

New Zealand junior doctors hold third strike

Tom Peters
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On May 30–31, about 2,500 junior doctors in New Zealand public hospitals held a two-day strike—their third in the space of a month, after rejecting an offer that would have resulted in a pay cut or freeze for hundreds of doctors.

The strikes coincided with the National Party-led government handing down a savage austerity budget, which continues to starve public services. As thousands of people rallied across the country to protest the budget, Finance Minister Nicola Willis declared that “boosting funding for health will always be a priority for this government.”

In fact, health spending will increase by about 5 percent in 2024–25, barely ahead of inflation at 4 percent, and not nearly enough to address the existing crisis of unmet need. The budget also reintroduces \$5 prescription fees for patients, imposing more costs on the working class.

The government agency Health NZ Te Whatu Ora has already instructed hospitals to cut spending by \$105 million by July. This is in the context of an estimated shortage of more than 1,000 doctors and 4,000 nurses across the public hospital system, and 500 fewer general practice doctors than what is needed to keep up with demand.

About half of New Zealand’s junior doctors, members of the Resident Doctors’ Association (NZRDA), took part in the strike, holding pickets outside hospitals around the country.

In a May 29 statement, Health NZ said its latest offer was “very fair” and would increase doctors’ pay by an average of 18 percent—in fact, between 3 and 29.3 percent depending on their role. Some doctors, in other words, would still receive a pay freeze or a real pay cut. It is also not clear what the term of the agreement will be, i.e., whether the pay rise is spread across one, two or three years. Apparently this is still being negotiated.

Health NZ also reportedly wants to abolish a long-

standing \$5,000 payment given to doctors upon completion of their first exam.

The NZRDA says Health NZ has not addressed problems of unsafe staffing levels and exhausting workloads for doctors. It is not uncommon for registrars to work back-to-back 15-hour shifts on weekends. A delegate told Radio NZ that the rival junior doctors’ union—the Specialty Trainees of New Zealand (STONZ)—had reached a settlement with Health NZ in March which did not include a safety clause preventing doctors from working more than 10 days or four nights in a row.

While there is a crisis across the entire health system and other public services, the workforce remains divided by the trade union bureaucracy. Sporadic and limited strikes are being held with the stated aim of “pressuring” the government, which is determined to impose the burden of the economic crisis on the working class with years of austerity.

In addition to the doctors’ strike, about 290 lab workers, scientists, technicians and administrators at the New Zealand Blood Service (NZBS) held a four-hour strike on May 31, with a 24-hour strike planned for June 4. The service collects blood and plasma donations and provides blood-related services to hospitals.

The Public Service Association (PSA) says there is a pay gap of between 13 and 35 percent between NZBS workers and workers in public hospitals who do similar work.

The PSA, however, which is New Zealand’s largest union, is helping the government to implement its austerity program by enforcing thousands of job cuts across dozens of departments. Radio NZ reported on May 28: “National secretary Duane Leo said while the government had to tighten its belt, it had gone the wrong way about it.” The union has asked for more consultation on the cuts.

Meanwhile, ambulance staff employed by St John—a charitable organisation that provides New Zealand’s ambulance services—are also preparing for industrial action in response to a pay freeze and staffing crisis. The NZ Ambulance Association has given notice that its members will “stop doing remote triage, no longer respond to cardiac arrests on their own and cease using their personal phones [for work],” Newshub reported on May 28.

FIRST Union, which also has members working for St John, has appealed for more government funding for the service, which is only 82 percent publicly funded and relies on donations to make up the shortfall.

The crisis in public hospitals is the result of decades of underfunding by successive Labour and National Party governments. The union bureaucracy worked with the 2017–2023 Labour-led government to push through pay deals for nurses, doctors and other healthcare workers that failed to match rising living costs and address unsafe staffing levels.

The situation became even more dire after Labour abandoned any pretence of seeking to eliminate COVID-19 in late 2021 and dismantled public health measures, including mask mandates. This has led to more than 4,000 avoidable deaths, more overcrowding in hospitals, longer wait times for surgery for tens of thousands of people, and a rise in people contracting COVID while in hospital.

The unions have not lifted a finger to oppose the “let it rip” COVID policy, which continues to kill and severely harm dozens of people each week.

In response to the current austerity measures, the Labour Party has posted on social media that “The National government’s job cuts are going too far.” In other words, like the unions, Labour accepts that cuts must be made.

The rundown state of the public hospitals is mirrored in every other public service that working people rely upon—including disability services, schools, universities, public transport, housing and social welfare. As New Zealand becomes increasingly integrated into US imperialist war preparations against Russia and China, and in the Middle East, more money will be diverted to pay for upgrading and expanding the military.

The entire working class must be mobilised in opposition to this program of austerity and war, which

all of the parties in parliament support. A real fight against cuts will bring workers into conflict not only with the National-led government but with Labour and its allies, as well as the unions, which function as a police force on behalf of the state and the corporate elite. So long as healthcare workers’ struggles remain subordinated to the unions, they will inevitably be suppressed and betrayed.



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