

New Zealand health unions suppress struggles against Labour government

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6 February 2019

Around 3,300 junior doctors from New Zealand's public hospitals struck for a second time on January 29, after negotiations with the 20 District Health Boards (DHBs) for a new collective contract broke down. Members of the Resident Doctors' Association (RDA) are preparing to strike again on February 12–13 to oppose attacks on their working conditions.

The DHBs want to extend the number of consecutive days that doctors can be rostered on from 10 to 12. They also want to force doctors to work shifts longer than 16 hours and to relocate them anywhere in the country. Doctors already work under notoriously trying conditions. Long hours leave them exhausted, putting patients' and their own safety at risk.

About 1,000 hospital midwives have separately voted for four 12-hour strikes beginning on February 11. Following a series of rolling stoppages in November, the Midwifery Employee Representation and Advisory Service (MERAS) sought facilitated talks, but there has been no resolution with the DHBs. Midwives are seeking a better offer than that imposed last year in a sellout agreement by the NZ Nurses Organisation (NZNO), which gave 30,000 nurses a rise of 3 percent per annum over three years, essentially a freeze in real wages.

Anaesthetic technicians and ambulance paramedics have also taken limited industrial action in recent months. The Public Service Association (PSA) is to hold nationwide stopwork meetings next week for 5,500 hospital administration staff. According to the union, industrial action will be "one of the options" considered following delays in reaching a new collective employment agreement. The low-paid workers want a wage increase and an end to the DHBs' practice of de facto recruitment freezes to cut costs.

The thousands of health workers are facing a political

struggle against the Labour-NZ First-Green Party coalition government, which is imposing the deeper austerity measures demanded by big business. In December, Labour's health minister, David Clark, wrote to DHB heads demanding "rigorous" action to improve "financial and non-financial performance" i.e., further spending cuts.

The public health system is already in deep crisis. According to studies cited by the Council of Trade Unions in 2018, New Zealand ranked among the worst of a dozen similar countries for waiting times for elective surgery, specialist appointments, and treatment after diagnosis. It ranked third-to-bottom on measures of health equity, and bottom for access to diagnostic tests. The Cancer Society last week described access to treatment for cancer, the country's major killer, as a "postcode lottery" depending on which DHB catchment area patients live in.

Alongside workers who have initiated strikes in New Zealand and internationally over the past year, health workers enjoy widespread public sympathy. They are confronted, however, with trade unions working to isolate them, suppress strike action and smother the movement of the working class against the Labour-led government.

Last August, after a year of negotiations, protests and the first national strike in 29 years, the NZNO ratified the deal which has become the benchmark for settlements across the sector. The 9 percent pay rise over three years did not make up for more than a decade of stagnant wages. Nor will a promised 500 new nurses address serious under-staffing in hospitals.

The deal was enforced in defiance of the NZNO's membership. The union worked deliberately to drag out the dispute and wear down the nurses, echoing the government's lie that there was "no more money."

Union leaders presented one rejected offer after another, ignoring widespread demands for an 18–20 percent pay increase and mandated staff-to-patient ratios.

To overcome rank-and-file opposition, the NZNO resorted to anti-democratic methods. It refused to hold mass meetings to allow debate, cancelled one of two strikes overwhelmingly endorsed by members, and tried to censor nurses who spoke out in social media.

Doctors and other health professionals now engaging in struggle face similar tactics. The RDA has made no criticism of the Labour government’s underfunding of hospitals. Nor is the union fighting to improve pay and conditions for doctors, saying it is focused on retaining the “status quo”—i.e., the prevailing intolerable situation.

The RDA has in fact indicated that it is willing to alter existing “safer hours” provisions to allow more “flexible” rostering. The union has invited the DHBs and the senior doctors’ union, the Association of Salaried Medical Specialists, to discuss ways to address “unintended consequences” of changes designed to make rosters safer following strikes in 2016–17.

The February 2017 settlement was lauded by then RDA president, Sara Moeke as providing “some of the best working conditions in the world.” However, while some minor improvements in shifts and hours were won, these were effectively paid for by doctors through salary deductions for rostered days off. Moeke said the manoeuvre “helped the DHBs feel more comfortable providing safer rosters.”

The DHBs have now returned to attack the previously negotiated conditions. The PSA is actively undermining the doctors’ struggle against this assault by helping to establish a rival union, the 500-member Specialty Trainees of NZ (STONZ), which last November agreed to the DHBs’ clawbacks.

The RDA does not, however, represent any alternative. Like the PSA and the NZNO, the doctors’ union is run by a parasitic layer whose class interests are directly opposed to those of the workers they claim to represent. Last October the Kiwiblog site reported that Deborah Powell, the RDA’s national secretary and chief advocate was paid \$NZ927,000 for a year’s work. While the right-wing Kiwiblog has its own reactionary agenda, the site’s details regarding the RDA echoed material published in a 2001 *New Zealand Herald*

profile.

Kiwiblog found the RDA’s 2017 financial statements showed income of \$1.18 million in membership fees, about \$350 per member. The vast majority went on “Contract Negotiation Services Fees,” paid to Powell’s own consultancy firm, Contract Negotiation Services Ltd. The near million dollars Powell charged the union appears to have been a straight fee-for-service, excluding operating costs.

Powell’s husband and business partner, Terry Powell, was a senior doctors’ industrial advocate who also contracted his services through a consulting company. The *Herald* described how, following passage of the National Party government’s Employment Contracts Act (1991), which abolished compulsory union membership, the “entrepreneurial Powells” seized the opportunity to “sell their employment contract negotiation skills.”

The Powells’ relationship with the unions has nothing to do with advancing the interests of workers or defending the democratic rights of members. It is a lucrative business operation, an expression of the shift by the official “labour movement” from the mid-1980s onwards to adapt to and enforce the dictates of the “free market.”

Any genuine fight by workers to defend their rights requires a rebellion against the unions and the creation of new organisations of struggle, including independent rank-and-file committees. These would need to coordinate joint industrial and political action by workers throughout the health sector and more broadly, in opposition to the Labour-led government and the entire political establishment. That requires a new political program—the fight for a workers’ government and socialist policies.



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