coalition Governments through PPP contracts and were returned under Labor Governments after local opposition to the privatisation.

Differences in jurisdiction and time period were selected to see if time period or jurisdiction had an impact, drawing on historical institutionalism and policy viability. The Port Macquarie and Latrobe privatisation reversals occurred in the 2000s while two of the three remaining cases were from Victoria: Mildura, and Latrobe. This ruled out Latrobe Regional Hospital case study, leaving the Port Macquarie and Mildura Base Hospitals as the two case studies. While both cases involved the reversal of public hospital privatisations, it occurred nearly two decades apart in two different states.

Another important criterion was the local political context. Both Port Macquarie and Mildura also had a similar local political context due to their non-urban status and how public services are seen. Both had an independent local state MP in a seat traditionally held by the centre-right agrarian National Party, which formed Coalition Governments with the Liberal Party. Furthermore, the public hospital was a key high profile electoral issue at a state and local level. Latrobe was different as its state seat had traditionally been a Labor-held state seat.

Finally, the availability of information was an important factor. Port Macquarie Base Hospital was the first privatisation of a public hospital by a state government using a PPP contract and as a result there is significant existing literature on the case study. Mildura Base Hospital was a recent reversal, meaning there was recent, accessible, primary, and secondary information about the privatisation reversal. This enabled the identification of key individuals to interview to explore the role played in reverse privatisation reform for each case study. Based on these criteria, Port Macquarie Base Hospital and Mildura Base Hospital were selected as similar case studies that met the criteria and had accessible information.

While these cases are not representative of all reverse privatisation reforms, because it has been common in the health sector and the existing literature is limited, it is a useful place to start to understand the specifics of the Australian context.

Case Method

The methodology involved examining primary and secondary sources to identify political causes, pragmatic causes, and structural factors behind reverse privatisation reforms using Voorn's temporal framework. Semi-structured interviews were used to obtain information and supplement existing sources such as newspaper reports, journal articles, internal campaign material, Hansard, and parliamentary reports. These sources provided background about the privatisation such as the original rationale, identified key actors and events that led up to the privatisation reversal. This informed the interview guide prepared for interviewees, enabling gaps in public information about actors, institutions, and ideas to be identified. The interview guide is attached at Appendix A. The combination of information from interviews and existing sources was then explored using historical institutionalism, power resource theory and policy viability to see whether it helped to explain the privatisation reversal.

Semi-structured interviews were conducted with selected individuals identified for each case study. Theoretical sampling was used when choosing participants for recruitment. Theoretical sampling involves the collection and analysis of data at the same time to test, elaborate and refine categories and their relationships and to ensure representativeness (Coyne 1997). Drawing on power resource theory, policy viability and remunicipalisation literature that cited the role of labour-community alliances, the criteria used to select interviewees aimed to select a cross-section of key actors or representatives of key actors.

Interviewees selected were those associated with trade unions, government

Ministers, citizen movements and local state MPs, whose actions may have directly influenced the privatisation reversal decision for each of the case studies. Identification of potential interviewees was based on publicly available information about the case studies chosen.

Drawing on existing sources, the interview questions had the goal of obtaining information about the role of actors, institutions, and ideas that may not have been publicly reported on and contrasting responses from different key actors to the same events. The purpose was to help fill in the gaps as existing sources had limited information, primarily providing information on the privatisation or when the decision happened. Selected interviewees provided information that filled gaps identified from existing sources. The interviews allowed an exploration of the role specific actors, institutions, and ideas had, putting it in a wider context.

Semi-structured interviews have a range of ethical risks that must be addressed such as confidential information being disclosed, a lack of privacy and confidentiality, lack of informed consent and potential reputational harm to interviewees. To mitigate these risks, an ethics approval was sought from Macquarie University's Human Research Ethics Committee and received (Reference Number: 52021943328651). Once a potential participant had agreed to be interviewed, a copy of the interview guide was provided prior to the interview. Informed consent was obtained with participants informed of their right to withdraw and amend responses in writing prior to the interview and again verbally before interviews commenced. Interviews were recorded over

Zoom with the saved interview transcribed using Otter.ai. Interviewees were provided with a copy of the transcript to amend after the interview. Data was only coded from the corrected transcript. Because interviewees played distinct and identifiable roles, it was not possible to provide them with anonymity, this was made clear to all interviewees.

The selected interviewees were those who could provide first-hand insights into the role of key actors, institutions and ideas in reverse privatisation reform campaigns. They were key political actors, namely the local state MP and the Health Minister at the time, and campaigners for reverse privatisation reform, specifically those from relevant trade unions and local citizen movements. Their perspectives were central to answering questions about the reverse privatisation reform process.

The following individuals and groups listed in Table 1 were approached and agreed to be interviewed for the case studies. Access to information and networks to people has influenced the selection of these. No contact details could be obtained for a citizen movement representative associated with Port Macquarie or for the relevant Victorian Health Minister, so they were not interviewed.

Table 1: Selected Interviewees by Case and Perspective

Type of Interviewee	Port Macquarie Base Hospital	Mildura Base Hospital
<i>Local MPs</i>	Rob Oakeshott (former Independent state MP for Port Macquarie)	Ali Cupper (former Independent state MP for Mildura)
<i>Health Minister</i>	Morris Iemma (former NSW Health Minister, Australian Labor Party)	N/A
<i>Trade unions</i>	Ken Procter (Branch Secretary, NSW Nurses and Midwives' Association)	Julie Wearing Smith (Organiser, Australian Nurses and Midwives' Federation)
<i>Citizen movements</i>	N/A	Jo Rodda (Reclaim The Mildura Base Hospital) Stephen Parr (Reclaim The Mildura Base Hospital)

The companies that ran the privatised services and relevant public service agencies were identified, however, it was difficult to identify relevant individuals within the company or public service, so they have not been included. There is a risk of bias as individuals associated with the private owners of the hospitals were not included. To reduce this risk of bias, the perspectives of those opposing privatisation reversal from secondary source material were examined and included.

Temporal framework

Each case study was assessed against Voorn's temporal framework. Using data gathered from the interviews and existing sources, political causes, pragmatic causes, and structural factors were identified for each case study then organised by sub-category. The interview transcripts and existing sources were then coded using NVivo using the typology developed by Voorn. Table 2 adapts the typology of identified remunicipalisation causes from Voorn's temporal framework.

Table 2. Distinguishing Causes of Reverse Privatisation

Proximate (political) causes	Intermediate (pragmatic) causes	Ultimate causes (or structural factors)			
<i>Political causes</i>	<i>Pragmatic causes</i>	<i>Characteristics – previous arrangements</i>	<i>Characteristics – local government</i>	<i>Characteristics – service</i>	<i>Environmental causes</i>
Citizen movements	(Presumed) Price/tariff improvements	Recent or upcoming expiration of contracts	Local government wealth (per capita income, per capita revenue)	Sector-specific findings	Manager characteristics
Involvement of (left-wing) political parties	(Presumed) Achievement of social or environmental goals	PPP nature	Population density (metropolitan status, urban/rural)		Manager wishes
Referendum	(Presumed) Government income	Intermunicipal nature	Unemployment (rate)		Proximity to other municipalities that remunicipalised
Lack of organised opposition	(Presumed) efficiency gain		Local government population		Improved capacity of local governments
Union pressure	(Presumed) Democratisation		Fiscal pressure (debt, need for austerity, tight budgets)		Market concentration
	(Presumed) Quality improvements				Obstacles in adopting privatisation
	(Presumed) Improved trust				
	(Presumed) Easier contract management				
	To facilitate intermunicipal cooperation				

Table 2. Distinguishing Causes of Reverse Privatisation (continued).

	(Presumed) Other benefits				
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Note. Reprinted [adapted] from Voorn, B. (2021). Country, sector and method effects in studying remunicipalization: a meta-analysis. *International Review of Administrative Sciences*, 87(3), 440–460.i.org/10.1177/00208523211007915.

Distinguishing between these three categories allowed an exploration of the sequential nature of antecedents of reverse privatisation reform, such as the catalyst for political causes. To understand the antecedents, the history of the privatisation was also explored. Examining the context of the privatisation provides an understanding of issues and tensions that led to privatisation reversal demands. The context and the causes of the case studies were explored by drawing on historical institutionalism, power resource theory and policy viability.

Key actors, institutions, and ideas

Historical institutionalism, power resource theory and policy viability will be drawn on to explore each cause identified within a case study. Each political cause, pragmatic cause, and structural factor will be examined to see if key actors, institutions, or ideas played a role. Whether it also contributed to political, economic, and administrative viability will be explored. The aim is to use historical institutionalism, power resource theory and policy viability as guides in explaining their roles.

Table 3 outlines the key actors, institutions, and ideas. Drawing on the broader literature, the key actors identified in the case studies were trade unions, citizen

movements, the Health Minister, local state MPs, the medical workforce, political parties, and the private owners of the hospital. Based on historical institutionalism, key institutions identified were the PPP contracts, electoral system, system of government and public service. The ideas identified from pragmatic causes and structural factors were public ownership, community, trust, labourism, and neoliberalism. Using policy viability, evidence that fits explanations of economic, administrative, and political viability, within causes will be highlighted.

Table 3. Key actors, institutions, and ideas

Actors	Institutions	Ideas
Political parties	PPP contracts	Public ownership
Trade Unions	Electoral system	Community
Citizen movements	System of Government	Trust
Local MPs	Public Service	Labourism
Medical workforce		Neoliberalism
Health Minister		
Private owners (of the hospital)		

To summarise, two levels of analysis were applied in the Port Macquarie and Mildura Base Hospital case studies. Using Voorn's temporal framework, political causes, pragmatic causes, and structural factors were identified in each case study from the interviews and existing sources. Power resource theory, historical institutionalism and policy viability were used to guide an exploration of the role actors, institutions and ideas played to see what insights could be gained.

Drawing on Voorn's recommendation to examine the origins behind political movements for remunicipalisation and the relevance of the sequential nature of antecedents of remunicipalisation, understanding the background to the privatisation itself is an important first step for case study analysis. Historical institutionalism highlights understanding this past is important to understanding the shift away from privatisation, back towards public control.

Chapter 4: Case Study – Port Macquarie Base Hospital

Port Macquarie Base Hospital was the first privatisation of both clinical and non-clinical services at a public hospital in NSW using a PPP contract. There is an extensive literature on the privatisation of Port Macquarie Base Hospital from Chung, Collyer, and parliamentary inquiries, however, literature on its reversal is more limited. I draw on several primary and secondary sources about the privatisation reversal including newspaper articles, Hansard, and internal campaign documents. I supplemented these existing sources with interviews of key actors involved in the reversal process. The selected interviewees were previously listed in Table 1.

