

Crisis of unmet need in New Zealand's health system

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The New Zealand public health system is in deep crisis. After the 2017 election the Labour Party-Greens-NZ First coalition government promised an end to decades of underfunding of essential services. Instead it has continued to starve hospitals of funds and staff, while funnelling more resources into military spending. As conditions continue to worsen throughout the government's second year in office—falsely touted as its “year of delivery” on election pledges—Prime Minister Jacinda Ardern's claims to be “transformational” stand exposed as a lie.

New Zealand is divided into District Health Boards (DHBs), which are under constant government pressure to be in surplus, despite rundown hospital buildings, growing demand and stagnant funding. Nineteen of the country's 20 DHBs are in deficit, with the health system's total deficit more than doubling over the last year.

An analysis by the Association of Salaried Medical Specialists and the Council of Trade Unions estimated that health funding is \$139 million less than what is required to cope with this year's increased costs and population growth. They concluded that the health system urgently needs an extra \$2.5 billion to return to the funding levels of 10 years ago.

In August, Health Minister David Clark blamed the previous National Party government's neglect, but then demanded further cuts: “Some DHBs manage to post small surpluses, break even or only post small deficits while maintaining services. It can be done,” he told the media.

Underfunding affects all areas of the health system and has resulted in many cases of serious harm, including deaths.

In mental health, the suicide rate has reached an all-time high despite the government holding a mental

health inquiry and approving \$1.9 billion in extra mental health funding. The rate for Pacific Islanders, among the poorest people in New Zealand, rose by an extraordinary 48 percent over the past year. Of the nearly \$2 billion in extra funding, only \$10 million per year is in suicide prevention.

Although the government has announced it will train 1,600 new mental health workers over the next five years, it is not clear that they will recruit enough workers to meet demand. The New Zealand Council of Trade Unions says specialist mental health services are still being underfunded by \$55 million, taking population growth into account.

Maria Baker, chief executive of indigenous health organisation Te Rau Ora, told *Newsroom*, “socio-economic deprivation is a major issue for us,” and getting people out of poverty would make the most difference to suicide rates. Poverty and inequality have continued to soar under the Labour-led government.

There is a dire lack of treatment for cancer patients. A damning report commissioned for Southern DHB found that it had the country's highest rates of bowel cancer, but the lowest rate of colonoscopies.

Report co-author Dr Phil Bagshaw said the DHB had “lost the war against bowel cancer.” A review of 20 cases found that 10 had undue delay to diagnosis or treatment. Patients have been denied procedures and medication despite clear signs they may have cancer, forcing them to wait for months or pay for care in private hospitals. Some have resorted to crowd-funding to access medicines that are not subsidised by the government's drug funding agency Pharmac.

Southern DHB's only neurosurgeon Dr Ahmed Taha says patients are also at risk because of a drastic shortage of specialist staff. “We have experienced a few unfortunate incidents where I was not covering

where patients lost lives,” he recently told Radio NZ. Taha says that 30–40 percent of New Zealand’s 22 neurosurgeons in public hospitals may retire over the next 10 years. It takes 10 to 15 years to train a consultant-level surgeon, but New Zealand has not trained one for the last 10 years.

New Zealand is in the midst of a major measles outbreak, with more than 1,443 confirmed cases as of September 24. Of these, 1,203 are in the Auckland region, with the centre of the outbreak in economically deprived South Auckland. On September 27, *Stuff* reported that many children are “being turned away from pop-up clinics and GP offices” due to a shortage of vaccines.

On Radio NZ on September 6, Papakura GP Dr Jacqueline Allan criticised health officials for poor planning and said many practices cannot meet vaccination targets because they don’t have nurses due to funding constraints. Two pregnant women in Auckland have lost their unborn children due to complications related to measles.

South Auckland’s Counties Manukau DHB has also been accused of “calculated neglect” for withholding treatment from women with gynaecological conditions deemed “non-urgent.” Endometriosis NZ president Deborah Bush told Radio NZ in August it was “absolutely shocking” that women are not being diagnosed or treated for debilitating chronic issues such as incontinence and endometriosis, which affects one in 10 women and girls. DHB officials blamed a lack of resources.

In response to low pay and the staffing crisis, the past two years has seen a wave of strikes by NZ healthcare workers—part of a global upsurge of the class struggle. Tens of thousands of doctors, nurses, healthcare assistants, mental health workers, aged care workers, ambulance paramedics, midwives, radiographers, sonographers, lab workers and psychologists have taken industrial action.

The trade unions, however, have prevented health workers from waging a sustained struggle, united with other sections of the working class against the Labour government. The unions have enabled decades of underfunding of the health system by collaborating with governments, suppressing strikes and isolating professions from one another. The New Zealand Nurses Organisation’s sellout imposed last year, which

included a pay rise of just 3 percent a year—essentially a pay freeze—and a negligible increase in staffing, set a benchmark for doctors, teachers and other workers.

These betrayals raise the urgent need for health workers to form new organisations, rank-and-file committees, independent and opposed to the trade union bureaucracy. These must unite workers across New Zealand, Australia and internationally in a struggle to overthrow the capitalist system and reorganise society on the basis of socialism. Tens of billions of dollars must be redirected to healthcare from the coffers of the super-rich and the military, police and prisons. This is the only way to establish a genuinely universal, well-resourced and free public health system.



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