

# New Zealand nurses vote on third sellout offer

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27 July 2021

About 30,000 nurses, healthcare assistants and hospital-based midwives are currently voting on a third pay offer from New Zealand's District Health Boards (DHBs). Voting ends tomorrow. Members of the New Zealand Nurses Organisation (NZNO) held an eight-hour nationwide strike on June 9 after rejecting two previous offers that would have lifted wages by just 1.38 percent, less than half the current rate of inflation.

The NZNO provoked widespread anger among nurses when it cancelled a strike scheduled for July 29 before presenting the new proposed multi-employer collective agreement (MECA) for a vote. The offer does not address low wages or the increasingly desperate staffing crisis in public hospitals caused by decades of underfunding.

The Labour Party-led government, like others around the world, is imposing austerity measures, including a three-year pay freeze across the public sector, to pay for its pro-business response to the economic crisis triggered by the COVID-19 pandemic. Prime Minister Jacinda Ardern's government has handed over tens of billions of dollars in subsidies for businesses, while the Reserve Bank printed billions more to purchase bonds from the commercial banks.

The NZNO, along with every other union, promoted illusions in the Ardern government after the 2017 and 2020 elections. They are now enforcing its agenda of starving healthcare and other essential services.

The NZNO initially claimed it was pushing for a pay increase of 17 percent over the two-year term of the agreement from August 1, 2020 to October 31, 2022. But the proposed MECA includes an immediate salary increase of just \$1,800 and a back-payment of \$1,200.

For most hospital workers, \$1,800 is below the 3.3 percent rate of inflation. A registered nurse on step five (i.e. with more than four years' experience) would get just 2.47 percent: in real terms, a pay cut.

The government intends to use the NZNO deal to

establish a benchmark to suppress wages for doctors, other healthcare workers, teachers, and all public sector workers. It is relying on crucial assistance from the union bureaucracy, which is seeking to isolate nurses and persuade them to accept the deal.

In a YouTube presentation of the offer the NZNO attempts to disguise the sellout by adding in further sums of money, which the government is offering as an advance on an entirely separate "pay equity" deal, still being negotiated, which has nothing to do with the MECA. The advance consists of a further \$4,000 increase to base rates and a lump sum payment of \$6,000.

By including the "pay equity adjustment," the union claims that base rates will go up by \$5,800, which is 10.7 percent for a first-year registered nurse and 7.5 percent for a nurse at the top of the pay scale—plus the \$6,000 bribe. Even these figures are a long way from the initial 17 percent claim.

Many nurses have rightly raised that conflating the yet-to-be-finalised "pay equity" deal with the MECA is completely illegitimate. Successive governments have, for decades, made vague promises to give healthcare workers "pay equity" with unspecified male-dominated professions. So far, nothing has resulted from these discussions.

In a YouTube video "explaining" the proposed MECA, NZNO industrial adviser David Wait said: "Our health system is under incredible pressure, and members bear the brunt of that pressure. When there aren't enough staff, we can't provide quality care, and patients suffer."

Wait claimed that the MECA contained proposals to address the "nursing and midwifery staffing crisis." In fact, the "immediate action" proposed by DHBs consists of promises for more "transparency" when hospitals are short-staffed, and the development of a "memorandum of understanding" with the NZNO to

address staffing issues. The longer-term proposals include a ministerial review of the staffing allocation mechanism used by hospitals, and a nursing recruitment campaign.

Similar vague promises, which do not commit the government to anything, were part of the sellout deal pushed through by the NZNO in 2018, despite opposition from nurses, many of whom had demanded a mandatory ratio of one nurse to four patients.

The staffing situation has been made worse by the government's anti-immigrant policies. *Newshub* reported on July 20 that more than 901 nurses and 235 doctors are stuck in limbo, unable to start their lives in New Zealand, after the government stopped processing residency applications in March last year. Some are preparing to leave the country.

There are currently no cases of COVID-19 in New Zealand, apart from returned travellers who are in isolation. As the outbreak in Australia shows, this situation could rapidly change, particularly due to the country's extremely low rate of vaccination.

The hospital system is completely unprepared for any outbreaks. There is already a continual stream of reports of hospitals in every part of the country being overwhelmed and unable to cope with the number of patients.

On July 24, the Bay of Plenty District Health Board told nurses there was a "state of emergency" in both the Tauranga and Whakatane hospitals. Short staffing was exacerbated by an influx of patients suffering from respiratory syncytial virus (RSV), which has spread throughout the country. The *Northern Advocate* reported on the same day that Northland hospitals are "inundated," with a 40 percent increase in occupancy in the children's ward at Whangarei.

There is immense anger among nurses towards the Ardern government, as shown during the June 9 strike when Health Minister Andrew Little was booed off the stage outside parliament. The unions are determined to suppress the growing confrontation with the Labour government and prevent nurses from linking up with other sections of the working class who are seeking to fight back against the endless attacks on their living standards. This includes bus drivers in Wellington, who recently rejected a sellout offer from the Tramways Union and are due to vote on a similar offer on Thursday.

Healthcare workers must draw the lessons of the 2018 strike and subsequent sellout. The NZNO is repeating the same playbook of cancelling strikes and presenting one offer after another, in order to wear down and demoralise nurses until they see no alternative but to accept.

The Socialist Equality Group calls for a political break from the Labour Party and a rank-and-file rebellion against the NZNO. To take forward their struggle, healthcare workers need to build new organisations: rank-and-file committees, independent of the unions, and democratically run by workers themselves.

These committees would fight for demands that actually address the needs of hospital staff and patients. These include: a mandatory safe staffing ratio, the recruitment of thousands more healthcare workers, and an immediate pay increase of at least 20 percent.

Above all, healthcare workers must adopt a socialist perspective, in opposition to the entire political establishment. In the midst of an unprecedented and rapidly worsening global pandemic, which threatens NZ along with every other country, the Ardern government claims that it does not have enough money to fix the healthcare crisis. This is a lie.

New Zealand's banks made a combined first-quarter profit this year of \$1.64 billion, largely thanks to the vastly over-inflated property bubble, which is pushing up the cost of living. In just three months, the banks made roughly four times the increase being offered to 30,000 healthcare workers over the two-year term of the sellout deal.

The billions of dollars funnelled to the super-rich, through handouts and low taxes, must be re-appropriated and urgently used to boost essential services. The vaccine distribution program must be ramped up immediately, and hospitals prepared so that they are able to cope with any outbreaks of COVID-19.



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