

New Zealand nurse describes disorganised COVID-19 vaccination campaign

Tom Peters
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The *World Socialist Web Site* recently spoke with Bron Markham, a New Zealand nurse with more than 50 years' experience, for the Global Workers' Inquest into the COVID-19 Pandemic. She spoke about her observations from working as a vaccinator during the pandemic, and more generally about the Labour Party-led government's recent decisions that have ended most public health restrictions.

Bron described the recent developments in New Zealand as "soul destroying," saying, "It's gone from I don't know anybody who has COVID to most of my family and friends now have COVID."

Omicron has swept across the country over the past three months. In October 2021, when the government announced it was abandoning its previous, successful elimination strategy, New Zealand had recorded just over 30 deaths from COVID, one of the lowest tolls in the world. By April 19, 602 people had died with COVID, most of them during March and April.

During her lengthy career, Bron has been involved in establishing regional clinics in Papua New Guinea, and in a vaccination campaign in the Pacific island nation of Tokelau. She also spent eight months working in a hospital in Afghanistan as part of the Red Cross, in 2007–2008.

Last year, Bron, who had retired, decided to return to work for the Wairarapa District Health Board (DHB) in response to the Ministry of Health's call for people to assist with the vaccination campaign. She worked in the role until February this year.

"From the outset, my recruitment was botched," she said, highlighting significant disorganisation in the recruitment campaign. "I had to wait three months for a response, and finally messaged someone outside the DHB who got in touch with the HR department, and then I was recruited." The DHB had "lost" her initial application.

New Zealand's rollout of the Pfizer vaccine was beset by delays. In part, this was due to a lack of global supplies, but it also became clear that there was a lack of coordination and initiatives to make the vaccine easily accessible to the population. Vaccination rates lagged in rural areas, and among the Maori and Pacific Islander population, which are among the most exploited sections of the working class.

On October 6, two days after Ardern declared an end to the

elimination strategy, only 39 percent of the total population was double-vaccinated (48 percent of the eligible population aged over 12). As of April 13, the figure stands at 80 percent of the population, and 95 percent of over-12s. However, just 2.6 million people, about half the population, has received a third dose, which is essential for providing some protection against Omicron.

The vaccination teams faced numerous logistical and bureaucratic obstacles, Bron explained. "As we went out as clinicians to try and vaccinate, there were things like no supplies, or we'd run out of vaccines, or the clinic would be open and no one had publicised it." Vaccines were often under-ordered for a specific area, or there would not be enough staff to distribute them.

On her first day at a new mobile clinic in Featherston, a rural town with 2,500 people, Bron's team was shown a "small room literally packed to the door with unopened boxes. The team was then given woefully inadequate time for the setup."

Initially, both the line managers were non-clinical, "so there was an almost complete lack of knowledge of the requirements necessary to meet even partial levels of clinical safety." For example, "at no stage were there biohazard waste disposal options at the Featherston clinic," despite this being recommended for clinics by the Immunisation Advisory Centre.

Healthcare workers in the vaccination teams were not supplied with N95 masks, only the much less effective surgical masks. Bron said she requested the N95s from management, "A, because of my age, and B, because we are constantly exposed to the virus. First off, they were slow to respond to that request. Second, they said: 'We're thinking about it.'" Eventually, fed up with the delay, Bron bought her own N95 mask.

While N95s are part of PPE requirements for nurses in hospital wards, Bron said this was not the case for community vaccinators. "We're out in the community sitting in a cubicle, half a metre from somebody, or less, whose status isn't known. So from a safety perspective you should always make sure N95 masks are available," she said. Bron believed the lack of PPE was due to "budget constraints."

Pay rates in the vaccination teams were low, and Bron said she "could have got 30 percent more" if she took a job in

Wellington. Some workers, responsible for recording people's data, were paid around \$20 an hour, the legal minimum wage.

On many days, the team was so swamped that they would work eight hours with 10 minute breaks, not 20, and no 30 minute lunch break. Appointments were scheduled "right throughout the day without gaps," and staff were told they would not be paid anything extra for forgoing their breaks.

Bron recalled how, when they decided to take a lunch break it "led to a 45 to 90 minute wait for patients. This caused the team such angst that they approached management and demanded either lower numbers of booked patients or scheduled breaks when there were no bookings. But this was a constant battle to achieve as the team was continually confronted by either a refusal to negotiate or threats."

The New Zealand Nurses Organisation (NZNO) was informed of the team's concerns, but the union did not become involved in seeking to resolve the issues. Bron described the union as distant from the front line workers, saying "I wouldn't have expected them to support us."

"Rostering practices violated the MECA [the nurses' multi-employer collective agreement with the DHBs] almost without exception," Bron said. "Standard DHB practice was to release the new roster as late as 10 p.m. on Sunday for the new week." According to the MECA, it must be released 6 weeks in advance. Bron said her vaccination team "acknowledged the difficulty in achieving this in the dynamic COVID environment, however there was zero discussion on this with anyone that I was aware of. Certainly not with rostered team members. As a result, staff missed doctor's appointments, and were often stressed about the week ahead."

In addition, "all staff were initially employed on casual contracts with no guaranteed hours. Some people who relied on a minimum level of income were constantly forced to negotiate hours" to make ends meet. Bron said workers who became too demanding would find that "their shift hours would reduce, or their name wouldn't appear on the roster at all."

Despite the obstacles, Bron said, "We had a really good team of people committed to serve the communities. That was the only reason we stuck at it and continued to do it, because the communities needed our support."

Commenting on the Ardern government's removal of COVID-19 restrictions—the reopening of all schools and businesses, and removal of vaccine mandates—Bron pointed out that New Zealand was following other governments where the virus has been allowed to spread. She said: "It's absolutely immoral. Every removal of public health restrictions is immoral, everything about it."

Healthcare workers were "all quite taken aback" when Ardern announced the end of the elimination strategy, Bron said. "I know some of the ED [emergency department] nurses who were associated with the COVID response were quite worried about how it would be, because they said: 'We're not coping now, so how will we ever cope?' The ED at Masterton

Hospital [in the Wairarapa] is packed, 24 hours a day.

"It's beyond belief that they put so much effort into elimination, and then abandoned it. But you know, this is all driven by capitalism," Bron said. She believed that Ardern had been told by business interests that there was no alternative to letting the virus spread, while the media focused on the perspective of tourism business owners in places like Queenstown, who were demanding the dismantling of the border quarantine system.

She commented that the Ardern government's announcement last month that nurses can return to work even if they test positive for COVID, in some cases, was similar to policies in the United States. Bron said nurses felt that they had to continue working despite the appalling conditions "because if they don't go to work, people die."

Bron criticised claims by the government that hospitals are well equipped to cope with the Omicron surge. "What [Minister of Health] Andrew Little is saying is not truthful," she said. "The hospitals are overwhelmed, nurses are so overwhelmed. That's our main concern. I don't know what will result from that."

The health system, Bron explained, had "been in crisis around nursing staffing levels for around 15 years, probably even before that." The government's so-called "safe staffing" protocols consisted of "red buttons or flags, that are notifiers of critical shortages. There's nothing you can do about that. You can't put a patient out on the street and you can't recruit a nurse that doesn't exist."

During nationwide strikes in 2018 and 2021, nurses demanded safe levels of staffing, but the government has refused to provide the necessary funding and resources. For years, the NZNO has enforced contracts that failed to keep up with the growing level of need for healthcare services. None of the unions has objected to the government's abandonment of the COVID elimination strategy, which has led to hospitals being overwhelmed with COVID patients, and the postponement of thousands of medical procedures.



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