To analyse the case study, I cross-referenced primary and secondary sources against interview transcripts. I then thematically coded the Port Macquarie case material in NVivo using Voorn's three-tiered typology of political causes, pragmatic causes, and structural factors. I used Voorn's sub-categories in Table 2 to structure my analysis in this chapter.

The NSW Labor Government, a local citizen movement called the Port Macquarie Base Hospital Action Group, a local council referendum held to show community support, union campaigning and industrial action, and the lack of organised opposition were identified political causes. Port Macquarie may be seen as less contested with a general acceptance of problems with the lack of

organised opposition, including from the private owner, helping to provide administrative viability.

The NSW Labor Government emphasised pragmatic reasons for the privatisation reversal, including quality improvements, improved trust, and efficiency gains. These pragmatic causes indicate economic viability for a government decision to take back the hospital because of market failure.

The PPP nature was the most influential structural factor, shaping the options available to government and campaign tactics. Other structural factors include health sector-specific factors and the hospital being in a regional centre. A key finding is the structure of the PPP contract mattered. It was a barrier as the lack of a clause allowing a transfer complicated the process. The contract also created an opportunity because of clauses preventing a transfer to another provider without government approval and Mayne Nickless' wider divestment of its hospital division.

Background to the Port Macquarie privatisation

Port Macquarie is a mid-sized coastal town on the Mid-North Coast of NSW, Australia's most populous state. Founded as a penal colony, it is located nearly halfway between the state capitals of Sydney and Brisbane. Traditionally a service town for agriculture, pastoralists and fishing that elected National Party parliamentary representatives, it increasingly became a holiday destination and retirement location, leading to a growing population in the region. This growing

population and influx of retirees meant the Port Macquarie Base Hospital privatisation was controversial from its inception.

The Port Macquarie Base Hospital was the first hospital in NSW delivered under a PPP contract whereby it was both built and operated by the private sector. An official rationale for the privatisation outlined by the Greiner Government was the private option offered the Port Macquarie community advantages in terms of certainty and timing, indicating the upgraded hospital may not have been developed if not for the privatisation (Chung 2008).

Several other rationales were provided for the privatisation of the Port Macquarie Base Hospital. Collyer identifies three other specified reasons outlined by the Greiner Government for the privatisation. The reasons were: privatisation would solve the problem of a shortage of capital for the upgrade, services would be more cost-efficient than under public provision, and separating funding and service delivery would introduce competition between providers (Collyer, McMaster, and Wettenhall 2001).

The decision to build a new hospital using the PPP model was also influenced by borrowing restrictions by the Loan Council, a Commonwealth-State Ministerial Council that regulates public sector borrowing. Existing literature has focused most heavily on claims the NSW Government faced a shortage of capital for public infrastructure, and it would save \$46 million over twenty years, as the rationale for choosing a private option. This claim relied on a lack of capital due to the Loans Council's Global Borrowing Limits on all new public

borrowing by the Commonwealth and the states (Collyer 1997; Webb 2002). The public funding of a new public hospital in Albury soon after the Port Macquarie Base Hospital contract was finalised challenged this explanation (Collyer, McMaster, and Wettenhall 2001). Public spending also would have conflicted with the NSW Coalition's commitment to fiscal restraint and the Health Department already faced a backlog of other significant competing demands on its capital works budget (New South Wales. Auditor-General's Office 1996).

The choice of Port Macquarie for the first PPP hospital was influenced by an electoral promise by the new NSW Coalition Government to build a new public hospital in Port Macquarie. The March 1988 NSW election saw a landslide victory for the Coalition. There had been previous election commitments of a new hospital in Port Macquarie to meet growing demand from the late 1970s onwards (Chung 2008; Collyer, McMaster, and Wettenhall 2001). In April 1988, a new 219 bed hospital was recommended by the Master Development Control plan on a new site to replace the existing Hastings District Base Hospital with a detailed design brief completed in November 1989 (New South Wales. Auditor-General's Office 1996).

The electoral imperatives for the NSW Coalition Government, however, cannot be separated from the broader neoliberal agenda. Chung argues the NSW Government wanted to build a private-public hospital as a model to expand private sector involvement in the health sector. (Chung 2008). In 1990, NSW Health Minister, Ron Phillips, directed the Health Department to explore private

sector involvement in hospitals (Collyer, McMaster, and Wettenhall 2001). Options were assessed over 18 months, public servants from the Health Department, the Premier's Department and Treasury meeting with the Health Minister. While advocated by Treasury, the Health Department did not recommend private sector involvement as potential problems would be greater than the benefits from introducing competition. Despite that, Ministerial instruction was for private sector involvement for efficiency reasons (Collyer, McMaster, and Wettenhall 2001).

In October 1990, the Premier approved proceeding with the replacement of Hastings District Hospital and approved calling for expressions of interest from the private sector to be involved with building the new hospital (New South Wales. Auditor-General's Office 1996). The NSW Coalition Government selected the replacement of the Hastings District Hospital as the potential project in August 1991. An invitation tender for the construction and operation of the new hospital was issued in September 1991. The three tenders received were evaluated through November and December 1991 (Collyer, McMaster, and Wettenhall 2001).

The decision to privatise the new hospital was contested. A local citizen movement, the Hastings Hospital Action Group, formed to oppose the initial privatisation. The opposition was also supported by trade unions such as the Nurses Association (now Nurses and Midwives' Association) and the Labor Party, which formed the official Opposition in the state parliament.

After losing its Legislative Assembly majority in the May 1991 NSW election, the Coalition was forced to rely on independent MPs to form a minority government. After community lobbying, those independent MPs voted to hold a parliamentary Select Committee inquiry into the Port Macquarie Base Hospital project on 1 May 1992. The committee was based on the Public Accounts Committee, with additional members. The Select Committee completed two reports which were published as Public Accounts Committee Report No 62 in June 1992 and Report 72 in June 1993. The inquiry's first report did not endorse the private option but instead made recommendations to improve the contract which resulted in some concessionary clauses (Collyer, McMaster, and Wettenhall 2001).

A bill to stop the privatisation of the Port Macquarie Base Hospital was moved by the state independent MP John Hatton with the support of the Labor Opposition in 1992 but was defeated after independent state MP Dr Peter Macdonald sided with the NSW Coalition Government (Painter 1993).

Cabinet approved the finalisation of a Services Agreement in February 1992 and in December 1992, the Health Care of Australia, a group owned by Mayne Nickless (Mayne), was given a twenty-year contract to build a replacement for the existing public hospital and provide public hospital services for \$143 million (New South Wales. Auditor-General's Office 1996). Port Macquarie Base Hospital became the first privately owned, constructed, and managed, for-profit public hospital in Australia, opening in November 1994.

Despite Labor's criticism of the privatisation, a change in government in 1995 did not result in a privatisation reversal. While the contract was due to expire in 2014, Port Macquarie Base Hospital was returned to the NSW public sector in 2005. Mayne had sought to divest the contract to another company, Affinity Health, however, it was blocked by the NSW Government. Instead, the NSW Government purchased the hospital back from Mayne.

Political causes

Political causes identified after examining existing sources and interview transcripts include the involvement of (left-wing) political parties, citizen movements, union pressure and a lack of organised opposition. The election of a social democratic government helped to remove a barrier to the reverse privatisation reform as they were ideologically open to it. Union pressure and campaigning from the citizen movement both created and highlighted ongoing issues at the hospital, making privatisation reversal politically viable for a sympathetic government, the lack of organised opposition addressing concerns around administrative viability. The hospital was a big political issue locally and coincided with the seat going independent, however, it is less clear that these local dynamics contributed to the government's decision.

Involvement of (left-wing) political parties

Political parties, namely the Australian Labor Party, were a central actor in Port Macquarie Base Hospital, suggesting there is a partisan effect. NSW Labor in opposition was strongly opposed to the privatisation of Port Macquarie Base Hospital. In his interview, Rob Oakeshott, suggested a previous Health Minister,

Andrew Refshauge, who in Opposition was Shadow Health Minister, made it difficult for the hospital to turn it into a state-wide example of the problems with privatisation. Mr Oakeshott suggests there was a level of ideology in the pushback against Port Macquarie Base Hospital and that if it had been “allowed to operate” inefficiencies in other public hospitals in similar locations would have been exposed (Oakeshott 2021).

While pragmatic reasons were cited at the time, ideology played a role in shaping Ministerial preferences for public ownership. Morris Iemma, in a response during Question Time, jokingly stated “I have always wanted to nationalise something and Port Macquarie is a good place to start,” (Parliamentary Debates 2005) and later confirmed in the interview he had been open to privatisation reversal since becoming Health Minister. During the interview, Mr Iemma commented that upon becoming Health Minister, he had been open to privatisation reversal but did not know it was an option until informed by the public service (Iemma 2021). This suggests the reversal of Port Macquarie Base Hospital’s privatisation was pushed by the public service rather than the Labor Government though the idea of public ownership was more acceptable to Labor for ideological reasons. It highlights the influence of labourism as the government considered using public ownership to improve conditions.

The role of ideology should not be overstated. While ideologically open to taking back Port Macquarie Base Hospital, Mr Iemma noted he “wasn’t going to embark on a reckless course of action that would see vast sums of taxpayers

money thrown at a problem if it could be ameliorated.” He stated it required approval from the Treasurer and Premier, so sought to first address problems associated with operations, mental health, paediatrics, and infrastructure. He also noted NSW had existing privately run, albeit not-for-profit, public hospitals such as St Vincent’s Hospital in Darlinghurst and cited a PPP used to rebuild the Mater Hospital in Newcastle as a successful example. He used these examples in contrast to Port Macquarie Base Hospital (Iemma 2021).

There was also some internal contestation within Labor about buying back Port Macquarie Base Hospital as a previous Health Minister Craig Knowles publicly rejected a buy-back proposal in 2001 (Hospital buyback rejected 2001). Local Labor candidates continued to advocate for a return to public ownership, submitting a petition with over ten thousand signatures, suggesting different stances within the party (Graham 2003; Thousands sign hospital petition 2003).

Labor’s shift and Iemma’s comments suggests policy viability may explain the decision to reverse the privatisation of Port Macquarie Base Hospital. Rather than driving the decision, the election of a Labor Government reduced a veto point, as the final decision makers were more ideologically amenable to public ownership, creating the political viability for a change. This combined with economic and administrative viability, namely the growing costs of Port Macquarie Base Hospital, support from the public service and Mayne’s decision to divest itself of the contract to operate the hospital.

