New Zealand nurses union promotes racial divisions

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The New Zealand Nurses Organisation (NZNO) recently released a report calling for an increased proportion of M?ori nurses, implying that non-M?ori and migrants who work in the healthcare system are culturally insensitive or racist, and generally incapable of working with M?ori patients.

The 30-page document released on February 6, titled "Kaupapa M?ori Culturally Safe Staffing Ratios: M?ori nursing leaders' perspectives," was written by the NZNO's *kaiwhakahaere* (M?ori co-president) Kerri Nuku, in collaboration with Heather Came, an "anti-racism scholar" from Victoria University of Wellington.

It was released amid a deepening assault by the far-right National Party-led government on the public health system, aimed at cutting billions of dollars. Thousands of "back office" workers are being sacked and hospitals around the country have imposed an unofficial hiring freeze, even as emergency departments are regularly overwhelmed with patients.

Last December, more than 30,000 NZNO members joined two part-day strikes in opposition to a proposed pay rise of just 1.5 percent over two years—well below the increased cost of living. Since then, the NZNO has remained silent about its ongoing negotiations with the government's Health NZ agency.

Bitter disputes in 2018 and 2021, during the last Labour Party-led government, were sold out by the NZNO bureaucracy, in which Nuku played a leading role. Strikes were repeatedly cancelled and the union promoted agreements that did nothing to meaningfully improve pay or resolve the staffing crisis in hospitals.

As well as decent pay, nurses have for years been demanding mandated staff-to-patient ratios in hospital wards. In Queensland, Australia, for example, hospitals have a legislated staffing requirement of one nurse to every four patients—although Australia faces its own staffing crisis and ratios are not always adhered to. There is no similar requirement in New Zealand.

The NZNO's report on "culturally safe staffing ratios," while acknowledging the deep crisis of understaffing, advances a new definition of "safe staffing" that is aimed at pitting workers of different races and nationalities against each other in a fight over dwindling job opportunities. The report is an object lesson in how identity politics, based on race and gender, is used by the pro-capitalist union leadership in order to derail any unified fight by workers for well-staffed hospitals with highly-paid, secure jobs, providing care to all who need it.

"This [briefing paper] is about us turning ratios on their Eurocentric head, setting the gold standard around cultural responsiveness to M?ori and embedding cultural safety into all conversations about staffing levels," Nuku declares in the foreword.

What does this mean concretely? The document calls for an increase in the proportion of M?ori nurses—who are currently about 7 percent of the workforce—to match the level of M?ori in the population (about 17 percent), based on the reactionary and false premise that only M?ori nurses are capable of working with M?ori patients in a "culturally safe" way.

The authors assert, "The levels of racism within the health system are such that some wh?nau choose to stay home rather than engage with monocultural health systems."

The report does not, however, point to any recent, concrete examples of racism in hospitals or other healthcare settings. Instead it highlights so-called "microaggressions" such as a nurse being told it is inappropriate to greet people in the workplace with a kiss or *hongi* [M?ori greeting], and a staff member saying that there are too many visitors crowding a patient's bed. It is not clear that these are instances of "racism."

It is true that most M?ori face significant obstacles in accessing healthcare, and experience worse health outcomes. This is due to the fact that M?ori are predominantly in the most impoverished and exploited layers of the working class. Workers in poor suburbs and rural areas—including Europeans, Pacific Islanders and migrants from many backgrounds—all face similar problems, but this reality is completely ignored by the NZNO report, in which there is not one mention of social class.

Nuku and Came declare, "Poor policy and operational decisions have *consistently benefited* P?keh? [white people], and resulted in M?ori receiving lesser quality and quantity of care" [emphasis added].

This is utterly false. Such statements serve to cover up the real inequality that pervades what is a two-tier health system. The rich can get timely, high-quality treatment in private

hospitals, while the working class of all backgrounds are forced to rely on the increasingly run-down public system.

Tens of thousands of people, of every ethnicity, are impacted every day by the government's cutbacks, which have blown out waiting times for emergency treatment as well as surgery, including for joint replacements, cancer and other painful and life-threatening conditions.

