

New Zealand senior doctors hold nationwide strike

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6 September 2023

A nationwide strike of senior doctors and dentists working in New Zealand's public hospitals went ahead on September 5 after failed mediation between Te Whatu Ora Health New Zealand and the Association of Salaried Medical Specialists (ASMS).

The strike was earlier denounced by Labour Prime Minister Chris Hipkins who is facing an election on October 14. He responded to the union's announcement of the strikes last month by demanding that the doctors "get back around the bargaining table to find a way forward."

The strike, the first ever by the senior medical officers, was limited by the union to just two hours from midday at all public hospitals and other health facilities. It involved an estimated 5,500 doctors and 100 dentists. Hundreds of doctors and supporters rallied and picketed at nearly 30 locations in major cities and regional centres.

The union said 82 percent of its members voted to support three strikes. Further stoppages are planned for September 13 and 21, for two and four hours respectively, but the ASMS is continuing talks in an effort to call them off. ASMS executive director Sarah Dalton stressed that staffing levels during the strikes "will be as good as if not better than what it normally would be," ostensibly to meet life-saving requirements.

Dalton said senior clinicians have had either no pay increase at all, or below-inflation pay rises since 2020. On top of two years of the Labour government's public sector pay "restraint," an earlier offer amounted to a real pay cut of 11 percent.

ASMS is claiming an increase of 7–8 percent across 12 months, and some changes to salary steps to fix an overlap between advanced trainees and earlier career senior medical doctors, as well as providing progression for those already on the top band.

The claims fail not only to make up for years of below-inflation pay deals, but also to address the chronic shortage of medical professionals that is causing severe overwork and stress at every level.

A Te Whatu Ora spokesman told the media that employers had recently made an offer which "essentially meets the union's claim," citing salary increases of between 7 and 12 percent, or \$15,000 to \$26,000, over the next year. While inflation recently dropped to 6 percent, household living costs surged 7.2 percent in the 12 months to June with higher costs driven by interest rates which rose by 28.8 percent and food prices up 13.2 percent.

Dalton declared the figures cited by Te Whatu Ora was not the offer put "on the table" but an increase to a 15-point system already in place, in which doctors receive a pay increase each year after a pay review. "I can tell you now... if what they have put on the table would have offered, annualised, that level of increase to our members, we would have snapped it up," Dalton said.

Dalton declared Te Whatu Ora would "think again" following the strike action. The union is prepared to agree to an offer that would, taking into account years of stagnant wages, still essentially be a pay freeze relative to inflation.

The doctors' strike is a sign of ongoing ferment among the country's health workers. The previous week workers at the medical laboratory provider Awanui Labs held a four-day strike and picketed over pay. It was the third round of strikes since negotiations began with the private company.

The Apex union is asking for a wage increase of around 23.5 percent for scientists, technicians and phlebotomists. Awanui has offered \$3,500 on base salaries for a one-year deal, which for scientists at the

top of the salary scale is a decrease from a previous 5 percent offer and fails to meet pay rates in public sector laboratories.

Awanui’s technicians earn a starting salary of \$22.70 an hour—the legal minimum wage—while those who have trained for several years earn \$28 an hour and scientists earn between \$25.65 and \$38.37.

The issue is connected to the privatisation of the public hospital laboratories which began under the former Labour government in 2005–07. Awanui accounts for more than 70 percent of medical laboratory testing across the country. The company has more than \$700 million worth of public contracts and last year paid \$43 million in dividends to its shareholders.

Since 2018, Labour has been confronted by a series of strikes by nurses, doctors and healthcare workers, as well as teachers and firefighters, demanding decent pay and safe working conditions. While these have been systematically shut down and sold out by the unions, they are resurfacing amid the escalating cost of living crisis and desperate working conditions exacerbated by the COVID pandemic.

The Labour government’s removal of all COVID-19 protections, beginning in late 2021, has resulted in hundreds of hospitalisations every week and more than 3,200 deaths, placing enormous pressure on the hospitals. Last week there were 3,625 new COVID cases reported, including 150 in hospital and 12 in intensive care, and 11 deaths.

In August, the NZ Nurses Organisation (NZNO) pushed through a below-inflation pay deal for 35,000 nurses and midwives after cancelling a nationwide one-day strike. The union’s CEO Paul Goulter admitted the deal did not “provide a wage rise that meets the cost of living” and failed to address a critical nurse shortage severely impacting workloads and care in public hospitals.

The health system is experiencing a crisis of unmet need, brought about by decades of funding cuts and privatisation—a process that is deepening under Labour. A move last year to reorganise the sector by amalgamating 20 district health boards into one nationwide organisation, with a separate dedicated Maori health authority, has done nothing to alleviate the worsening situation.

The number of people waiting longer than four

months for essential surgical treatment doubled from around 15,000 in February 2020 to more than 29,500 as of May 2023. In Counties Manukau, South Auckland, waiting lists for a first specialist appointment have jumped by 46 percent in a year and there is a shortfall of 127 general practice doctors. Nationwide, there is an estimated shortage of at least 4,000 nurses.

Desperate medical situations arising from systemic failures are legion. Last month, it was reported that staffing issues at Palmerston North Hospital’s emergency department are reaching extremes. The department’s clinical lead wrote to Te Whatu Ora to say there was a risk that emergency medicine services could no longer be provided. Dunedin Hospital, which serves a population of 300,000 people, recently closed some of its cancer services due to a shortage of radiation oncology consultants.

The country’s only publicly-funded Long COVID clinic in Christchurch is to be shut down this month after just five weeks of operation. The centre’s limited funding meant it was always going to be a short-term service for a small number of people and would not be replicated in other regions, despite the escalating need.

The underfunding of basic public services is meanwhile accompanied by a vast increase in military spending, forecast to rise from 1.4 percent to 2 percent of GDP, as the government embraces the US-led war in Ukraine and preparations for conflict with China.

With both Labour and the opposition National Party promising to slash billions of dollars from public services, healthcare workers and all public sector workers will face an intensifying assault, whoever leads the next government after the October election.

For workers to fight back, they must break from the stranglehold of the pro-capitalist trade unions and form their own independent rank-and-file committees. They need to adopt a socialist program in opposition to the ruling elite’s profits-before-lives agenda. The wealth hoarded by the super-rich must be appropriated to meet urgent social needs, including a vast expansion of the healthcare system with decent well-paid jobs for all.



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