

# New Zealand's public hospitals face worsening crisis

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New Zealand's public healthcare system is in a severe crisis. Despite the ever-present danger posed by the COVID-19 pandemic, Prime Minister Jacinda Ardern's government has refused to address the dire lack of staffing and capacity in the country's hospitals.

The priority of the ruling Labour Party-Greens coalition has been to protect the wealthy from the consequences of the economic crisis at the expense of essential services, including healthcare. The Reserve Bank is printing tens of billions of dollars to buy bonds from the commercial banks, and the government has spent billions more to subsidise and bail out big businesses.

New Zealand has so far not experienced mass deaths from the pandemic. However, repeated small outbreaks have highlighted failures at under-resourced quarantine facilities for people returning from overseas. The government's response to an outbreak in February in South Auckland was highly negligent. It lifted an initial lockdown after just three days, allowing the virus to spread, before imposing another week-long lockdown.

Vaccinations for COVID-19 have barely begun. As of March 24, just 500 people had received both doses of the Pfizer vaccine, and 41,500 were partially vaccinated, out of five million people. The government says it will take all year to vaccinate everyone.

In a severe outbreak, hospitals would be overwhelmed. Already, they are under immense strain due to decades of austerity from National and Labour Party governments alike.

TVNZ reported on March 25 that in January and February several emergency departments (EDs) were full to capacity. Dr John Bonning, president of the Australasian College for Emergency Medicine, said the "crisis" would get worse as winter approaches. He predicted there will be "patients stuck in ambulances

because there is no physical space in the emergency department."

*Stuff* reported that one woman recently waited 10 hours to be seen in Christchurch Hospital's ED "in excruciating pain" after injuring her knee. The number of patients going through the ED each week has soared to 2,264, compared to 1,977 for the same period last year.

A senior nurse in Christchurch told the *World Socialist Web Site* "a lot of staff turnover" is placing pressure on nurses. To deal with staffing shortages, management is continually shifting workers between different hospital wards, "which is really quite damaging to our numbers and the cohesion of the staff. We are missing the experienced person who knows our ward, and we get somebody who doesn't know the ward, which actually increases our workload."

Dunedin Hospital last week announced a "code black," meaning every bed in the building was occupied. On March 24, RNZ reported that "there were 18 patients in the Emergency Department waiting for a bed, but only three beds were available on the wards."

At Middlemore Hospital in South Auckland, an ED worker told *Stuff* that on one day "there were 55 people waiting for beds. There were patients who had been waiting for two days... It's at such a dangerous level the patients aren't getting the care they need through a lack of government funding." The Counties Manukau District Health Board, which includes Middlemore, revealed this month that it has 150 unfilled vacancies for nurses.

NZ Medical Association chair Dr Kate Baddock told RNZ the lack of general practice doctors in the community was forcing patients to wait up to four weeks to see a doctor. Many had no choice but to resort to EDs.

Meanwhile, thousands of foreign healthcare workers are being kept out by the government's border restrictions, which are among the harshest in the world. *Stuff* reported on March 17 that since the border closed a year ago, Immigration New Zealand had approved only 65 percent of entry applications from healthcare workers—4,501 out of 6,880 applicants. More than 40 percent of New Zealand's doctors and 27 percent of nurses are overseas-trained.

A worker at Taranaki Base Hospital questioned the government's claim that overall staffing is increasing. He told the WSWS many trained nurses had left the profession or "migrated to other countries like Australia, UK, Arab nations, due to the poor wages here." He said hospitals had digital screens "showing the current patient versus nurses ratio. It is indicated with colour codes... Most of the time it shows orange or red which means a severe shortage."

On March 26, Health Minister Andrew Little admitted to TVNZ that the country's District Health Boards (DHBs) have a combined deficit of around \$1 billion, but denied that this was a result of underfunding. Little blamed hospitals for "significant overspending," and called for better "management," i.e. more cuts.

The Ardern government's austerity agenda is backed by the trade union bureaucracy. In 2018, the New Zealand Nurses Organisation (NZNO) imposed a sellout agreement, while echoing the government's lies that there was no money to properly fund hospitals. The union had to overcome widespread opposition from 30,000 nurses and healthcare assistants, who held an historic nationwide strike against the deal. The agreement limited wage increases to 3 percent, and ignored members' demands for safe staffing levels.

The NZNO is currently negotiating a new deal. An "indicative offer" from DHB representatives in late February was so abysmally low—a flat pay increase of \$1,200 for staff earning less than \$100,000—that the union did not put it to a membership vote. The proposal was really a pay cut, given the large increases in housing and other living costs.

The Taranaki hospital worker told the WSWS the offer was "insulting" but he did not expect the next one to be much better, given NZNO's record of collaborating with the government. He also denounced the "huge remuneration" paid to the union's top

officials.

The offer is similar to the 1 percent offered to National Health Service workers in Britain, which has sparked mass anger and a petition demanding a 15 percent pay increase.

The crisis facing healthcare workers and patients underscores the urgent need for new organisations—rank-and-file committees independent of the union and controlled by hospital workers themselves—to organise a fightback against austerity by linking up with other workers in New Zealand and internationally. The unions are not workers' organisations: they are controlled by a privileged upper-middle class layer, which defends the interests of capitalism.

Above all, the pandemic demonstrates that workers must fight for the socialist reorganisation of society. The tens of billions of dollars funnelled to the rich must be expropriated and redirected to essential services, including a well-funded healthcare system, freely accessible to all, with a vast increase in staffing and high salaries for all healthcare workers.



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