A particularly vile aspect of the NZNO report is the implication that "by M?ori, for M?ori" services are necessary because non-M?ori—especially immigrants—are uncaring, racist and/or lazy. *Whanaunatanga*, defined as "establishing relationships," and "building trust" are depicted as uniquely M?ori skills.

One nurse interviewed anonymously by the NZNO is quoted favourably as saying: "Our point of difference as M?ori nurses is we are not just there for a job; we are there because our wh?nau [extended family] have been affected in a way that makes us want to make a difference. It's not just 'come to a new country and get a job'—we are invested in our wh?nau."

In other words, nurses from foreign countries are not "invested" in helping "our" people. They don't "want to make a difference," they are just here to take jobs. This is the rhetoric of far-right parties like New Zealand First, which is part of the current coalition government.

The NZNO, like other unions, has repeatedly agitated against immigrants, who are largely from India, Sri Lanka and the Philippines, and make up more than 40 percent of the nursing workforce. Anti-immigrant demagogy frequently goes hand-in-hand with M?ori nationalist identity politics.

Last year, immigrant nurses reportedly suddenly found themselves unable to find work due to the hiring freeze—despite a nationwide shortage of thousands of nurses. In response, Nuku told the *Press* on March 21, 2024: "We need to freeze the recruitment of IQNs [internationally qualified nurses] and discontinue the incentives for recruitment agencies to bring them out.… We should shift the balance, we either need to turn off the tap and manage the international flow and maybe reduce it down while we build up our M?ori workforce."

Nuku and Came declare in their report, "Direct entry into the New Zealand workforce without cultural and Te Tiriti [Treaty of Waitangi] training compromises the right of M?ori to receive the highest attainable standard of care."

What does the Treaty of Waitangi have to do with modern-day healthcare? The 500-word treaty was written in 1840 by representatives of the British Empire and signed by hundreds of M?ori tribal chiefs. It falsely promised that M?ori would have the same rights as British citizens and would be able to retain their land. The treaty's purpose was to establish colonial rule over New Zealand and buy time for the British to amass military forces to conquer M?ori land by force.

Since the 1970s, the treaty has been reinterpreted by successive governments as a national founding document and used as a mechanism for creating a privileged layer of M?ori capitalists. In the name of providing redress for the crimes of colonisation, including the confiscation of land in violation of the treaty, hundreds of millions of dollars in public funds have been handed out to the tribal leaders to create profitable businesses.

The NZNO paper argues that for M?ori rights to be upheld under the treaty, more funding must be diverted into M?ori health services run on a "social enterprise model" and "committed to M?ori development." This is the same demand put forward by Te P?ti M?ori, which represents the tribal capitalists in parliament, and to some extent by the opposition Labour Party.

Creating a segregated healthcare system based on race will provide more resources and high-paying jobs to the tribal leadership, and a layer of upper middle class bureaucrats, while doing nothing to improve the health of M?ori (or anyone else). It will serve to further divide the working class and stoke racism.

The NZNO report underscores the complete transformation of the union bureaucracy into the agents of the ruling class. The well-paid NZNO bureaucrats live in a different universe from the workers they purport to represent: they are loyal defenders of capitalism and opponents of the class struggle. Instead of fighting to unify workers against the government's austerity regime, the bureaucracy is actively seeking to foment racial animosity and anti-immigrant chauvinism among its own members.

For there to be a real fight in defence of nurses' jobs and conditions, and the public health system as a whole, healthcare workers will be compelled to rebel against the NZNO and the rest of the unions. This will require new organisations, rank-and-file committees controlled by workers themselves, in every hospital and clinic. Such organisations will fight to unite workers throughout New Zealand and internationally, of every race and nationality, in the healthcare system and other industries.

Above all, workers must reject the divisive identity politics and nationalist poison promoted by the unions and the parliamentary parties, and adopt a socialist perspective. It is not "white people" who have benefited from the underfunding of public hospitals, but the capitalist class. The provision of universal healthcare is incompatible with the capitalist system of private ownership; it requires the expropriation of the billionaires, in every country, and the restructuring of society to meet human needs.