

New Zealand's public healthcare crisis worsens

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9 January 2019

New Zealand's Labour Party-led coalition government took office in October 2017 promising to address the severe crisis caused by more than a decade of cuts to the public health system. The previous National Party government underfunded healthcare by billions of dollars as part of austerity measures demanded by the corporate elite to force the burden of the 2008 financial crisis on working people.

More than a year later, Labour's election promises—like those it made to address poverty and inequality—have been exposed as a fraud. Nominal funding increases have failed to keep pace with inflation, and therefore with the needs of the growing and ageing population and increasing levels of sickness. Public hospitals remain drastically understaffed and overcrowded, wages for health workers are effectively frozen, and thousands of patients are being denied treatment.

The government's priority, spelled out in its “budget responsibility rules,” has been to keep taxes low for corporations and the rich, and overall public spending below 30 percent of GDP, the same level as National. As the world economy becomes ever more volatile and heads towards another recession, governments in every country are responding with deeper cuts to spending on healthcare, education and other essential services.

The Ministry of Health has instructed the country's 20 District Health Boards (DHBs) to reduce their operating deficits, totalling \$240 million last financial year, which is likely to lead to further cost-cutting. The government set aside only \$100 million for deficit relief and Minister David Clark said the majority of the DHBs would remain in deficit in 2018–2019.

On December 28, Fairfax Media reported that thousands of people “are still being declined for specialist hospital assessments and elective surgeries”

because of “strict criteria” for publicly-funded operations. Between January and March 2018, 7,467 doctor referrals of patients for specialist assessments were declined. The figure was only “slightly down on three years ago when 7,762 referrals were declined.”

Doctor Philip Bagshaw, who founded the Christchurch Charity Hospital (CCH) in 2007 in response to unmet need, said the hospital treated 1,344 patients in the year to November 2018, up from 880 patients the year before. The number of CCH patients who had been turned away by the public system more than doubled from 2017 to 2018.

Medical professionals have spoken out about the appalling conditions in hospitals. Senior doctor Yoojin Na, who recently resigned from Whanganui Hospital, “slammed the District Health Board for staffing levels she says have caused delays to treatment of life-threatening diagnoses,” the *Whanganui Chronicle* reported on December 8.

Doctors with little experience often worked unsupervised by senior colleagues, she said, warning that “an overwhelmed and rushed junior doctor may miss a potentially life-threatening, time-sensitive diagnosis. It's difficult to think critically when one is constantly bombarded, which is sometimes what happens overnight.” A letter signed by 26 doctors and sent to the DHB described overnight staffing levels as “unacceptably unsafe.”

In working class South Auckland, Counties Manukau DHB is desperately under-funded and understaffed. According to Radio NZ, it has left 58 administrative staff vacancies in Middlemore Hospital unfilled in order to save around \$2.2 million this year.

Middlemore's emergency department is frequently swamped, putting patients at risk. On December 3, patients faced an average wait time of almost seven

hours, according to a display screen in the hospital.

On October 31, the *New Zealand Herald* reported that in the first half of 2018, 132 of 258 children (51 percent) referred to the DHB for dermatological treatment for severe skin conditions were turned away. The DHB told South Auckland doctors to advise patients to seek private treatment due to the lack of publicly-funded dermatologists. Doctors told the newspaper poor families could not afford private treatment for dermatitis and other conditions which are often caused by living in overcrowded and rundown housing.

Over the past year, healthcare workers have attempted to fight back, demanding significant improvements in conditions and pay. In July around 30,000 nurses and healthcare assistants held their first nationwide one-day strike since 1989. The struggle, however, was sold out by the New Zealand Nurses' Organisation (NZNO), which enforced a pay rise of just 3 percent per year and a government promise to hire 500 nurses nationwide, an increase of about 2 percent (see: "Lessons of the NZNO's sellout").

More recently, thousands of anaesthetic technicians, midwives and ambulance paramedics have taken limited industrial action. About 3,300 junior doctors are due to strike for 48 hours on January 15–16, seeking better wages and rosters. The unions involved have worked to ensure that each dispute remains isolated and to prevent any unified campaign by healthcare workers and others against the Labour government.

A mental health worker at Middlemore recently told the WSWs that the NZNO's deal had made no difference to working conditions. Staffing levels were still at "unsafe" levels, which contributed to frequent assaults on nurses. She explained that "so many staff members are getting burnt out and ringing in sick" and management "haven't been doing the rostering properly—sometimes there are all juniors and maybe just one senior staff."

The mental health unit was almost always full, she said. The large number of homeless patients created additional problems because "you can't discharge them unless you know that they're getting discharged to a place where it's going to be safe for them. So they're taking up beds that could have been for those that are waiting."

Similar conditions prevail throughout the country,

despite Prime Minister Jacinda Ardern's statements that she would prioritise addressing the mental health crisis. Fairfax Media reported on December 28 that at Wellington Hospital's mental health unit "patients are having to sleep on couches" due to overcrowding. For the year to the end of October, the 29-bed ward had an average of 31 patients.

The worsening crisis in healthcare and other social services is fuelling class tensions that will inevitably erupt in further strikes and protests in 2019, bringing workers into confrontation with the Labour-led government. These struggles must be guided by a socialist perspective for the complete reorganisation of society based on meeting human need. Genuinely universal and well-resourced public healthcare is fundamentally incompatible with capitalism, a system that subordinates everything to the accumulation of private profit by an elite few.

The strangulation of the nurses' struggle by the NZNO also demonstrates the urgent need for a rebellion against the union bureaucracy and for new organisations: rank-and-file workplace committees, controlled by workers themselves. These must be built in every hospital to unite health workers with other sections of the working class—teachers, transport workers and others—in New Zealand, Australia and internationally.



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