

# 10,000 New Zealand healthcare workers vote to strike

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Last week, 10,000 allied health workers in New Zealand's public health system voted overwhelmingly in favour of holding two 24-hour strikes, on March 4 and 18.

The Public Service Association (PSA) members work in dozens of vital roles throughout the country, excluding as doctors and nurses. They include workers who sterilise hospital equipment, pharmacists, physiotherapists, social workers, dental assistants, hundreds of laboratory workers responsible for COVID-19 tests, and about 100 contact tracing workers.

In December, more than 90 percent of these workers voted to reject an offer from the country's District Health Boards (DHBs), which did not match the rate of inflation and, for many, would have been a real wage cut.

The strike vote is a sign of international working-class anger over soaring living costs, as well as chronic understaffing and decades of underfunding of essential services—conditions which have fuelled the COVID-19 pandemic. In recent weeks, nurses in New South Wales, Australia, held a statewide strike, and there have been nationwide strikes in Turkey and Sri Lanka.

In New Zealand, the Omicron surge that began late last month is already placing huge pressure on healthcare services. There are more than 16,000 active cases, and hospitalisations have reached 116, an all-time high for New Zealand.

The Labour Party-led government abandoned its elimination strategy for COVID-19 last October, at the behest of big business. Prime Minister Jacinda Ardern has declared an end to nationwide lockdowns and has joined other governments internationally in allowing Omicron to spread.

The PSA described the DHBs' offer as “insulting,”

but has not publicly announced any specific claims on pay and conditions. In a media statement, the union vaguely called on the government to make “an offer that ensures fair pay and treatment for our members.” It noted that many allied health workers make less than \$22.75 an hour, which the unions call a “living wage,” even though it is clearly not enough for a reasonable standard of living.

The 10,000 workers have had their pay frozen since their last Multi-Employer Collective Agreement (MECA) with the DHBs expired 15 months ago. That agreement included an increase of just over 9 percent for most workers, over a three-year period from 2017-2020. This has been outstripped by the cost of living, which officially increased 11.7 percent from September 2017 to the end of 2021.

The annual rate of inflation is now 5.9 percent, the highest rate in 30 years, meaning real wages are going backwards at a rapid pace.

The 2018 allied health workers' MECA was similar to a sellout deal imposed on 30,000 nurses and healthcare assistants by the New Zealand Nurses' Organisation, following a nationwide strike in 2018. Both agreements failed to address the staffing crisis in the health system which was a major factor behind the nurses' strike.

Nurses held a further strike last year over the continued staffing crisis and low pay, but the unions again ensured that the struggle remained isolated, and the workers were sold out. Now, amid a global health crisis, conditions are worse than ever.

A government-ordered review of hospital staffing, released this month, based on a survey of 3,992 nurses and other health workers, found that 62 percent of frontline staff “reported that half or more of their last 10 shifts were understaffed.” Two out of five nurses

reported being asked to take extra shifts every week.

Data released to the opposition National Party shows there are 2,200 vacant nursing positions across the country, a 7.8 percent vacancy rate.

Radio NZ (RNZ) today reported that “patients are spending as long as 36 hours in emergency departments—often waiting hours in corridors.” Emergency physician Dr John Bonning, from the College of Emergency Medicine, said overcrowding was “manifestly worse than this time last year... worse than ever.” Patients have “zero privacy” and there are serious “infection control issues.”

Lab workers are also under growing pressure. The Institute of Medical Laboratory Science told RNZ on Sunday that laboratories can’t keep up with the demand for processing tens of thousands of COVID tests each day. In Auckland, the waiting time for a test result can be as long as five days, which makes effective contact tracing for positive cases virtually impossible.

The crisis is exacerbated by the Labour government’s refusal to expand the border quarantine system to allow more migrants into the country. Hundreds of applications from healthcare workers wanting to relocate to New Zealand have been rejected by immigration authorities over the past two years.

In response to the allied health workers’ strike vote, Health Minister Andrew Little announced on February 17 that “the DHBs are now going to apply to the Employment Relations Authority for facilitation to try and break through the remaining issues.” He urged the DHBs “to do everything they can to come to the party, to come to terms and reach agreement to avoid a strike action happening.”

The government is relying on the PSA to either call off the strikes or, if this proves impossible, to minimise their impact. The ruling class is fearful that health workers could set an example for others looking for a way to oppose low wages and unsafe conditions as Omicron explodes.

About 5,000 senior doctors and dentists last year rejected a zero pay offer, with many reportedly calling for strike action.

Last December, about 2,000 rail workers employed by the state-owned company Kiwirail voted for a nationwide strike, only to have it cancelled by the Rail and Maritime Transport Union (RMTU). The union then pushed through a deal that failed to keep pace with

living costs.

The PSA, New Zealand’s largest union, represents the privileged upper middle class union apparatus. It is wedded to the Labour Party and urged workers to re-elect it at the 2020 election. The union falsely claimed, in a September 19 statement, that the Ardern government had delivered “significant progress toward fair pay and improved conditions for many workers in both the public and private sectors.”

In fact, the government used the pandemic to carry out an unprecedented transfer of wealth to the rich, pushing social inequality to record levels. Like capitalist governments internationally, Labour gave tens of billions of dollars to big business in the form of subsidies and tax breaks.

This money is now being recouped by starving public services, including healthcare, and driving down wages. In May 2021, the government announced a public sector wage freeze for workers earning more than \$60,000, which is about three-quarters of the workforce.

The unions have sought to prevent any organised opposition to these austerity measures, just as they have enforced the government’s criminal policy of allowing COVID-19 to spread through the country. The unions supported the reopening of schools and non-essential businesses, with minimal public health restrictions.

To fight back against the ruling elite’s policy of mass infection, wage cutting, and the starvation of public services, workers need new organisations, independent of the unions and the whole political establishment. To break the stranglehold of the pro-capitalist bureaucracy, the Socialist Equality Group calls for the formation of rank-and-file committees in every workplace, including schools and hospitals.

These must fight for a properly funded COVID elimination strategy, and for tens of billions of dollars to be immediately diverted from the coffers of the rich in order to rebuild and significantly expand the public health system, with high-paying jobs for every worker.



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