Citizen movements, and referendum

There was sizeable community opposition to the privatisation and attempts to stop it in Port Macquarie. Opposition began after a public option was ruled out, the only choice offered was either the existing hospital or a new privately owned and operated public hospital (Collyer, McMaster, and Wettenhall 2001). Collyer notes the case of Port Macquarie Base is not unique as other privatisations have led to politicisation and cost political leaders support (Collyer 1997).

The Hastings Hospital Action Group, later known as the Port Macquarie Base Hospital Action Group (Hospital Action Group), was established to oppose the privatisation. Prominent members included disability advocate Edith Hall (Prendergast 2011), and Wayne Richards, who later became mayor in 1998. Mr Oakeshott described the local Hospital Action Group as very active but also “partly astroturfed”, noting while there was genuine involvement from community members, there were close links and “direct access coming out of Macquarie Street.” Edith Hall’s association with Labor, while not cited, may be evidence of this.

The Hospital Action Group engaged in a range of tactics, including:

- Appearing before the Public Accounts Special Committee Inquiry into Funding of Health Infrastructure and Services in NSW to provide evidence on 11 December 1992 (New South Wales et al. 1993).
- Running the campaign against privatisation in a non-binding referendum conducted by the local council on 19 September 1992, coinciding with a council by-election that Edith Hall unsuccessfully contested. The result

was 61% opposition to the privatisation and a turnout of 85% (Collyer, McMaster, and Wettenhall 2001; Marlowe 1992).

- Challenging the development approval for the new hospital in the Land and Environment Court in 1993 (Gilmore 1993).
- Taking the NSW Government to court to appeal its refusal to release hospital privatisation contracts under the NSW Freedom of Information Act (Fredericks 2016).
- Running a community picket to prevent construction of the new hospital beginning (Casey 1993).

In 1996, a former Liberal-turned-independent candidate ran against the Nationals in the Port Macquarie by-election. The candidate John Barrett was the incumbent mayor and had opposed the privatisation of the hospital, including initiating the referendum on the issue. The Nationals' candidate Rob Oakeshott retained the seat but with a swing of seven per cent, the Nationals fearing they could lose the seat (Humphries 1996). Rob Oakeshott later quit the National Party to sit as an independent MP and in his election material in 2019, he noted the return of the hospital to public ownership as an achievement (Oakeshott 2019).

The Hospital Action Group had an impact in amplifying community opposition to the privatisation, Mr Oakeshott noting the community was divided over the hospital. While he was trying to avoid getting involved in a bigger ideological fight, he came to a “pragmatic conclusion based on quality of care”, stating “I got to a point where it was like, Well, you know, if you're going to grind this into

the ground, you might as well buy back because it's starting to affect people's lives." (Oakeshott 2021)

The Hospital Action Group advocated for a return to public ownership (Port hospitals: answers sought 2002). In 2001, the Council called a meeting between groups including the Hospital Action Group, elected representatives, Mayne, North Coast Area Health Service and the Nurses Association to discuss a number of issues including the possibility of buying back the hospital (Council wants meeting on hospital problems 2001). At a later stage, there was a 'Buy Us Back' campaign by the Nurses Association which they supported but the group appears to be less prominent than in the original campaign.

While they were unsuccessful in preventing the privatisation, the pressure on the Coalition over privatisation meant there was ongoing local opposition and support for a reversal. This indicates the importance of political viability and coalitional power resources, suggesting the ongoing importance of ideas such as trust, community, and public ownership.

Union pressure

Trade unions played a role but not as prominently, challenging traditional power resource theory which places a greater emphasis on working-class power through trade unions. Ken Procter, who served as a branch official for the Nurses Association in Port Macquarie, said the reverse privatisation campaign "wasn't an ongoing campaign at a local branch level by any means." (Procter 2021) There had, however, been a previous 'Buy Us Back' campaign

undertaken by the branch in 2001, which involved lobbying local representatives and gained considerable media attention (ALP urged to return hospital to public ownership 2003; Procter 2005).

There was internal conflict within the trade union movement at the time of privatisation. The leadership of local trades and labour council initially opposed the privatisation but came to view it as the only means of getting a new hospital, even lobbying independent state MPs to allow it to proceed. It led to a clash with the Labour Council of New South Wales, the state-wide peak trades and labour council, which closed down the local trades and labour council (Collyer 1997).

Following the privatisation, there were long running industrial disputes at Port Macquarie Base Hospital over the potential loss of entitlements and work conditions by hospital staff (Collyer, McMaster, and Wettenhall 2001). Public rallies and 'stop-work' meetings were held by staff in 1992 against the privatisation to frustrate attempts to undercut a unionised workforce. While the maintenance of public conditions for existing staff was agreed to, new staff were not covered and were working side-by-side under a different private nursing award. Other issues cited over this period included inadequate funding, increasing casualisation of the nursing workforce, the transfer of public award entitlements for former staff, the cutback of staff consultative meetings and attempts to use assistants in nursing to reduce registered nurses (Procter 2005).

While Mr lemma stated political motivations did not influence the decision to return the hospital to public control, he noted Port Macquarie Hospital was a regular issue in his departmental briefings while Health Minister (lemma 2021). The combination of ongoing union pressure over industrial issues and a social democratic government suggests power resources may help to explain some of the shift back towards public ownership.

Lack of organised opposition

There was a lack of organised opposition to bringing Port Macquarie Base Hospital back into public ownership when it finally occurred. In interviews, Mr lemma reported the public service had flagged the option of taking back Port Macquarie Base Hospital and Mr Procter indicated public servants in the North Coast Area Health Service were supportive (lemma 2021; Procter 2021). Furthermore, the chair of Port Macquarie Base Hospital Medical Staff Council supported bringing the hospital back into the public system (MP opposes hospital buy back plans 2004).

Though Labor formed government, the local state MP was Rob Oakeshott, who had become an independent after leaving the National Party. Mr lemma described him as “very passionate” about the hospital and health services. Mr lemma said he played a “very constructive role” and supported “the process to test whether it can be brought back into the public system, and what the deal could look like.” (lemma 2021) Mr Oakeshott described his own stance in supporting the buy back as “less a philosophical argument from my point of view and more a pragmatic one” to improve health services (Oakeshott 2021).

As the decision occurred after the 2003 NSW election where Rob Oakeshott was comfortably re-elected as an independent for the first time, local electoral factors are less clear. Mr lemma described the local political context such as Mr Oakeshott becoming an independent as “background noise”, stating “the actual decision, and the justification for it, had to be on the basis of the overriding public benefit in sustainable health services, public accessible, affordable and sustainable health services to the community.” (lemma 2021)

The catalyst for the decision was the divestment of Port Macquarie Base Hospital by Mayne. Mayne was undertaking a wider divestment of its health portfolio at the time with the sale of all of its hospitals in October 2003 (Barnett and Brown 2006). Mayne’s hospitals were seen as having underperformed financially with poor profitability (Clegg, Pretty, and Allen 2003; Mayne may sell its hospitals 2003). The eventual agreement between Mayne and the NSW Government, after a court case, to transfer the hospital indicated a lack of organised opposition from the company.

Policy viability provides a potential explanation for the privatisation reversal as it was now seen as having administrative viability. Mr lemma recounted initial concern about resistance and difficulties in getting Mayne to co-operate to sell if the government could not make the existing contract work and the potential to “hold us to ransom”. He was pleasantly surprised and then “quite enthusiastic” that Mayne was amenable to divesting to the NSW Government. Mr lemma stated the government “didn’t get much resistance” and Mayne was co-

operative in the final process to divest themselves of the hospital. He reflected that given the divestment and the court case, the government was the “most obvious and logical” party to talk to about purchasing (lemma 2021). Mr lemma’s comments about the contract being a barrier to the buyback is backed up by comments from other Ministers. In 2003, Acting Health Minister Frank Sartor stated the government would “look at reasonable opportunities to return Port Macquarie to the public sector,” with the caveat they needed to determine whether the existing contract allowed for a transition as there was no buyback ‘right’ (Graham 2003).

While political mobilisation influenced the privatisation reversal decision, responses by the Minister also reflected some of the practical problems with the privatised public hospital. These pragmatic causes will be addressed in the next section.

Pragmatic causes

The pragmatic causes identified were presumed quality improvements, improved trust, and efficiency gains. Some of these pragmatic causes were influenced by the anti-privatisation campaign, resulting in its political unpopularity and perceived lack of transparency. These pragmatic causes created the economic viability for a decision by government to take back the hospital.

After the buy-back was announced, former Health Minister and then Treasurer Andrew Refshauge stated the NSW Government was unable to get privatised

hospitals to “effectively provide the services that are required” and that “the community there realised this experiment had failed badly”, citing contract problems identified by the Auditor-General’s report (Marriner 2005).

Problems with the privatisation included massive cost blowouts due to the contract, the failure to include a clause about the transfer of the hospital back to the public after the contract expired and ongoing industrial relations problems. These are better understood when examining the background to the privatisation.

(Presumed) Quality improvements

The quality of health care was a key driver to return the hospital to public control. Soon after the hospital opened in November 1994, there were community concerns about growing waiting lists, a failure to integrate with community health programs and the lack of autopsy or mental health services (Public Patients, Private Profit 1996).

Major concerns from privatisation opponents were the need for a community rather than a hospital-centred approach to health care and access to good quality free hospital services, with many philosophically opposed to the privatisation of public health care (Collyer, McMaster, and Wettenhall 2001). A NSW Parliamentary inquiry also noted this, stating “...many of the concerns of community members regarding quality of care have a dimension not present in criticisms of other public hospitals, in that there is an underlying concern that a private interest, Mayne Health, is making substantial profits delivering services

which in other areas are publicly owned.” (New South Wales et al. 2002) The idea of public ownership was associated with the belief of a higher quality of health care due to the lack of a profit motive.

In 2001, a series of health incidents led to a specialist’s decision to publicly reveal concerns about practices at Port Macquarie (Action group criticises Mayne 2001). The Director-General of the Health Department visited Port Macquarie to hear concerns, most notably relating to the management of the hospital (Health chief told of hospital woes 2001), leading to a four point plan to address concerns over the direction of the hospital (Equal treatment in health care 2001).

Mr lemma stated the immediate decision to trigger negotiations with Port Macquarie Base Hospital was based on clinical and service factors. He explained the clinical workforce was constantly dissatisfied and demand pressures due to inadequate hospital infrastructure limited the number of operations that could be done. Mr lemma also stated the area was undergoing rapid population growth, meaning the hospital struggled to meet the growing demand (lemma 2021).

