

New Zealand nurses' union embroiled in factional crisis

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Simmering factional warfare inside the New Zealand Nurses Organisation (NZNO), the largest health sector trade union, has come to a head with the sudden resignation of its elected president, Grant Brookes, and three of his supporters from the governing board.

Brookes and his backers organised an online petition that will trigger a special general meeting of the union, in order to put forward a motion of no confidence in the board and hold new elections for all 11 positions. Three former NZNO presidents have endorsed the call.

Last September, Brookes narrowly survived a vote at a special general meeting to remove him from office, based on trumped up claims of misconduct. He lost a vote of confidence, reportedly by a 66 percent margin, at a second general meeting held in December.

The crisis has erupted as nurses and other health workers, in NZ and internationally, are carrying the brunt of a courageous struggle against the COVID-19 pandemic. The NZNO is also preparing for another round of contract negotiations with the government, which will undoubtedly seek to extend the effective freeze on nurses' wages and conditions.

Hundreds of health workers have died from COVID-19 around the world. In New Zealand, 155 health workers have so far been infected, accounting for around 11 percent of 1,490 confirmed cases. Many nurses have warned that conflicting approaches by district health boards (DHBs), and even within individual hospitals, are putting workers' and patients' safety at risk. There have been repeated complaints about inadequate supplies of Personal Protective Equipment (PPE).

At Auckland's Waitakere Hospital, 57 staff were recently stood down as potential risks after three nurses tested positive. Nurses allege there were no protocols in place to prevent staff working with COVID-19 patients from also coming into contact with others.

The pandemic has exposed the deteriorating conditions

in the hospitals, which provoked strikes in 2018–2019 by tens of thousands of nurses, junior doctors, laboratory assistants, radiographers, midwives and psychologists.

The dire conditions are the result of decades of cuts to and underfunding of the public health system by successive governments imposed with the collaboration of the unions. Both factions of the NZNO, those for and against Brookes, are complicit in pushing through a sellout of workers during the 2018 contract dispute, which maintained severe understaffing and excessive workloads for nurses.

Following a one-day nationwide strike—the first authorised by the NZNO in public hospitals since 1989—the union enforced government austerity measures, setting a benchmark for an effective freeze on wages and conditions throughout the public sector. Brookes has now conveniently abandoned his post right at the point nurses are facing an escalating assault in the coming contract round.

There remain no principled differences between the NZNO factions. Brookes and his supporters represent sections of the bureaucracy who are alarmed that the union is now seen by most nurses for what it is: a tool of the government and DHB managements that is totally hostile to its members. They are desperately seeking to restore workers' faith that the unions can somehow be “democratised.”

Announcing his resignation, Brookes, a former member of the pseudo-left group Fightback and the Maori nationalist Mana Party, painted himself as the victim of “shadowy forces” within the NZNO apparatus. He claimed they had been seeking to remove him since he was first elected in 2015 to stop him from turning the NZNO into a “membership-driven organization,” and are continuing to do so.

According to Brookes, the board spent a quarter of a million dollars on legal bills trying to dislodge him and

“failed members” in the 2018 dispute. It “triggered the loss of key staff, presided over the first annual fall in membership in half a century and opened up deep divisions in the organisation.”

In a statement posted on the nationalist *Daily Blog* on April 29, Brookes described the NZNO apparatus as “anti-democratic and shrouded in secrecy.” He pointed to constitutional provisions that allow non-elected “representatives” to cast votes on behalf of as many as 15,000 members, “meaning just five representatives could make a ‘majority’ decision for all of NZNO.”

Brookes’ claims that he fought to “democratize” the union are an attempt to rewrite history. He was an integral part of the bureaucracy and played a critical public role during the 2018 sellout. He sided with the government, telling one strike rally there was “some truth” to Labour’s claim that it could not immediately fix the healthcare crisis. He supported the NZNO board when it responded to members’ online criticisms by threatening disciplinary action.

Deep opposition to the NZNO bureaucracy can be seen in the Facebook group “New Zealand, please hear our voice,” established by nurses independently of the union during the 2018 pay fight. It has some 39,000 members.

One nurse shared details from the union’s published financial statements which revealed that the salaries of nine top full-time officials total \$1.2 million per annum, that \$1.5 million was spent on overseas travel in the last 12 months and that 154 staff are paid an average of \$45.10 per hour. As the coronavirus outbreak opened up, nurses were furious to learn that membership fees would be raised by 1.9 percent, purportedly to meet the costs of looming contract negotiations.

Neither of the contending NZNO factions have any principled opposition to the privileges of the bureaucracy, which they have been part of for years. Nor are they advancing any perspective to defend the working conditions of nurses, including their safety during the COVID-19 crisis. The unions defend the Ardern government and the subordination of healthcare to the requirements of capitalism.

Nurses, doctors and others who are seeking a way to fight need to seriously consider what is the way forward? Many nurses have started searching for an alternative to the NZNO. Some have joined the rival Nurses Society of New Zealand.

Brookes has called on nurses to follow him and take out dual membership in the NZNO and the Public Service Association (PSA), the country’s largest union. His

promotion of the PSA further exposes the fraud of his claim to represent rank-and-file workers.

In 2019, the PSA undermined a struggle by over 3,000 junior doctors, members of the Resident Doctors’ Association, against moves by the DHBs to gut working conditions. The PSA, in league with the Council of Trade Unions (CTU), helped to establish a rival union, which quickly agreed to the DHBs’ clawbacks.

Following the 2008 global financial crisis, the PSA played a leading role in ensuring thousands of orderly redundancies in the public service. The PSA and CTU have welcomed the Ardern government’s multi-billion dollar “wage subsidy” scheme for businesses, which allowed many to slash wages by 20 percent or more.

Nurses seeking an alternative to the NZNO need to be warned: the current impasse cannot be resolved by substituting one set of bureaucratic “leaders,” or one union, for another. Those who claim that the union can be “democratised” or that there is an alternative union they should join, are seeking to subordinate workers to the very bureaucracy responsible for betrayal after betrayal.

The pro-capitalist trade unions ceased to be genuine workers’ organisations decades ago. They represent a privileged upper-middle class layer, which works with big business and the government to suppress the class struggle and impose wage cuts, layoffs and other attacks.

The defence of workers’ rights requires a rebellion against the unions and the creation of new organisations of struggle: independent rank-and-file workplace committees. These need to coordinate joint industrial and political action by workers throughout the health sector and more broadly, in New Zealand, Australia and internationally, in opposition to the Labour-led government and the entire political establishment.

This struggle requires a new political program—for a workers government and socialist policies, including the redistribution of tens of billions of dollars from the super-rich to rebuild the public health system.



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