

# New Zealand nurses denounce union promotion of sellout deal

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Around 29,000 New Zealand nurses, midwives and healthcare assistants in public hospitals throughout the country are currently voting until July 9 on a management deal recommended by the New Zealand Nurses Organisation (NZNO).

The Multi-Employer Collective Agreement (MECA) offer is virtually identical to one that a majority of health workers rejected last month. Hundreds of nurses have criticised the union on Facebook for cancelling a nationwide strike scheduled for July 5 and presenting the offer, which includes a 9 percent pay rise spread over 2017 to 2019 and a miniscule 2 percent increase in staffing.

As in Europe and the US, New Zealand nurses, teachers and other workers are beginning to fight back after more than a decade of austerity supported by the entire political establishment. Wages have been frozen and hospitals are grossly understaffed, with thousands of people missing out on vital treatment as a result.

A poll in the Facebook group, “New Zealand, please hear our voice,” which is run by nurses, has so far recorded more than 2,080 people opposing the proposed deal, with only 168 in favour and 290 undecided.

Voting is taking place online. The union has not called any mass meetings to allow workers to debate the offer. In a desperate attempt to sell the MECA deal and thereby cancel a second strike, scheduled for July 12, NZNO industrial officer Cee Payne held a Q&A session, broadcast on the union’s Facebook page on Wednesday.

The 20-minute broadcast prompted hundreds of comments, with many expressing anger at the NZNO’s anti-democratic actions and its collusion with the Labour Party-led government and District Health Boards (DHBs).

Payne claimed the proposed MECA improved the previously rejected offer. She said “there is definitely going to be more money,” pointing to a promise that by December 2019 nurses will be given “pay equity” with similar male-dominated jobs. She was forced to admit, however, that the amount workers will receive from “pay equity” will be subject to separate negotiations with the government.

In fact, there are no guarantees of anything. As one nurse, Charleen, commented: “What’s to stop them saying we looked at pay equity as promised but we have no money to go on with it? We have years of broken promises.”

Labour and National governments have pledged pay equity for nurses since the 1980s but it has never been implemented.

Many registered nurses (RNs) pointed out that the new offer delays the introduction of higher pay grades, known as steps. A new seventh step will not be implemented until 2020. Kwado commented that the steps are “based on performance”—i.e., DHBs are not obliged to automatically move nurses up the pay scale.

Jenna asked: “Why NZNO cancelled the July 5th strike without asking the members?!!!” There were many similar comments. A vote by union members in May overwhelmingly endorsed the July 5 and July 12 strikes.

Payne replied that “in most circumstances I think it’s important that members can make up their own minds.” She insisted NZNO, however, had the “authority” to cancel the strike, which it did without revealing any details of the new offer for three days. This allowed the media to falsely report that “nurses” had cancelled their strike due to an improved offer.

Asked whether the July 12 strike would go ahead if workers reject the offer, Payne said it was “highly

likely” but added, “you can never rule anything out.”

In the comments field, An Yu wrote: “Highly likely? That doesn’t sound particularly confident ... what could possibly happen to avert industrial action?”

An NZNO spokesperson replied: “We can’t be 100 percent confident. In the event of a no vote there is technical possibility of a legal challenge (injunction).” Asked to elaborate on what might cause an injunction, the spokesperson said: “We can’t speculate.”

Several comments lambasted the proposed agreement for failing to guarantee safe staffing levels. Many nurses have called for a guaranteed ratio of one nurse to four patients. Instead, a meagre \$38 million is set aside for 500 extra staff nationwide—not enough to address attrition rates and keep pace with population growth, let alone address the understaffing crisis.

Payne said the government had a “very clear requirement” for DHBs to implement “safe staffing” through a Care Capacity Demand Management (CCDM) system by 2021. CCDM does not include a mandated ratio of staff to patients.

Alex responded in the comments field: “Safe staffing has not been addressed in this offer! We aren’t happy to settle for the same terrible working conditions we are currently working in!”

Kate wrote that those pushing the deal were “hoping our overworked, exhausted and beaten down nurses will give up the fight for what we are worth... Is anyone actually buying this rubbish? Meanwhile petrol is shooting up, housing and rates and food prices soaring... The plan is to keep pushing us until we roll over and do as we are told!”

The latest offer equates to just 3 percent per year from 2017 to 2019. An NZNO moderator said this “is well ahead of inflation,” which is currently 1.6 percent. However, as Carol wrote in response, “it is not well ahead of inflation if you calculate inflation rates over the last 15 years compared to wage increase[s].”

Nurses’ wages increased by 19 percent over the past decade while housing costs soared 62.9 percent. Responsibility rests with the NZNO, which has suppressed all resistance to the running down of the health sector. The last nationwide strike was almost 30 years ago.

Denouncing the strike cancellation, Yuan asked: “Why do we need NZNO if NZNO cannot speak up for members especially [since] each member pays \$450

membership fee minimum each year? I wonder how much NZNO staff get paid?” According to the union’s financial statement, 28 of its officials are on more than \$100,000 a year.

Riza wrote: “I think we need a new org[anisation].”

Health workers confront a privileged union bureaucracy allied with the Labour Party-led government, which is hostile to their interests.

The Socialist Equality Group is campaigning for nurses to reject the NZNO’s sellout deal, break from the unions and form rank-and-file committees, democratically controlled by workers themselves. These committees should unite all healthcare employees with teachers and other workers to coordinate the broadest possible struggle against the austerity regime supported by every party in parliament.

The fight for decent healthcare has to be based on a socialist perspective, which rejects the lie that there is no more money available. Healthcare is a basic right that requires tens of billions of dollars. This must be redirected from wasteful spending on the military, and from the fortunes of the super-rich, the banks and major corporations.



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