(Presumed) Improved trust

Transparency and accountability were ongoing issues arising from the contract. Several requests were made to gain contract terms, the Hospital Action Group notably going to court after lodging a Freedom of Information request to get access to the 18 contracts signed for the hospital (Fredericks 2016). Chung

noted the secrecy of contractual arrangements were “a useful political strategy to avoid accountability” (Chung 2008). Commercial-in-confidence requirements removed public accountability and oversight of standards of care and service, making it more difficult to argue against the privatisation as the true costs were not disclosed (Chung 2008). Scrutiny provided by the NSW Parliament and the Auditor-General played an important role in publicising the ongoing problems with Port Macquarie Base Hospital and aided opposition to the further privatisation of public hospitals.

Trust and the lack of it were evident from the community. A common concern was the monopolistic aspect of the privatisation (Collyer, McMaster, and Wettenhall 2001). Patients who made complaints were also not satisfied with the response from Mayne (Mayne responds but patients not satisfied 2001). The distrust in the hospital was such that the local National Party branch passed a motion of no confidence in the management of the hospital at their annual general meeting on 3 March 2001 (Nationals criticise hospital management 2001). This suggests the lack of opposition was itself influenced by the anti-privatisation campaign.

(Presumed) Efficiency gain

The cost and efficiency of the Port Macquarie Base Hospital were cited as ongoing issues since its privatisation. Mr Lemma stated there was ongoing contractual conflict over prices charged for services. Mayne argued the prices and formula in the original contract was not enough to deliver existing services and the North Coast Area Health Service believed costs were escalating

beyond what they could see as value for money. Mr lemma stated he “couldn’t see the value” in it continuing to be privately owned and operated when the state government was constantly being asked to sort out problems and there would never be sufficient funding whilst it was in private hands and ownership (lemma 2021).

Concerns about the efficiency of the privatised hospital had been raised in previous parliamentary inquiries. In 1996, the NSW Auditor-General raised questions about the arrangements for Port Macquarie Base Hospital. Citing concerns about the financial statements, the Auditor-General noted the NSW Government had effectively agreed to transfer the hospital and land to Mayne after the twenty-year contract, on top of \$143.6m in additional fees-for-service payments that would have covered the cost of construction at around \$50m. It was summed up as “The Government is, in effect, paying for the hospital twice and giving it away.” (New South Wales. Auditor-General’s Office 1996).

In 2002, a NSW Legislative Council inquiry into the ‘Quality of Care for Public Patients and Value for Money in Major Nonmetropolitan Hospitals in New South Wales’ visited Port Macquarie. Witnesses raised concerns about the four point plan regarding quality indicators, transparency and accountability, funding outflows to other areas, use of the hospital by outside residents, quality of hospital staff, waiting list practices, and community consultation (New South Wales et al. 2002). The final inquiry report did recommend greater transparency, reviewing reporting of funding and community consultation by Port Macquarie Base Hospital but it did not call for the reversal of privatisation.

This was despite a former CEO of the hospital telling the inquiry that hospital management effectively had two priorities that conflicted: making a profit and providing the best possible health services (New South Wales et al. 2002).

Mr lemma said he concluded after a decade of trying to make it work, “no amount of top ups, no amount of amelioration, no amount of short-term injection of funds or even medium-term injection of funds, were going to see the issues resolved.” He also cited the problematic relationship between hospital management with the clinical workforce. Mr lemma stated, “If the taxpayer was constantly being asked to keep topping up, in my mind was very little point in, in continuing to have the hospital as a private hospital privately run and operated.” (lemma 2021) His explanation provides evidence that economic viability was an important factor in the decision to return the hospital to public control.

Structural factors

The PPP nature was the main structural factor, as the contract was the source of conflict and shaped the conditions for its eventual reversal. Drawing on historical institutionalism, I identify that the PPP nature of the contract helped to produce the situation, influencing the political campaign and available options that established policy viability for the reversal. The nature of the contract enabled the NSW Government to block the transfer of the hospital to another private owner. The private owner, Mayne, was in the process of divesting its entire hospital division, which may explain the lack of organised opposition, providing administrative viability for the reverse privatisation reform. Other identifiable structural factors included the influence of the medical workforce's

expertise on the final decision, the role of regional hospitals in the public hospital network making it harder to decouple, public service support for privatisation reversal as a pragmatic solution, and public ownership enabling more public investment in the hospital.

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PPP nature

Community opposition to the privatisation of Port Macquarie Base Hospital and a change in government did not automatically lead to the hospital's return to public ownership. Ken Procter noted there was not a continuous campaign for the return to public ownership of Port Macquarie Base Hospital. He described the decision as happening "somewhat unexpectedly" (Procter 2021).

The hospital contract was, however, a site of contest with conflicts leading to the privatisation reversal. As identified in the 1996 Auditor-General's report, the original PPP contracts failed to include a transfer of the hospital to public ownership at its end in 2014 and set payments regardless of wider factors. It unintentionally enabled the campaign as it created the conditions for ongoing conflict between the private operator and the public sector as funding issues were relitigated and not settled. The specific conflict that was the catalyst was Mayne's wider divestment of its hospital division, which included Port Macquarie Base Hospital in October 2003. Mayne's attempted sale of the right to operate Port Macquarie Base Hospital to Affinity Health, as part of the divestment, was seen as an opportunity to review the contract by Rob Oakeshott and the hospital medical staff council (Thousands sign hospital petition 2003). The

transfer of the contract to operate Port Macquarie Base Hospital to Affinity Health was blocked in April 2004 with legal action taken because it violated contractual obligations (Govt blocks sale of Port Macquarie Hospital 2004). The contractual arrangement with the NSW Government meant transferring the Port Macquarie Base Hospital contract from Mayne to Affinity Health needed Health Department approval which was not given (State government sues Mayne 2004).

Following negotiations, the NSW Labor Government made a decision to buy the Port Macquarie Base Hospital operations from Mayne for \$29 million in December 2004, a decision supported by Rob Oakeshott. (MP welcomes Govt hospital contract buy-back 2004). While the Nationals stated they opposed buyback plans (MP opposes hospital buy back plans 2004), there was otherwise no organised public opposition. This was followed by an agreement that the NSW Government would buy the hospital building and land in February 2005 for \$45 million (Govt to detail Port Macquarie hospital deal 2005). Under the deal, the NSW Government agreed to discontinue the legal action brought against Mayne to block the transfer to Affinity Health. (Mayne sells Port Macquarie hospital to NSW govt 2004). This suggests contractual clauses to prevent a transfer without NSW Government permission were used strategically to get Mayne to agree to transfer Port Macquarie Base Hospital back to the public sector. The existing contract had no provisions for a transfer, however, Mayne's wider divestment from public hospitals created administrative viability as Mayne wanted to sell the hospital.

How the reverse privatisation reform occurred suggests policy viability provides a useful method for understanding how it occurred and how causes relate to each other. It suggests the contract and conflict over it provided administrative viability, adding to the political and economic viability from the political and pragmatic causes.

Other structural factors

A sector-specific finding was the medical workforce is an influential actor in the health sector. Support from the medical staff for taking back the hospital was mentioned by Mr lemma as a key factor in the decision, though he would have considered it regardless and would have “relished” a campaign about public health (lemma 2021). This highlights the highly regarded status of the medical workforce which may be unique to the health sector.

Manager wishes and population density were also identifiable causes from the interviews. Mr lemma and Mr Procter both mentioned support by public service managers for privatisation reversal (lemma 2021; Procter 2021). Port Macquarie Base Hospital being in a rural and regional area also had an impact. Mr lemma noted the hospital was the principal provider of acute health services on the Mid-North Coast and it operated as part of a wider network with other North Coast hospitals such as Ballina, Tweed, and Lismore. He explained problems at Port Macquarie were causing issues at the other hospitals in the network and “these unresolved issues were a source of constant friction.” (lemma 2021)

Finally, the improved capacity of local governments was an identifiable structural factor. Certainty for future public investment was a reason given for public ownership with a master plan for the redevelopment of Port Macquarie Base Hospital linked to the privatisation reversal. The touted benefits included certainty for the development of a new radiotherapy centre as the government now owned the hospital land and future improvements in mental health services (Parliamentary Debates 2005).

Chapter 5: Case study— Mildura Base Hospital

Mildura Base Hospital was an early example of a public hospital PPP in Victoria, however, as it was not the first and was one of six public hospital PPPs in Victoria between 1997 and 2004 (G. A. Hodge and Greve 2005), there is limited literature on it. Instead, I relied on newspaper articles, campaign material and Hansard as existing sources about the hospital's privatisation and reversal and conducted interviews to fill gaps in background information. The interviewees were previously listed in Table 1. They were selected to represent the perspectives of key actors: trade unions, citizen movements, and the local MP.

I again cross-referenced primary and secondary documents against interview transcripts. I then thematically coded case material about Mildura in NVivo using Voorn's three-tiered typology of political causes, pragmatic causes, and structural factors. I then used Voorn's sub-categories in Table 2 to structure my analysis in the chapter below. Key commonalities and differences with Port Macquarie Base Hospital were also highlighted.

The Victorian Labor Government, a left-leaning independent state MP, a local citizen movement called Reclaim The Mildura Base Hospital, and trade union support of the citizen movement were identified political causes. The Mildura decision was more overtly political with the mobilisation of coalitional power resources, however, initial reluctance suggests a Labor Government alone was insufficient for political viability. Unlike in Port Macquarie, there was organised

opposition, which may have been a factor, however, it was not the decisive factor, reflecting a stronger political campaign.

Quality improvements, improved trust, and easier contract management were pragmatic causes. Like in Port Macquarie, these pragmatic causes were central to the political campaign for reverse privatisation, especially by Reclaim The Mildura Base Hospital. Ideas of community and trust were strongly associated with public ownership.

The most influential structural factor was the recent or upcoming expiration of contracts, which shaped the privatisation reversal campaign. Other structural factors identified included health-specific factors, namely the expertise of the medical workforce and Mildura's geographic isolation. Similar to Port Macquarie, the contract structured conflict, influencing the campaign because it determined the options available to reverse privatisation. While both contracts were PPPs, how the contracts enabled Mildura's privatisation reversal differed significantly to Port Macquarie as did how it structured power relationships between the government and other key actors. Unlike in Port Macquarie, the public service appeared to be reluctant to reverse the privatisation of Mildura Base Hospital, suggesting political campaigning overcame this.

Background to the privatisation

Mildura is a regional centre in the north-west of Victoria, Australia's second most populous state, on the Murray River. Near the border with the states of

NSW and South Australia, it is a similar distance from Melbourne and Adelaide. Inspired by California, the Victorian Government established Mildura in the late 19th century as an irrigation settlement for intensive horticulture.

Mildura Base Hospital is the largest employer in Mildura. It is the most remote hospital in Victoria and lead health care agency in the region, providing health services to the two other bordering states. Opening in 1892, the Mildura Base Hospital's premises on Thirteen Street in Mildura were opened in 1934 (Mildura Base Public Hospital Foundation 2022) and only had minor modifications in the 1970s. Prior to the 1996 Victorian election, a commitment was made to provide funds for the upgrade of Mildura Base Hospital (Green and Dow 1996). The initial promise was \$10 million, however, there were claims an investigation by the hospital board found \$23 million was needed to properly upgrade the hospital (Meredith 1997).

In September 1997, the Kennett Government announced plans for a new Mildura Base Hospital to be privately built, owned, and managed. The justification was the hospital's outdated facilities and the growing population (Boreham 1997). It was the second privatisation of a regional hospital, following a 1995 decision to privatise the new Latrobe Regional Hospital. It was also part of a wider push to get the private sector to build and manage the Austin, Berwick and Knox public hospitals in metropolitan Melbourne as part of the Metropolitan Health Care Services Plan (Hannan 1996; Hawes 1997). The rationale for the tendering of building and operation to the private sector was a

shortage of \$250m in capital for the plan (Finkel 1996), similar to the justification for the privatisation of Port Macquarie Base Hospital.

In 1997, the Victorian Cabinet approved in-principle that the private sector would be approached to rebuild the hospital. Six consortiums made a bid and four were shortlisted: Alpha Healthcare Limit, Epworth Hospital, Health Care of Australia, and Ramsay Health Care (Ramsay). Alpha was endorsed as the preferred bid in September 1998, however, they withdrew in December 1998 after a probity investigation and media attention. Ramsay was selected as the next highest ranked bidder and the contract was executed in March 1999 (Victorian Government 2002). Ramsay took over the operation of Mildura Base Hospital on 19 September 2000 under a 15-year contract with an option to extend the contract. It used a similar model to Port Macquarie Base Hospital where the public hospital was privately built and operated. The Motor Trades Association of Australia (MTAA) entered into a contract to own the buildings in 2001 (Testa 2019).

The Victorian election in September 1999 led to the end of the Kennett Government with three rural independents, including the MP for Mildura, Russell Savage, supporting a Labor minority government. Kennett's loss has been attributed to rural backlash, and his agenda on public hospitals was part of that (Clark 1999). A 2006 Victorian parliamentary inquiry into private investment in public infrastructure concluded "that the build, own, operate arrangements entered into for the Mildura Hospital...were not in the long term interests of the

public, and that no further contracts of this type should be entered into.” (Public Accounts and Estimates Committee 2006)

In 2012, a local group, Reclaim The Mildura Base Hospital, was established to oppose the extension of the contract, after a large community meeting. Following a community campaign, in July 2013, the Victorian Coalition Government announced the buyback of the hospital’s buildings from the MTAA, along with an expansion of the emergency department, maternity ward and mental health services upgrades, and the extension of Ramsay’s contract for another five (Davis 2013). The Liberal Health Minister David Davis had previously cast doubt that the hospital could be bought back because the buildings and operation were separate (Davis casts doubt over hospital buyback 2013). The contractual arrangement with Ramsay was to expire in September 2020, with an option to extend for a further two years to 2022.

At the 2018 Victorian election, an independent candidate, Ali Cupper, won the seat of Mildura. Cupper had been involved with Reclaim The Mildura Base Hospital, also known as Reclaim the Base. After her election and public consultation from the Victorian Labor Government, a decision was made to not extend the contract. Mildura Base Hospital became the last privately-run for-profit public hospital in Victoria, returning to public control in 2020.

Political causes

Political causes identified were the involvement of (left-wing) political parties, union pressure and citizen movements. A key difference from Port Macquarie

Base Hospital was opposition to the privatisation reversal campaign from the hospital's private owner and other local interests, and the local council withdrawing support for the campaign.

Involvement of (left-wing) political parties

Similar to Port Macquarie, there was strong opposition to the initial privatisation of Mildura Base Hospital from Victorian Labor. Sun Health Care was named as the preferred bidder in September 1998 (Alpha Healthcare Limited (ALA.AX) Appointed as Preferred Tenderer for Mildura Base Hospital. 1998), but opposition to the privatisation resulted in Alpha withdrawing after questions were raised about its conduct overseas by the Labor Opposition and the independent MP for Mildura, Russell Savage (Owen 1998; US company linked to Mildura “being investigated” - ALP. 1998).

During the contract renewal period in 2012, the Labor Opposition had backed in concerns about Mildura Base Hospital. Labor called on the Coalition Government to make clear statements about the future management of the hospital and respond to concerns about privatisation (Mildura Base Hospital: Future 2012), though it made no firm reversal commitments at the time.

The impact of the local state MP was highly influential. Mildura had traditionally been a National Party seat, but it was previously held by an independent, Russell Savage, between 1996 and 2006, who advocated for the return of the hospital to public hands (MP urges Mildura Hospital funding review 2006). His support allowed Labor to form a minority government after the 1999 Victorian

election. In 2018, the seat was again won by an independent, Ali Cupper. She had been the Deputy Mayor of Mildura and narrowly won the seat after previously contesting in 2014 as an independent.

A former Labor Party member, Ms Cupper's campaign was heavily focused on returning Mildura Base Hospital to public control. Her inaugural speech focused on the hospital and highlighted that Ramsay made a \$2.7m profit from the hospital according to its annual report (Barro 2019). She previously argued the buyback of the hospital building in 2013 only partially resolved problems with the hospital (Council won't raise hospital issues before state election 2014). Ms Cupper was strongly associated with the anti-privatisation campaign, hosting a community meeting and formally requesting a privatisation reversal at a meeting with the Victorian Health Minister, Jenny Mikakos, in February 2019 (Cupper n.d.).

The experience of Mildura, which had an independent MP in recent memory, suggest local electoral drivers provide a partial explanation. The incumbent Nationals MP, Peter Crisp, had helped facilitate meetings for Reclaim The Mildura Base Hospital and stated a review was needed, but did not publicly support or oppose the reversal of privatisation. Jo Rodda, who served as chair of Reclaim The Mildura Base Hospital from November 2012 (Reclaim the Base chairwoman quits 2012), indicated Crisp did not support the privatisation (Rodda 2021). Support for a privatisation reversal was widespread with backing from local Liberal and Labor branches (Testa 2019). There was, however, some disagreement about whether Ms Cupper's election was fundamentally about the

hospital with Ms Rodda saying she did not think the election result was a “referendum on the hospital” (Rodda 2021). Ms Rodda had also previously run in 2014 as an independent.

The Victorian Labor Government also played a key role. Labor had been elected in 2014 with a narrow two seat majority in the Legislative Assembly and previously formed a minority government in 1999 relying on rural independents. In October 2018, the Victorian Government launched a community consultation about the future of the hospital which included an online survey and stakeholder sessions with health professionals, Aboriginal groups, council, community leaders and hospital staff. The results were publicly revealed in April 2019, showing 90 per cent wanted a return to public control. The Mildura Base Hospital Community Consultation report also found a common objection to public health services being delivered by a for-profit company, with the community wanting the hospital to have a more prominent local presence and also identified issues attracting and retaining staff (Department of Health 2019). This suggests a deep ideological opposition to privatisation in public opinion, highlighting the importance of ideas such as community and trust in the campaign to return the hospital to the public sector. A meeting of the Health Minister with community stakeholders in August 2019 preceded a September 2019 announcement by Premier Daniel Andrews that the hospital would return to public hands in September 2020 (Andrews 2019).

The ideological influence on decision-making was clearer in the Mildura than Port Macquarie. Following the Victorian Labor Government’s announcement in

August 2019 that a contract extension would not occur, Ramsay CEO Craig McNalley claimed the decision was ideological and the result of a local political campaign, stating it was a successful PPP and Ramsay offered to invest \$13 million in the hospital over 10 years if the contract was extended (LaFrenz 2019). This also differed from Port Macquarie Base Hospital as Mayne had actively sought to divest itself of the hospital. The ideological paradigms behind the shift were also more evident because of the change in government and the previous decision taken by the Coalition in 2014 to extend Ramsay's operational contract for a further five years to 2019. This was despite a strong community campaign from Reclaim The Mildura Base Hospital to fully return the hospital to public control.

Commentary from the Victorian Labor Government also emphasised more ideological elements. In comments to the Legislative Assembly, the Premier stated, "this hospital should be returned to being a true public hospital for patients, not for profits, and that is why we were able to make that announcement on Friday." At the time of the announcement, he also stated "the community has spoken, and we've listened. After two decades of privatised healthcare, we're returning Mildura Base Hospital back to public hands, where it belongs" (Andrews 2019). The emphasis of a 'public' ethos in the reason for privatisation reversal suggests policy alternatives to neoliberalism was an influence.

While the election of a Victorian Labor Government removed a barrier to returning the hospital to public hands, interviewees suggest there was no

guarantee. Ms Cupper stated she had to convince the Health Minister, Jenny Mikakos, of the need to return the hospital to public control. She explained it was one of the first meetings organised after she was elected. The meeting was “kind of lukewarm” and she claimed the Minister said there were no safety issues with the Mildura Base Hospital. This suggests the involvement of (left-wing) political parties alone were insufficient to create the policy viability necessary.

