

New Zealand public health system in deepening crisis

John Braddock
29 January 2026

After years of underfunding, staff shortages and expanding waiting lists —conditions worsened by both Labour and National governments and enabled by the trade union bureaucracy—New Zealand’s public health system is in a deepening crisis.

The desperate situation facing patients and staff has been highlighted by media reports over the holiday period. Witnesses at Wellington Hospital’s Emergency Department (ED) in the capital city told *Stuff* of “chaos” after the ward went into its most critical “code red” status four times over five hours on the night of January 20. A code red is instigated when patient demand outstrips available staff and beds.

One person said she saw 7 to 9 patients waiting in beds in corridors while hearing staff tell people there was “no space for anyone extra.” “Patients were yelling, ‘oh, I’ve been here for eight hours now, this is not fair,’” she said. A nurse told *Stuff* that 74 patients were still in ED the next morning with 41 not seen by staff. “We are always in a code red situation, we are never out of it really. As nurses we just learn to get on and do the job, we are regularly abused,” she said.

According to a recent Official Information Act release Wellington’s ED recorded 575 code reds, averaging nearly twice a day, between January and October last year. Only about half the patients were treated and moved on within six hours, the government’s supposed target. More than 3,200 patients left without being treated—around 10 people a day.

Radio NZ reported on January 5 that Health NZ (HNZ) had been forced to apologise to a woman who spent over 11 hours in severe pain at the Wellington ED before Christmas but was never seen by a doctor. The day she arrived the department reached 256 percent occupancy, one of the busiest days in recent years.

The woman said after 11 hours the charge nurse told her they were “struggling to see everyone in a reasonable timeframe because of staff constraints, and that even if they could see me, there wasn’t a place to put me, there was no space.” She left after 2.00 a.m. the next morning after being told it wasn’t clear when she could be fully admitted into the hospital.

An ED nurse told Radio NZ; “We are trying to run between patients left, right and centre and we are trying to look after more patients than we can at that given moment and that’s when sub-optimal care happens, that’s when mistakes can happen.”

Health Minister Simeon Brown denounced the “unacceptable” situation at Wellington but blamed the hospital and staff, declaring it was “one of the lowest-performing emergency departments in the country.” In fact, EDs everywhere are over-run due to the chronic shortage of doctors and exorbitant costs of GP visits. According to Labour’s Health spokesperson Ayesha Verrall, 650,000 people, 13 percent of the population, cannot afford to see their local doctor, a situation Labour is equally responsible for.

The crisis is nationwide. On January 5, it was reported that the urgent care clinic at Kenepuru Hospital was without a doctor overnight between 10.30 p.m. and 7.00 a.m. due to the rostered doctor calling in sick with nobody available to cover the shift. A nurse-only overnight provider in regional Napier was closed from New Year’s Day to January 4, in addition to six nights in December and four in November.

Kenepuru Hospital services 120,000 people in the outer Wellington working class areas of Porirua and the Kāpiti Coast. In 2024, HNZ signed a contract with telehealth company Emergency Consult to provide advice overnight if there was no doctor on site. But telehealth would only be offered in the clinic if it was

“clinically appropriate.” The Napier clinic was also considered for a telehealth service until locals protested against it.

On January 20, Van Muollo told *Stuff* he had to wait 10 days for an operation after being rushed to the Tauranga Hospital in pain by ambulance. The 44-year was told his gallbladder needed urgent removal, and he was repeatedly put on nil-by-mouth in preparation for surgery, only to be told at the end of each day it would be postponed.

A spokesman for HNZ’s Bay of Plenty operations said the area’s Department of General Surgery was “experiencing significant pressures due to high levels of acute demand” and all eight theatres at Tauranga Hospital “are actively utilised.” Waiting lists everywhere are bursting. Over 200,000 people are currently waiting for their first specialist appointment, with over 77,000 more than four months.

The National Party-led government’s 2025–26 budget allocated \$NZ13 billion for defence over four years, but health increased by just 4.77 percent (\$1.37 billion) amid high inflation—insufficient to address the crisis of unmet need. Some 2,000 sector jobs were cut over the past year. In December, Brown ordered hospitals and health services to find more than \$NZ500 million in “efficiencies,” on top of an existing \$2 billion annual cost-saving target.

Amid the drastic shortage of nurses, only 47 percent, or about 800 graduating trainee nurses in 2025 had secured jobs at the end of the year, similar to 45 and 52 percent over the previous two intakes.

The crisis is the product of decades of austerity measures under successive governments, including Labour. Thousands of nurses, doctors, ambulance personnel and lab technicians have over recent years taken industrial action over low pay, understaffing and deplorable conditions for both staff and patients.

Their struggles have repeatedly been sold out by the trade union bureaucracy. Following a mass strike by more than 100,000 healthcare workers and teachers on October 23 last year, the Public Service Association, the NZ Nurses Organisation and Association of Salaried Medical Specialists are all seeking to negotiate and impose deals that will not keep up with the cost of living nor address the staffing crisis.

The government is exploiting the crisis to systematically expand the private sector. Last June,

Brown directed HNZ to establish long-term, 10-year contracts with for-profit private providers to increase capacity for elective surgeries. Over 10,000 surgeries were outsourced in 2025. The strategy includes \$50 million to boost procedures for conditions like hip replacements and cataracts, with a goal of 21,000 extra operations. The scheme would “provide clear investment signals” to the private sector, Brown said.

Meanwhile Winston Peters, leader of the far-right populist NZ First Party in the governing coalition has praised the US withdrawal from the World Health Organisation (WHO), suggesting NZ should discontinue its funding. With NZ already recording low and inequitable immunization rates, departure from the WHO would vastly increase the exposure of the working class, in particular, to pandemics and transmissible diseases.

The defence of public health is fundamentally incompatible with capitalism, which subordinates social needs to profit. A decent, properly resourced health system can only be achieved on the basis of a socialist program. All private contracts or transfers to profit operators should be cancelled. The wealth hoarded by the billionaires must be expropriated and military spending must be ended in order to redirect funding to hospitals, schools and other essential services.

The health crisis is above all a global issue: Workers in Britain, Australia, New Zealand, the US and elsewhere face identical cuts and privatisations. Health workers and their supporters need to establish rank and file committees—independent and opposed to the pro-capitalist unions—to connect internationally, coordinate strikes and oppose the machinations of capitalist governments and the entire private health industry.



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact