

STRIKE FOR WAGES STRIKE FOR THE NHS



The NHS is at breaking point. Chronic underfunding and under-investment is putting patients at risk. Instead of ending the scam Private Finance Initiative contracts that squeeze our health service, wages for NHS staff drop, and patients are treated with unsafe staffing levels. It is ordinary people who suffer.

The NHS needs to be properly funded. It needs staff who are motivated and fairly paid. The government has again ignored the NHS Pay Review Body recommendation to raise the pay of 1% for ALL its staff.

Together, nine unions are taking strike action, rejecting the previous offer of a 1% pay rise only granted those in jobs with automatic progression pay. These include:

- Unison
- Royal College of Midwives
- Society of Radiographers
- British Association of Occupational Therapists
- GMB
- Unite
- Managers in Partnership

However, it isn't just health workers in these unions who want to stand up for their pay. The Prison Officers Association and Union of Construction, Allied Trades and Technicians are also

on strike. Those on strike this Monday will also be taking part in a week long "action short of strike", joined by The Hospital Consultants and Specialists Association.

Strike for the NHS

Many are also taking industrial action to stand up to the root causes of underfunding: restructuring and austerity.

The Tory-led coalition, like the New Labour government before it, has tried to break away from the idea of the NHS as a public service, and replace it with a market system. The result is chaos. Different parts of the health service competing against each other rather than working together. Funds that should go to patient care are being eaten up by bureaucracy and profits to shareholders in private companies.

Meanwhile, politicians are blaming the problems in the NHS on vulnerable minorities. The 2014 Immigration Act outlines how the government plans to charge migrants for accessing GP and emergency treatment. This is already making people afraid to seek medical treatment. This is not cost effective: if diseases are left untreated, they may spread and become more expensive long-term problems. What these racist laws also fail to recognise is that the NHS only functions because of non-EU staff.

These laws attack the original values of the NHS, and aim to destroy the social solidarity it helps to create in our society. Health workers should not have to police the people they treat.

What next?

What can turn things round is united mass action by the people who use and work for the NHS. Crowds of thousands have marched for the NHS across Britain this summer. Grassroots campaigns in places like Lewisham have reversed hospital closure plans.

Our campaigns must also challenge the pro-market consensus common to all the main political parties. It's no surprise that the Tories want to rip up the NHS. But Labour too has capitulated to neoliberal dogma and pushed through privatisation and marketisation.

We need an alternative to the capitalist ideas that dominate political thinking about healthcare - a socialist alternative. We need to reassert the fundamental principles of the NHS as a universal service that is free to everyone.

Inside the NHS

For the upcoming strike Emma Clewer, a student Nurse at King's College London, interviewed a Healthcare Assistant working in an NHS hospital in London about her experiences of working on a ward.

Can you give me a description of your ward? I

work in Urgent care, Geriatric medicine, in a hospital in North London. Our staffing levels should be 1:6 for nurses and 1:8 for HCA's but often it is 1:10 for nurses and 1:12 for HCA's. As I understand it, it is the same throughout our hospital except for the private wards that are on the top floor.

What do you see as the main strains on the NHS at the moment? I think under staffing and increased use, especially in the winter and especially in the elderly, of our services. Staff simply cannot cope with such a strain.

What are the consequences of this? It means we discharge people too early, we do not spend enough time with our patients or involve them in their care and we often overlook the issues our patients have because we have little time to sit and talk about what it is that bothers them. Often, they return in a week or so.

Does what happens on the ward have an impact on staff outside of the ward? I can only speak for myself, but often I go home feeling guilty about not doing enough for my patients. I worry that I didn't have a minute to sit and listen to them and that I hadn't done enough personal care for them so that they may have been sitting uncomfortably all day. If I had more time at work I wouldn't feel like that.