Citizen movements

Public awareness about the contract renewal was the key factor prompting formation of a local citizen movement to return the hospital to public ownership. The formation of Reclaim The Mildura Base Hospital in April 2012 coincided with the negotiation period for the extension of the contract with Ramsay that was due to end in September 2012. (Banks 2012) A public meeting was held in May 2012 where 700 attended and voted to end the privatisation of the hospital (Banks 2012). Ms Cupper noted the first public forum was a “litmus test” as while “we know a lot of people didn’t like the hospital, but we didn’t know how many people would be engaged.” The success of the public forum was cited as confirmation it was a widely and deeply felt community issue, Ms Cupper stating “...that's when we knew it's like, Yep, we're on the right track here. Not only are people quietly in their own homes going, there's something wrong with our hospital...when that public call went out to say, hey, let's all talk about it together, or they, or they all came. And that was sort of the moment where we knew this is not in anyone's imagination.” Ms Cupper reflected the engagement

was impressive as the community was quite conservative and “people don't like to stick their head above the parapet.” (Cupper and Parr 2021)

Those involved with Reclaim The Mildura Base Hospital included Ali Cupper, Jill Joslyn, who was later elected to Mildura council, Jo Rodda who was later the group's chair and Stephen Parr who later worked for Ali Cupper as her Chief of Staff. Following its formation, it engaged in a range of activities including:

- Public rallies in Mildura in August 2012 seeking a 12-month extension of contract negotiations (More time urged for hospital talks 2012).
- Meeting with then Victorian Health Minister David Davis, then Opposition Leader Daniel Andrews and the Victorian Greens (Davis gets hospital anti-privatisation petition 2012).
- A petition with 2,700 signatures was presented to then Health Minister David Davis (Reclaim the Base unhappy with Minister's response - ABC News n.d.).
- Raising the issue of political donations to the Liberal Party in 2011-12 by Ramsay and the influence it had on decisions (Reclaim Mildura Base Hospital 2012).
- Protesting on the steps of the Victorian Parliament in May 2013, asking for the petition to be returned by David Davis as it had not been presented to the Parliament (Reclaim the Base unhappy with Minister's response - ABC News n.d.).

The local influence of Reclaim The Mildura Base Hospital comes through in the government access it was able to gain. Ms Rodda stated she had a good relationship with the Nationals state MP for Mildura at the time, Peter Crisp, who helped to organise meeting with David Davis and other MPs at a state and federal level (Rodda 2021).

Reclaim The Mildura Base Hospital was invited to have further meetings about the future of the hospital, however, they were declined because the Ministerial meetings would not be in Mildura (Hospital talks reach stalemate 2012).

Tensions were exacerbated later that year after the Minister visited Mildura but did not meet with Reclaim The Mildura Base Hospital (MP says not enough time for Davis to meet protest group 2012). He agreed to meet with them later in Mildura, following a Ministerial meeting in Melbourne in November (Davis to again meet hospital anti-privatisation group 2012).

Following the 2014 election, Reclaim The Mildura Base Hospital went into a hiatus. Reasons included personality issues within the group with two members, Ms Cupper, and Ms Rodda both contesting the state seat of Mildura as independents. In interviews, both confirmed that Ms Rodda actively organised preferencing against Ms Cupper, who came second on primary votes, to prevent her election (Cupper and Parr 2021; Rodda 2021).

Subsequently, another community group, Mildura Hospital Conversation, was formed in May 2015 by Noel Pound that would receive and air complaints about the hospital. The group originated as a Facebook page for Mildura Base

Hospital patients to share their experience with the hospital ('Wouldn't take my dog there' 2019). Other than Ms Rodda, those involved were not actively associated with Reclaim The Mildura Base Hospital. Mr Parr stated the new group was not seen as political and kept the issue alive, which is his words "actually worked really well in the end." Ms Cupper also described the Mildura Hospital Conversation as "kind of handy" because it kept stories about the hospital going (Cupper and Parr 2021).

Rather than traditional power resource theory, the role Reclaim The Mildura Base Hospital played in agitating for the reverse privatisation reform suggests coalitional power resources in action as unions provided more of a supportive role. Citizen movements did contribute to political viability by keeping the hospital privatisation and its impact on the community as an ongoing local issue.

Union pressure

Traditional power resource theory posits trade unions as the key social actor whose power and influence contributes to expanding social policies.

Interviewees, however, indicated unions such as the Australian Nurses and Midwives' Federation (ANMF) and Health Services Union played more of a supportive rather than a leading role in the campaign to buy back the hospital (Health and Community Services Union 2019; The Australian Nursing and Midwifery Federation (Victorian Branch) 2019). There was some crossover, for example, ANMF union delegates were active on the Reclaim The Mildura Base Hospital committee (Wearing-Smith 2021). Mr Parr said the ANMF provided a

lot of support behind the schemes because of the involvement of a former union representative who was well connected and participating in a meeting that Reclaim The Mildura Base Hospital had with then Liberal Health Minister David Davis (Cupper and Parr 2021).

One explanation provided was staff felt they would be targeted by their employer if they were seen as supporting the campaign. It also highlights similarities with Port Macquarie where there was employer pressure on employees though it manifested differently through industrial action there. Mr Parr, who at the time of the interview worked for Ms Cupper as a parliamentary staffer, stated Ramsay had been hostile towards staff who had spoken up and “staff that were petrified to speak up so the last thing that that nurses would do in that environment is put their hand up.” (Cupper and Parr 2021)

This was echoed by Ms Wearing-Smith who stated staff kept a low profile and that while they would provide information, other members of Reclaim the Mildura Base Hospital were the public face of the campaign due to fear of being disciplined by Ramsay. She summed up a situation where “the people who were best place to stand up and speak at those meetings, actually couldn’t so other members of the community do that for them.” This reinforces a more active community-union collaboration, suggesting coalitional power resources were mobilised (Wearing-Smith 2021).

Organised opposition

Unlike Port Macquarie Base Hospital, there was opposition to the reverse privatisation reform campaign. Ms Cupper and Mr Parr spoke about abuse and criticism Reclaim The Mildura Base Hospital campaign was subjected to. They identified a divide between community members and local elites, often associated with the National Party who managed other health organisations that were connected to the hospital or sat on boards. They had to combat what they saw as disinformation, Mr Parr stating “we had to do a lot of work as a community group to educate people and say this is not about you as a nurse, this is not about your family who worked there, this is about the environment in which they work and the structure that is created here when you privatised the hospital.” (Cupper and Parr 2021)

In April 2013, Vernon Knight, the chair of the Mildura Base Hospital Community Advisory Board wrote an open letter to hospital staff about what he described as “callous and unwarranted attacks on the performance of our hospital” and questioning the groups commitment to improving health services in Mildura (Knight 2013). Reclaim The Mildura Base Hospital responded with their own open letter emphasising their criticism was of the model in which the services are delivered, not the health professionals (Reclaim Mildura Base Hospital 2013). A former Mildura local councillor and Executive Director of Mallee Family Care, Mr Knight opposed the push to return the hospital to the public sector (Knight 2012), and was critical of the reverse privatisation reform decision in 2019, saying he feared it would be a “debacle” (Cameron 2019).

Reclaim The Mildura Base Hospital also faced other setbacks in its campaign. While the local council had previously been supportive of trying to return the hospital to public ownership before 2020 (Council united on hospital issue 2013), it chose to not make it an issue for the 2014 state election after the decision had been made (Council won't raise hospital issues before state election 2014).

The importance of pragmatic causes in fuelling these political causes cannot be overlooked as they encouraged community campaigns and the formation of the citizen movements calling for a return to public ownership.

Pragmatic causes

Mildura Base Hospital experienced a range of ongoing issues since the hospital's privatisation. Problems included reduced services due to funding shortfall, difficulties attracting and retaining staff, doctor warnings to media and dissatisfaction with services. Quality improvements, improved trust and easier contract management were identified pragmatic causes and provided economic viability for reverse privatisation reform. These causes drove political motivations, especially amongst the citizen movement and the local state MP.

(Presumed) Quality improvements

Concerns about the quality of care provided by Mildura Base Hospital were a recurrent theme in secondary source literature. In early 2005, Ramsay attempted to reduce services, citing funding shortfalls (Mildura hospital plans services cut 2005), the Victorian Labor Government threatening to take legal

action against Ramsay if it did (Threat of legal action on Mildura hospital 2005). Concerns about the quality of care, staff morale and productivity were publicly aired as issues by senior medical staff (Private operation of Mildura hospital under fire n.d.). Regular complaints from patients and stories of poor treatment in the media became common (Barro 2019; 'Wouldn't take my dog there' 2019). There were also local media reports about high ratios of infant deaths (Testa 2016) and being the poorest performer for patient length of stay in the state (Frankel-Vaughan 2016). The extent of safety concerns was such that the hospital felt compelled to respond, stating it was one of the safest hospitals in the state after 'code grey' incidents (Christopher Testa 2015).

The quality of health care was a driving factor behind involvement in the Reclaim The Mildura Base Hospital campaign. Personal stories about poor experiences with the hospital were cited by Ms Cupper and Ms Rodda in their interviews. Ms Cupper spoke about her mother's experience with the hospital in 2007 and how it confirmed conversations she was aware of at the time. Ms Cupper stated her mother "... had a terribly adverse experience at our hospital over the course of a few days, which just showed up just a whole lot of shoddiness corner cutting, and issues that you sort of had heard about, you know, people would talk about how substandard our hospital was...that was our first real personal experience as a family." (Cupper and Parr 2021) Similarly, Ms Rodda explained it was the lack of services that had a profound impact on her as services weren't available for her family and others within the community "and that was something that I obviously believed very strongly needed to be remedied." (Rodda 2021)

Staffing was also cited by Mr Parr as a problem under Ramsay that had been addressed since the privatisation reversal. He noted previously there was a view that recruitment was difficult as good staff did not want to come and work in Mildura whereas now experienced staff have moved to Mildura to work at the hospital.

A reason provided by the Victorian Government for the privatisation reversal was better integration with health services in the region and to bring Mildura Base Hospital “in line with all other rural Victorian public health services”, noting it would help the community feel “more connected” with local health services. The decision was linked to other announcements including a regional service plan and investment in hospital infrastructure for an intensive care unit and replacement of operating theatre equipment (Department of Health. Victoria 2022). These reasons were similar to Port Macquarie and fit in with both a pragmatic response to market failure but also indicate the influence of economic viability, and ideas such as trust and community.

Mr Parr summed up the importance of quality improvements, stating changes since the hospital's return to public control were apparent and justified their actions as “...what we've seen since the hospitals being made public, again, has only served...to cement and justify everything that we did....we have a hospital now that is so focused on culture and care, that you would have to be absolutely blind not to see the difference.” (Cupper and Parr 2021) These comments were echoed by Ms Rodda who said “the changes that have been

made since the return to public within the hospital, still make me very, very pleased that that fight was one that we won.” (Rodda 2021)

(Presumed) Improved trust

The lack of trust in a private owner being able to serve the best interests of the community was a theme from the interviews with Mr Parr and Ms Rodda. It reinforces trust and community as important ideas that influenced support for public ownership.

Mr Parr stated “essential services should be run by government...with all of the checks and balances and transparency and accountability that entails”. He raised concerns about how the reporting assumptions to audit and monitor safety were designed for a publicly managed hospital and how that did not match the reality of a for-profit private hospital where there was a lot of self-assessment (Cupper and Parr 2021).

