New Zealand medical laboratory workers strike

John Braddock, Tom Peters 21 September 2023

Over 1,000 New Zealand medical laboratory workers struck for 24 hours on September 20 at blood testing facilities run by privately-owned Awanui Laboratories in Wellington, the South Island and Hawkes Bay. Pickets were held in Invercargill, Dunedin, Christchurch, Nelson, and outside Awanui's annual industry Co:Lab conference in the capital, Wellington.

It was the fourth in a series of strikes in a bitter pay dispute between Awanui and workers covered by the APEX union. The last strike extended over four days at the end of August.

Awanui is responsible for about 70 percent of laboratory testing for the public health system. Its workers identify disease and abnormalities through studying blood, tissue and other bodily samples. They play an essential role in the treatment of cancer and many other conditions.

Hailed as "hidden heroes" by the government during the earlier stages of the COVID-19 pandemic, laboratory workers face punishing staff shortages and very low pay rates. Awanui's technicians earn a starting salary of \$22.70 an hour, the official minimum wage, and scientists earn between \$25.65 and \$38.37.

APEX has called for a 23.5 percent average increase for scientists, technicians and phlebotomists (who collect blood samples) to achieve parity with professions such as nurses—or a flat \$14,000 a year increase for all members.

Awanui initially offered 5 percent but increased it to a 6.5 percent increase over 12 months—which barely matches inflation and does not make up for years of declining real wages. The last pay agreement delivered just 6 percent spread over three years.

Along with lab workers, there have been repeated strikes by nurses, doctors and other healthcare workers over the past six years of the Labour Party-led government. There is deep frustration and anger following decades of deteriorating conditions in the public health system, made worse by the pandemic, and stagnant pay in the face of soaring living costs.

The unions, however, have kept each of these struggles isolated from each other, limited their duration as much as possible, dragging out the disputes and demoralising workers. This has resulted in one sellout agreement after another and a worsening staffing shortage in hospitals and clinics.

Public hospital laboratories were privatised in 2005?2007 under the then-Labour government, and different companies have been involved in their operation since then. Awanui, formerly known as Asian Pacific Healthcare Group, is 48 percent owned by the government's superannuation investment fund, with a Canadian teachers' pension plan owning another 48 percent. A pro-capitalist M?ori tribal trust holds the remaining four percent.

Awanui made substantial profits during the height of the pandemic, earning \$70 for every PCR test processed. It currently has more than \$700 million worth of public contracts and last year paid \$43 million in dividends to its shareholders.

Staff handled almost seven million pathology tests last year, but in May the company announced it would slash the workforce in the upper South Island, initiating a move to centralise its nationwide services to make them "sustainable." Nine Nelson staff, including three medical scientists, lost their jobs.

Striking workers at the Wellington picket who spoke with the *World Socialist Web Site* described a system that is stretched to breaking point, with many staff moving out of the profession, or overseas, in search of higher pay.

Jade, who works in specimen reception, has been

working for a year-and-a-half and is still on the legal minimum wage, despite having a Bachelor's degree in science. She described a "revolving door" of staff. "People do not last long, and this is the kind of job that very much benefits from long term, knowledgeable staff. For the most part we are either under-staffed or we have under-trained staff," she said.

"It's very intense work. The hours are abysmal: 11 a.m. to 8 p.m. for most people. Most people get home around 9 p.m. or 10 p.m., there's not a lot of time for sleep, for family."

Describing the situation facing young lab workers, Jade said: "We're not losing money but we're not saving anything. Thoughts of buying a house, having kids, anything like that you have to put aside. There's not much you can do. You can get by, you can live week to week."

Jade is confident that the workers will continue their fight. "We're going to keep doing this as long as it takes. I think it's gone on longer than some expected. It's been five months now." Awanui labs, she added, is "a private company that is not beholden to any sort of public goodwill." She believed many people were unaware of "what's been sold off, what's been privatised within our health industry, which should be public infrastructure."

Jake, a laboratory technician with eight years' experience, told the WSWS that he had reached the top of the pay scale and was only making \$28 an hour. While this is above the \$26 an hour that the Council of Trade Unions calls a "living wage," Jake said: "In Wellington where the cost of living is felt a lot more keenly, how are you supposed to make that work? Public transport costs have gone up, fuel has gone up, rates have gone up. I'm not asking for ridiculous pay, I'm just asking for something that will allow me to live."

In addition to having a science-related degree, Jake mentioned that technicians had to complete "a yearly competence certificate that you have to keep up by doing a minimum amount of personal development training in your area every year, and you have to pay for that out of pocket."

When Awanui was processing COVID tests, he said, "people were essentially burning out. We were working full shifts, being transitioned everywhere... It just drives you down. You're working and working and the end

never seems to come." Awanui had made a "huge profit" during the pandemic, but workers "saw absolutely none of that" and just got "a pat on the back," he said.

Regarding staff shortages, Jake explained: "Every single one of our departments is running at a loss of staff and we've actually been told that it's partially because the company is trying to see how low of an FTE [full-time equivalent workers] they can run on and still function."

"We're currently on our third owner since I started working for them, and every owner after a few years realises that there's not much money in it, tries to get as much profit out of it as they can, and then runs," Jake said.

Jake also referred to widespread determination to continue fighting, saying "everyone has got to the point of frustration where they're not going to back down until they get a serious offer."

As the October 14 election approaches, however, both Labour and the main opposition National Party, who are promising billions of dollars in public service cuts, are relying on the union bureaucracy to keep a lid on rising militancy. To unite the working class against the increasingly brutal austerity measures, workers must form their own independent rank-and-file committees, and adopt a socialist program in opposition to the ruling elite's profits-before-lives agenda. This includes a fight for public ownership of the entire healthcare system, under the control of the working class, with high-paying jobs and sufficient funding and resources to meet the needs of the entire population.



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