

Health unions in Sri Lanka engage in futile internecine dispute

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Two public health unions in Sri Lanka are engaged in a poisonous conflict over pay relativities. Government funding for health care has fallen and privatisation is under discussion, threatening the jobs, pay and conditions of all public health workers. But the response of the unions has been to stir up animosity between nurses and paramedical staff over who should be paid more.

The latest round of the long-running dispute erupted when a committee appointed by the prime minister to examine the wage demands of nurses released its recommendations. The committee proposed that nurses' salaries be graded at two increments, that is 300 rupees (\$US3) a month, above those of paramedics, who include pharmacists, radiographers, physiotherapists, occupational therapists and laboratory technicians.

At the instigation of their union—the Joint Council of Professions Supplementary to Medicine (JCPSM)—more than 4,000 paramedics began an indefinite strike on November 28, to protest against “the anomaly in salary structures”. The industrial action affected key areas in public hospitals, including the issuing of drugs to outpatients, blood testing, X-rays and CT scans. Administrative tasks such as the ordering and distribution of drugs to hospitals throughout the island were drastically disrupted.

Public hospitals were forced to reply on private services. Colombo National Hospital alone reportedly paid more than 3 million rupees a day to private hospitals for laboratory tests, including MRI and CT scans. In some cases, private hospitals refused to carry out the tests because the government already has outstanding payments that have not been settled by the Ministry of Health.

JCPSM spokesman Ravi Kumudesh called for the

intervention of “the prime minister or the president or even WHO [World Health Organisation]” to resolve the protracted dispute. The union insists the salary level of paramedics should be the same as nurses, as it was from 1968 to 1997, when a government body known as the B.C. Perera salary commission proposed changes to the wage structure.

Since then the JCPSM and the Public Services United Nurses Union (PSUNU) have been at loggerheads. The JCPSM initiated a legal challenge to the B.C. Perera salary commission's proposal to establish a pay differential between nurses and paramedics. It obtained a favourable interim Supreme Court order in 1997 to implement alternative recommendations from another government body—the Kodagoda salary commission.

The dispute is now bogged down in vicious political infighting. The JCPSM has accused the PSUNU of using its influence with the previous Peoples Alliance government to suppress the Supreme Court order. When the court decision was to be implemented last year, the nurses union demanded a return to the B.C. Perera recommendations and accused the Ministry of Health of failing to provide adequate information to the Supreme Court. The United National Front (UNF) government appointed a third commission under M. N. Junaid, whose recommendations triggered the latest clash.

In the midst of last month's strike, PSUNU president Muruththettuwa Ananda Thera, a Buddhist monk, inflamed the tension by declaring that the claims of paramedics for equal pay could not be justified as nurses were better trained, had more responsibilities and worked longer shifts, including night shifts. The paramedics union responded in kind, saying that nurses enjoyed six-hour shifts and a variety of allowances that are unparalleled among other health workers.

The rhetoric went up another notch when the PSUNU administrative secretary Hector Francis announced that his union had informed the health ministry of its willingness to allow nurses to dispense drugs in hospitals—work normally done by paramedical staff. The JCPSM branded the action as unethical and illegal, to which the PSUNU retorted that nurses were more qualified than pharmacists to handle drugs.

The JCPSM suspended its strike on December 17, when a cabinet subcommittee promised an interim allowance for paramedics to equalise their salaries with nurses, pending a complete resolution. But PSUNU leaders have threatened to launch a work-to-rule campaign against the decision. The medical officers union has threatened to complicate matters further by expressing concerns that higher wages for nurses and paramedics are eroding the pay differential with their members.

The whole campaign has been accompanied by malicious posters and leaflets from both sides aimed at setting nurses and paramedics at each other's throats. Even though a considerable section of the rank-and-file membership of both unions has been swept up in the vitriolic campaign, more thoughtful workers have become highly critical of their leaderships.

A physiotherapist at the National Hospital of Colombo told the *World Socialist Web Site*: “Trade union leaders are trying to create disputes among us. What we all need is to have proper working conditions and salaries to provide for a decent life. Union leaders are not talking about the [government's] activities which are directed at destroying the free health services as a whole.”

A male nurse at the same hospital criticised the nurses unions, saying: “In 1996, the PSUNU had a dispute with doctors over the simple matter of who was responsible for administering intravenous injections. In 2000, the nursing unions launched a divisive dispute over the colour of uniforms issued to minor hospital employees. Now they are confronting paramedics. Governments have exploited each of these campaigns to implement their own agenda—that is, dismantling public health services.”

While the unions have been setting workers against one another, successive governments have been involved in slashing spending on public health and promoting private services. The health budget was cut

from 20,696 million rupees in year 2000 to 18,772 million rupees in the year 2001. The number of government hospitals remained static during 2001 with a small increase of just 400 in the number of beds. By contrast the number of beds in private hospitals increased by 75 percent from 4,000 to 7,000 over the year.

According to 2001 Central Bank annual report: “[B]udgetary constraints have inhibited the expansion of the public sector health care services. Hence, the private sector should be promoted to fill the gap. However, a salutary development in the health care system has been the ‘crowding in’ of the private sector investments largely due to the underfunding and the low quality of public sector health care services. The private sector share in curative health care has gradually grown over the years to exceed 50 percent.”

The cutbacks are affecting patients as well as staff. Increasingly patients, including the poor, are being compelled to turn to private services for treatment or face having to join the lengthening waiting lists for surgery and other medical procedures in public hospitals.

The conditions exist for a unified struggle of medical staff, patients and supporters against the government's slashing of public health services. None of the union leaderships have launched such a campaign because to do so would mean challenging the entire framework of the government budget, the dictates of the IMF and the prerogatives of the capitalist market.

Instead the unions are engaged in an internecine dispute over pay relativities which will result in a further erosion of the conditions of workers and public services available to patients.



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