Ms Rodda spoke about how the privatised model “wasn't broken for people of certain stature” and that motivated her as she was “well known for, for speaking up for people who don't have a voice.” She highlighted concerns about the role of the private sector in decision making, stating “the private, for-profit managers of the hospital, were calling the shots in regards to health care in our community, beyond the reach of what was appropriate for a private for profit company.” (Rodda 2021)

These pragmatic causes helped to create the political and economic viability for a decision to end the privatisation of Mildura Base Hospital, the recent or upcoming expiration of contracts acting as the influential structural factor, providing the administrative viability.

(Presumed) Easier contract management

Contractual issues were cited as a barrier to further public investment in the hospital as the government could not give money for capital upgrades to buildings that are privately owned. It was used to explain the initial buyback of the buildings from MTAA by the Victorian Coalition Government in 2015. The easier contract management provides an example of the economic viability behind the decision to reverse privatisation.

Mr Parr noted the contract for the building did not include any obligation to upgrade infrastructure which meant it did not occur, leaving facilities “too small, and inadequate.” Mr Parr was of the view the buyback of the buildings would occur as the government “simply knew that they had to...because otherwise, all of that money for additional infrastructure just couldn't be spent.” Mr Parr also noted it would also lead to further pressure to return the management of the hospital to the public sector (Cupper and Parr 2021).

Mr Parr expressed the view that Ramsay did not care about the building being returned to public ownership, only the management contract. He said “they could take it or leave it, they weren't going to die in the ditch over that. It was a management contract that mattered to Ramsay.” While acknowledging the

hospital's profitability was not very high, Ms Cupper suggests it was because Mildura Base Hospital was seen as a potential "display home" model that could be rolled out by Ramsay if the Victorian Government decided to privatise more public hospitals (Cupper and Parr 2021).

Structural factors

Recent or upcoming expiration of contracts was the most influential structural factor that provided administrative viability for privatisation reversal. Historical institutionalism comes through in contracts shaping the political causes for its reversal such as forming Reclaim The Mildura Base Hospital, and the involvement of (left-wing) political parties in the form of a local independent. How the contract enabled the reverse privatisation reform and who the key decision maker was differed with Port Macquarie. Sector-specific findings and population density were also identifiable structural factors. Another difference with Port Macquarie was a perception the public service was not initially supportive of privatisation reversal.

Recent or upcoming expiration of contracts

Awareness about the upcoming expiration of the PPP contract was the catalyst to form the citizen movement that pushed for the return of Mildura Base Hospital to public ownership. Both Ms Cupper and Ms Rodda stated the campaign was started after a local surgeon, Dr Kevin Chambers, began telling people about the renegotiation process. Ms Cupper explained "he letterboxed the community on little yellow slips of paper, warning the community or notifying the community and warning them this contract was up for renewal." Ms Cupper

noted it was because of his actions people were aware there was an opportunity to get out of the contract, otherwise it would have been “quietly renewed.” (Cupper and Parr 2021)

The extension of the contract in 2015 for a further five years affected the campaign, Ms Cupper describing it as a “hiatus period” for Reclaim The Mildura Base Hospital (Cupper and Parr 2021). Ms Rodda made similar comments about the impact of the contract extension, stating “it was time for a rest because there was no way irrespective of the outcome of the election, where were we going to have that decision overturned.” (Rodda 2021)

The next opportunity to advocate came closer to the renegotiation period for the two-year extension in 2020. Ms Cupper mentioned the 2018 state election as when “when we started to go hard, because by that point in time, it was starting to get to contract o'clock.” She said it was understood the contract would expire, and either be renewed or not in that term of government (Cupper and Parr 2021). Ms Cupper explained “so all the ducks were in a row again, for like a resurrection of the of the fight and the campaign...and then we just did, went hard on the hospital right through to 2018. I won by 253 votes. And then of course, we're in the prime position and Stephen and I to then negotiate with the Andrews government to get the hospital back.” (Cupper and Parr 2021) Ms Cupper's comments suggest policy viability, specifically, administrative and political viability, were key to the decision to fully return Mildura Base Hospital to public ownership, with the contract expiration providing administrative viability.

While the contracts were key, the aspect of the contract relied on in Mildura differed significantly to Port Macquarie. In Port Macquarie, wider context of divestment by Mayne and the contract clause invoked to block it gave more negotiating power to the NSW Government who sought to get the hospital back into the public sector. In Mildura, the privatisation reversal campaign relied on the Victorian Government deciding not to extend the contract. There was a risk of the contract continuing as Ramsay were seeking an extension and challenged claims about problems. It meant power relationships were very different as in Port Macquarie, Mayne was the decision maker under pressure from the NSW government, while in Mildura, it was the Victorian Government from the private owner, the local MPs, and the community.

Population density

The impact of Mildura's geographic location was a common theme and the idea of community associated with it came through in the interviews as a driver of support for privatisation reversal. Ms Cupper explained "we're a long way away from our capital city, there's a real sort of feeling of neglect, having, you know, being the forgotten cousin" (Cupper and Parr 2021). Her comments were echoed by Ms Wearing-Smith who noted the community had a strong sense about their right to a public hospital and the importance of it to the community. She stated "when you live in a small community...you have a really strong sense of ownership over your local hospital, and people raise money for it and feel really proud about that amenity...and I think when they lost that, it really was a bit of a fundamental hit to how the town felt about their local health care

facility, it no longer felt like theirs, it belonged to a corporation, and they felt quite removed from it.” (Wearing-Smith 2021).

There were also implications for the staff who worked there. Ms Cupper noted “there’s no other hospital you can work at, we’re a long way away from anywhere else, in a city you’re much more protected because you can go and work at another hospital few a few kilometres away, you can’t do that here... you just had to make it work in Mildura.” (Cupper and Parr 2021) It also provides an explanation for the medical workforce intervening as a key actor.

Sector-specific findings

A sector-specific finding was the expertise of the medical workforce was highly influential locally and convinced the government to take the hospital back. Ms Cupper noted it was local surgeon, Dr Kevin Chambers, who raised public awareness the contract renewal and about how the problems at the hospital were not a figment of imagination. She explained Dr Chambers “essentially blew the whistle” and he stood up with a few other doctors stating there had been an absolute clear decline in the standard of hospital care since the hospital’s privatisation.” (Cupper and Parr 2021)

The medical workforce was also identified pivotal to the reversal decision by the Victorian Labor Government. Ms Cupper spoke about how Labor Health Minister, Jenny Mikakos, came to Mildura and secretly met with about a dozen doctors at the Working Man’s Club who convinced her about the need to take the hospital back. Ms Cupper described the meeting, explaining the doctors

“just went around the table one at a time and just documented all of their concerns. and experiences, we had doctors in tears...it was quite extraordinary. It was a really moving experience, but one after the other just mentioned...example after example, after example of systemic problems at this hospital that was unique to this hospital, these things would not happen at other hospitals around the state. And what is the difference? This one was privatised.” Ms Cupper stated after the meeting finished, Ms Mikakos spoke to her, saying “that was compelling. She said, Ali, there are safety issues on the public hospitals, but nothing like this. And that was the moment where it's like, right, finally she gets it.” (Cupper and Parr 2021) There was a similar statement from Ms Rodda who also said it was the confidential meeting with medical staff that convinced the Minister. Ms Rodda stated “...there was such an overwhelming body of evidence provided to the Health Minister on that day. When she came down the stairs, she claimed that was very compelling. I believe that was the day where the decision was made.” (Rodda 2021)

Both Ms Cupper and Ms Rodda mentioned there had been a previous reluctance from medical staff to speak out, resulting in a vacuum of information. Ms Cupper mentioned that beyond Dr Chambers and a few other senior doctors early on, “they specifically said, we don't want to be involved anymore, we did our bit, we blew the whistle, now, we're just getting on with our jobs.” Ms Cupper stated Ramsay “had made examples of doctors before, Kevin was one of them, they've cut his theatre time and things like that, you know, so they would, they were vindictive.” (Cupper and Parr 2021) Ms Rodda noted the secrecy of the meeting was because of this fear about the influence of Ramsay in the

community, stating “these doctors were very, very brave to, to speak directly to the Health Minister”, implying there would have been repercussions if Ramsay had known about the meeting or the identities of the people who gave information directly to the Minister (Rodda 2021).

Based on the impact of their interventions, it is clear the medical workforce contributed to the political and administrative viability of the reverse privatisation reform decision. There was trust from the community in the medical workforce when they spoke out. The complexity of the health system may account for this. This suggests common links with Port Macquarie about the unpopularity of privatisation in health care in the community and the potential electoral incentives to act.

Manager wishes

Unlike in the Port Macquarie Base Hospital situation, interviewees perceived a lack of support from the public service for privatisation reversal. Ms Cupper was of the view the public service did not want the hospital returned to the public sector because it was the easiest hospital in the state to manage as accountability did not sit with them and they “could be completely hands off.” Mr Parr made similar comments, believing the public service was supportive of the private model which was contrary to his previous assumption. He stated “naively, prior to Ali's election, I'd always assumed that there were people in the public sector that could see what was happening, and were agitating for the same...to say that wasn't the case, for me, as a public servant, myself was kind of alarming.” (Cupper and Parr 2021) Ms Cupper stated that once the decision

was made for Mildura, her impression was the public service implemented it without issue (Cupper and Parr 2021). It suggests political viability was a far more important factor in determining policy viability.

While Voorn's framework emphasises the importance of structural features, the agency of actors is also important. Structural factors of reverse privatisation reform such as the recent or upcoming expiration of contracts are related to the agency of actors and the importance of the agency of actors in all three categories of causes should not be discounted. The contracts were a site of contest and key actors shaped what occurred, creating the conditions for policy viability.

Chapter 6: Research findings and discussion

Analysing reverse privatisation reform processes in Port Macquarie and Mildura finds key commonalities and differences. Political causes exist in both, social democratic parties, trade unions, local MPs, the Health Minister, and citizen movements being key actors. The political campaign in support of privatisation reversal was stronger than any opposition, but it was not as overt in Port Macquarie despite a similar electoral context to Mildura. In Port Macquarie, there was a lack of opposition while in Mildura, there was organised opposition, but the community campaign was relatively stronger. While political causes are identifiable, in both, pragmatic causes are the reasons provided by governments for the privatisation reversal decision and underpin community support for public ownership. Pragmatic causes were cited over a period of years but conflict over contracts was the influential structural factor, shaping campaign strategies and policy options. A notable sector-specific finding was the expertise of the medical workforce was highly influential in the final decisions.

