

Britain: Wyre Forest protest vote exposes limitation of single-issue politics

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Retired physician Richard Taylor made local hospital provision the central issue of his general election campaign in Wyre Forest, in the west Midlands. Taylor, who stood as a candidate for “Independent Kidderminster Hospital and Health Concern”, successfully overturned a 7,000 Labour majority, to become only the second independent MP elected to Westminster since 1945. Until 1997, Wyre Forest had been a safe Conservative seat.

The vote for Taylor expresses the widespread hostility to Labour's continuation of Tory healthcare policies. But his programme was aimed at attracting a protest vote, and does not address the crucial political issues involved, nor does it offer any way forward for those who want to defend the right to free and universal healthcare.

Opposition to local hospital closures in the Wyre Forest constituency, and particularly in the town of Kidderminster, has mounted over the last few years. By 1997-98, inadequate funding left Worcestershire local health services with an accumulated debt of £15 million and an estimated annual deficit of £9 million.

The Health Authority's response was to cut beds in each of the three hospitals under its control. The money saved was to go towards funding a replacement—built under the government's Private Finance Initiative (PFI)—for two of the region's hospitals. Initiated by the Tories but greatly expanded under Labour, PFI amounts to backdoor privatisation.

Worcestershire's new hospital was to be built, financed and operated by a private sector consortium, but it turned out to be vastly more expensive than expected. This led to further cuts, closures and the centralisation of resources from other healthcare services. An additional 214 acute beds at Kidderminster hospital were slated for closure. The hospital was to be downgraded into an ambulatory care and diagnostics facility (Acad), only offering day surgery and outpatient care. Patients in Kidderminster requiring emergency services and intensive care would have to travel 18 miles to the nearest unit, despite the fact that a new wing, with up to date operating theatres, wards, an intensive care

unit and outpatient accommodation, had only just been completed in the town's hospital in 1995.

The new smaller replacement hospital would have to service a catchment area that now included 380,000 residents, rather than the 280,000 previously. This meant that the provision of National Health Service (NHS) beds in Kidderminster would fall to 41 percent of the current average when the new PFI hospital opens. There will be 17 percent fewer nurses and 32 percent fewer ancillary workers.

When news of the planned cuts emerged, local people were outraged. Demonstrations and marches attracting up to 12,000 people were held. Several petitions with more than 500,000 signatures were collected. Some 500 people went to Downing Street to try to persuade Prime Minister Tony Blair to reverse the decision, but nothing happened.

With neither the local Labour Party nor the trade unions prepared to mobilise any action to defend health services, local people set up a hospital campaigning group, Health Concern. It fielded candidates in the District Council elections in 1999 and 2000. Winning 19 seats, Health Concern seized control of the council from Labour, and now forms the largest group in the ruling “Rainbow” alliance with the Conservatives. It also has four seats on the county council.

When Kidderminster hospital closed in September last year, Richard Taylor, a leader of the Health Concern campaign, decided to contest the general election in his local constituency. He stood against the sitting Labour MP David Lock, a junior minister at the Lord Chancellor's office.

But whilst Taylor ran against Tory and Labour candidates, his policies are by no means opposed to the three main parties. On Europe and defence, Dr Taylor's views are similar to the Tories. His candidacy received the tacit backing of the Liberal Democrats, who decided not to contest the election. This meant that Dr Taylor could rely on votes that would have gone to the Liberal Democrats, many of whose supporters had voted tactically for Labour in 1997 to unseat the Conservative candidate.

Whilst opposing Labour's policy of privatising the NHS by

stealth, Dr Taylor said he accepted "some form of rationing of some parts of healthcare, so that the aim of 'cradle to grave' care can continue to be possible for those who need it".

On the question of funding, he called for the earmarking a proportion of income tax for the NHS, but "extra resources would not be released to health service providers unless their services were shown to be operating at peak efficiency without the gross waste and stupidity that occurs in the NHS now".

While Dr Taylor's candidacy was seen by many as a means of protesting against government policy in an area of vital public provision, his programme accepts the argument of the Tory and Labour parties that health care must be run along market lines.

This is the same basis for government arguments that treatment considered "non-essential", or the outcome of "lifestyle" choices, should not be provided by the NHS. Moreover, those deemed able to pay for their own health care should do so, supposedly in order to "free up" resources for the less fortunate. It is the same rationale that is now being used to justify turning large swathes of the public sector over to private capital.

The lack of financial resources for public services has been presented as an entirely natural development. In reality, it is intimately bound up with the free-market offensive unleashed against the working class all over the world over the last 25 years.

So-called healthcare reforms—such as the introduction of the market into hospitals, encouraging competition between facilities, creeping privatisation, the outsourcing of "non-core" services, hospital and ward closures, and user charges—are being introduced by all governments at the behest of the financial markets and giant corporations.

For big business, the use of taxes for the provision of universal public services is an unwelcome infringement on their profit margins. Thus, whilst corporation tax and income taxes for the super-rich in the UK have been systematically lowered over the last years, public spending has been slashed. Where services cannot be entirely dismantled for political reasons, then they are being turned over to the private sector to provide a new source of profit.

The Health Concern pressure group does not have a programme to oppose this. Indeed Dr Taylor has accepted that, despite widespread opposition, the decision on the closure of the Kidderminster hospital will not be reversed. "I am a realist", he says, "I have been very careful not to make any promises over what I can actually achieve".

Dr Taylor's candidacy is similar to that of former BBC television reporter Martin Bell, who stood in the 1997 general election on an "anti-sleaze" ticket against

Conservative MP Neil Hamilton, disgraced for accepting money for asking parliamentary questions. At a time of general revulsion against the Tories, and with the backing of Labour and the Liberal Democrats who withdrew their own candidates, Bell's high profile campaign as a "clean broom" won him the seat. But his success did not cause any major upset; much less stop the political monopolisation of social policy by big business and its representatives. In the 2001 general election, Bell transferred his campaign to Brentwood and Ongar, but failed to win the safe Conservative constituency.

The Wyre Forest vote highlights the limitations of single-issue politics. The problems exposed by the Health Concern campaign are not confined to Kidderminster, nor only to health care. New Labour is similarly targeting the provision of education, social services, housing, and public transport—to name but a few—for privatisation.

Opposition to the attacks on healthcare cannot be conducted in isolation. Rather, it must be part of a mass, politically conscious movement that seeks to defend the social and democratic gains of working people by subordinating the profit system to the needs and requirements of the broad mass of society.

In contrast, the only purpose of the Health Concern campaign is to try and exert pressure on the government to soften its stance. But the Blair government has openly stated its intent to deepen the attack on public spending. Prior to the election, Labour announced that it wanted more public services to be provided by the private sector, particularly in health and education. Labour's manifesto promised that private contractors could manage some of the 20 fast-track diagnosis and surgery centres that are planned for the health service. It calls for "successful" NHS hospitals to take over "failing" ones—an approach that has already begun in schools—as part of a "spirit of enterprise" in the public sector.

Labour has just rushed through new legislation allowing family doctors and the local health authorities to form commercial ventures with private healthcare organisations, and set up new one-stop primary care centres that would include pharmacy, dental and some social services all at a single location. For the first time, NHS family doctors will be able to charge for some services. A recent survey of nurses revealed that one third believed that within a decade the NHS would no longer be free at the point of use.



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