What would you like to see from the strike on Monday? Honestly, I don't expect much from it. Firstly it is 4 hours, which can both encourage and discourage staff to join. The fact it is only 4 hours may get people to join because it isn't a whole shift that you're leaving the ward for. On the other hand, returning to the ward after a shift can be daunting, especially if you are one of the only people who went on strike and left the ward understaffed. (continues over)

Is there an active Union at your hospital? Did they organise for the last strike? My Unison branch is very small and has little to no trace around the hospital. No lanyards, no posters and no pin-board. The last picket line had about 50 people at it, but it didn't start till 9 am. I went down on my tea break (I'm not allowed to strike as I am on probation), and tried to talk to people about the place we work, the union and the "Britain Needs a Payrise" demo that was happening the following weekend. If I'm honest they didn't really want to engage with me and I soon left after a few minutes as I felt like a fish out of water.

Do you feel there is general agreement among those you work with about the strike action and the problems in the NHS? With my colleagues there's defiantly a sense of "this is really bad" and "why are we always so short" but it never leads to a discussion about privatisation. The hospital I work in would probably not be the place where that discussion would be so frequent. All wards treat both private and NHS patients at the same time, so it has become normalised. During the last strike, none of the nursing staff on my ward joined. None of them even mentioned it. The ward I work on is very demanding and therefore it isn't a surprise that it hadn't been taken note of.

What do you think needs to be done to tackle these issues and encourage more people to get involved in strike action? I think if the union was stronger in my work then the thoughts about short staffing and crap pay would naturally lead to more conversations about privatisation and willingness to go through with action in whatever form. I don't think that Monday's strike will send ripples through the hospital but I hope that if action continues, on whatever scale, then it will make the union a bigger force within the hospital and it will go about trying to engage people especially the lowest paid in talks of privatisation and the fight for our NHS.

The Ebola Crisis

Report by Sophie W, a medical student in London and member of DocsNotCops, a group campaigning to prevent the implementation of the 2014 Immigration Act in the NHS



The outbreak

The latest WHO update report suggests more than 10,000 people have been infected, and roughly 5000 have died. Most of the total infections and deaths have been concentrated in Guinea, Liberia and Sierra Leone.

Up to 450 health-care workers are known to have been infected. A total of 244 have died. In contrast to national health care workers, the WHO and MSF have reported a fraction of these infections and deaths.

Contrast this scale of death with that reported. Nine people have been reported to have been flown to Europe or the US after having contracted Ebola in West Africa. How can we be complacent knowing only the names of the few who flew home?

The treatments

Earlier this summer, British nurse William Pooley was lucky enough to receive an experimental drug to combat the disease. This was made possible by the unprecedented decision of the WHO to permit "unproven interventions" as treatments for those suffering from Ebola.

The company producing this drug, ZMapp warns that stocks are too low to treat large numbers of people. It's been running low since the first patient was treated. If there were only a fraction of the infections in the UK or USA, more would have been done to develop treatments faster.

All the while, UKIP are using the Ebola outbreak to justify their immigration policies, with Farage switching between HIV and Ebola as criteria for barring people from entering the UK.

Who is making the drugs?

Ebola is not a hard disease to design drugs for. The last decade has actually seen a tremendous advance in public funded research into therapies for Ebola. Rather, scientists have spoken out about their difficulties in getting potential Ebola drugs into clinical trials. Some researchers said they were even willing to participate themselves in drug trials.

The real problem is profit. Until this latest outbreak, even the drugs like ZMapp that stand a chance of working would not have been put out to clinical trial because of the lack of return on costs required to develop them as safe and effective treatments.

John Ashton, the president of the UK Faculty of Public Health described this "[as] the moral bankruptcy of capitalism acting in the absence of an ethical and social framework".

This situation is not unique to Ebola. Big Pharma has refused to fund antibiotics research for decades. The WHO expects that within twenty years, we will have completely run out of effective drugs against common infections. Big Pharma is not capable of making drugs that are required by society. Instead it "cherry picks" the most profitable candidates. Nationalising drugs companies could drastically improve global health. If the funding for drug development were matched to the diseases people suffer from, malaria, tuberculosis, then the world would be a healthier and more equal place to live.

rs21 is a new group on the radical left. We stand for socialism from below and an end to the capitalist system. To find out more, get in contact at rs21.org.uk.