Voorn's framework works well in enabling commonalities and differences between these two Australian case studies of reverse privatisation reform to be explored. Pragmatic reasons are not inconsistent with political processes, all three categories of causes are identifiable in the Port Macquarie and Mildura Base Hospital case studies. Within each cause, the broader policy literature helps us unpack the role of key actors, institutions, and ideas.

Political causes identifiable in both cases are the involvement of (left-wing) political parties, citizen movements and union pressure but the decision in Port Macquarie Base Hospital was less overtly political. A clear ideological justification in favour of public ownership in Mildura was articulated by the Victorian Labor Government, a potential explanation being a broader shift away from privatisation since the 2000s. Interviews and public statements expressing openness to public ownership indicate ideological preferences were not absent in Port Macquarie, but the existence of problems were more generally accepted, including by the private owner.

While supportive, trade unions did not always play the leading role in the campaign. Rather collaborations between trade unions and citizen movements often mattered more. The role of social democratic political parties appears to be a removal of political barriers to reverse privatisation reforms in government because public ownership was a more acceptable idea for ideological reasons, creating political viability. This is demonstrated by the Coalition Government choosing to extend the contract to privately operate Mildura Base Hospital despite the community campaign against it and the rhetoric used by Labor Governments. This suggests power resource theory is relevant, given the importance of social democratic governments, though coalitional power resources may provide a supplementary explanation.

Consistent with historical institutionalism, the case studies highlight that electoral institutions are important, the promises to re-develop the hospitals and the shift from the National Party to independents being influential. The electoral

dynamics of Mildura and Port Macquarie were similar and in both, the hospital privatisation was reversed under a Labor Government with the independent local MPs playing a key supportive role. The context suggests distinct electoral drivers may have had an impact in Mildura, though less likely in Port Macquarie. In Mildura, Labor held a community consultation about the hospital before the 2018 election and the local Nationals MP did not explicitly oppose privatisation reversal, but the relationship between the electoral context and political viability is not completely clear from the interviews.

There were other key differences between Mildura and Port Macquarie regarding political causes. The Mildura campaign experienced strong opposition by the private operator, Ramsay, and other local interests, compared to a lack of organised opposition in Port Macquarie. Port Macquarie Base Hospital was generally accepted as having problems unlike Mildura Base Hospital. Port Macquarie also had the use of a referendum as a tactic and a comparatively less influential citizen movement in the reversal campaign. It suggests problems with privatised public services reduce opposition to privatisation reversals and political campaigning can still win a reversal even with opposition from private owners.

The rationale for both decisions, however, relied on pragmatic causes, associated with economic viability. Pragmatic causes fuelled the political causes, especially citizen movements. Citizen movements also politicise these pragmatic problems though, driving decisions by governments. Strategies of both anti-privatisation campaigns played into pragmatic imperatives but were

ideologically informed in their opposition to profit in health care. Quality improvements, efficiency gains and improved trust were all cited by advocates of reverse privatisation reform and decision makers. Ideas of community and trust were intertwined with an understanding of what public ownership entailed. It should be noted, however, it was not addressed as to whether the pragmatic imperatives were all fully resolved, or objectives realised by the reversal.

The contracts were the catalyst for reverse privatisation reform campaigns and were an important structural factor, influencing strategies and available options. Specific events, relying on different types of contractual clauses were necessary in each case for the reversal to occur, the sale to Affinity Health of Port Macquarie Base Hospital, which was contractually blocked by the NSW Government, and the contract extension decision for Mildura Base Hospital that the Victorian Government would decide upon.

In Mildura, the campaign was driven by problems from people's experiences. The contract provided opportunities for the campaign to develop and informed its tactics. Port Macquarie was the opposite as the contract provided no obvious means for transferring the hospital back to public control so there was no single event that a campaign focused on. Instead, it was the strategic use of the contract by the NSW Government to overcome the lack of a transfer clause that allowed a return of Port Macquarie Base Hospital back to the public sector. Mayne's desire to transfer the hospital at the time as part of a wider divestment of its hospitals may explain the lack of organised opposition. It also meant Mayne was the decision maker experiencing pressure from the NSW

Government, as opposed to the Victorian Government experiencing pressure over a contract extension decision from Ramsay and other key actors in Mildura. It highlights how contracts structure the power relationships in each case study and might explain why it took longer in Mildura. Without those contractual clauses, there would not have been the administrative viability for the return to public control. It underpins historical institutionalism because the conditions were previously determined in contracts and created unintended consequences. The importance of contracts also suggests further exploration is needed to see if findings are also applicable to asset sales and if not, whether it reflects that more constraints are placed on more extreme forms of privatisation such as hospital PPPs.

There were also differences in structural factors between the two cases, interviews indicating the public service seemed more supportive of privatisation reversal in Port Macquarie than in Mildura. It is unclear if differing local structures of health delivery by the public service between states such as Area Health Services in NSW had an impact. It does suggest the public service is influential, but their advice is not always decisive in final decisions.

Other common structural factors were health sector-specific findings and the hospitals' location in regional centres. Most notable was the impact the expertise of the medical workforce had on decisions to reverse privatisation. In Mildura, it was cited by multiple interviewees as decisive to the Ministerial decision. It suggests medical expertise has a particular power in policy processes that other non-medical expertise does not have. Further research

should occur to see whether staff have similar influence in other types of privatised public services.

The case studies show Voorn's framework, and the broader policy literature can be useful when examining examples of reverse privatisation reform. It has enabled an important contribution to an underdeveloped Australian literature by providing an adaptable toolkit to explore the process of reverse privatisation reform without resorting to a disjointed, binary debate over whether its causes are pragmatic or political.

While this study has enabled a more in-depth examination of reverse privatisation reform, there are limitations. The impact of causes on decision making are subject to debate, interviews did not occur with the private owners, only one Minister was interviewed, and the interviews occurred years after the decision so have the benefit of hindsight. A range of other questions also remain unanswered that warrant further examination. Further research is needed to explore how regional public services are seen differently to urban public services in Australia, the political role of local MPs in regional Australia, why healthcare is different to other "public services" when it comes to privatisation and why medical expertise is more influential than non-medical expertise on policy makers. Finally, it is unclear if the Australian polity is very different to other countries when it comes to reverse privatisation reform given Australia's political economy.

To conclude, the return of Port Macquarie Base Hospital and Mildura Base Hospital to public control suggest successful strategies to reverse privatisation in the health sector in Australia involve social democratic parties, local MPs, the medical workforce, and citizen movements collaborating with trade unions, as key actors. Ideas such as public ownership, community and trust are mobilised by the key actors because of pragmatic concerns about privatisation to build community support for political campaigns. The nature and result of contestation within those institutions is shaped by political, economic, and administrative viability, which can map onto political causes, pragmatic causes, and structural factors.

Port Macquarie and Mildura provide a range of lessons for citizens and policy makers seeking privatisation reversal in Australia. Trade unions continue to be a key actor but are most effective when collaborating with local citizen movements. Partisanship still matters but social democratic governments may not act without strong community campaigns. Finally, contracts are important for how political campaigns play out because they structure the policy options available and the effective strategies that can be used.

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Appendix A: Interview Guide

The purpose of this research project is to understand the drivers behind decisions to return privatised assets and services (inclusive of Public Private Partnerships) into public ownership.

You are being interviewed about a case study of privatisation being reversed as part of a research project on reverse privatisation reforms in Australia.

This project will closely examine two Australian case studies to understand the interaction between the motives and preconditions that lead to reverse privatisation reforms.

If you have any further questions about this project, please contact Osmond Chiu at osmond.chiu@students.mq.edu.au or on 0424 159 463.

Interview questions

1. Could you tell me about how and why you were involved with the reversal of the privatisation?
2. Can you tell us about your thoughts at the time when you first became involved?
3. What was your experience of the privatisation reversal process?
4. Did you support the decision to reverse privatisation? Why or why not?
5. Why do you think the decision was made to reverse the privatisation? What were the most important factors?
6. Do you know if there were any alternative proposals at the time?
7. Do you think there were any key events, actors, individuals or groups that influenced the decision? If so, who and how?
8. What was the view within the government or other important institutions about the decision?
9. Has your view of what happened changed over time? If so, how?
10. What are the main lessons from the reversal of the privatisation?
11. Is there anyone else that you recommend I should speak to?

Appendix B: Final Ethics Approval Letter

Office of the Deputy Vice-Chancellor (Research)

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Tel: +61 (0)2 957 9510
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08/06/2021

Dear Associate Professor Ben Spies-Butcher,

Reference No: 52021943328651

Title: 9433 Taking public services back into public hands: why governments reverse privatisations in Australia

Thank you for submitting the above application for ethical and scientific review. Macquarie University Human Research Ethics Committee HREC Humanities & Social Sciences Committee considered your application.

I am pleased to advise that ethical and scientific approval has been granted for this project to be conducted by Associate Professor Ben Spies-Butcher and other personnel: Mr Osmond Chiu.

Approval Date: 08/06/2021

This research meets the requirements set out in the *National Statement on Ethical Conduct in Human Research* (2007, updated July 2018) (the *National Statement*).

Standard Conditions of Approval:

1. Continuing compliance with the requirements of the *National Statement*, which is available at the following website: <http://www.nhmrc.gov.au/book/national-statement-ethical-conduct-human-research>
2. This approval is valid for five (5) years, subject to the submission of annual reports. Please submit your reports on the anniversary of the approval for this protocol.
3. All significant safety issues, that adversely affect the safety of participants or materially impact on the continued ethical and scientific acceptability of the project, must be reported to the HREC within 72 hours.
4. Proposed changes to the protocol and associated documents must be submitted to the Committee for approval before implementation.

It is the responsibility of the Chief investigator to retain a copy of all documentation related to this project and to forward a copy of this approval letter to all personnel listed on the project.

Should you have any queries regarding your project, please contact the Ethics Secretariat on 9850 4194 or by email ethics.secretariat@mq.edu.au

The HREC Humanities & Social Sciences Committee Terms of Reference and Standard Operating Procedures are available from the Research Office website at: <https://www.mq.edu.au/research/ethics-integrity-and-policies/ethics/human-ethics>

The HREC Humanities & Social Sciences Committee wishes you every success in your research.

Yours sincerely,

Dr Karolyn White
Chair, HREC Humanities & Social Sciences Committee

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research* (2007, updated July 2018) and the CPMP/ICH Note for Guidance on Good Clinical Practice