

# Poland: Health care crisis provokes strikes and protests

Cezar Komorovsky  
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In recent months, many public- and private-sector doctors and health care professionals (HCPs) have taken to the streets across Poland in protest against low salaries, official government neglect of the health care sector, and, in general, the undignified and contemptible manner in which medical practitioners are treated in Poland

The latest series of protests began early in 2006. In February, approximately 1,000 HCPs from 13 medical clinics in the southeastern region of Podkarpackie demonstrated against Poland's deteriorating health care system. Citing low pay of 1,400 to 1,550 zloty a month (\$450 to \$500) for public-sector health care workers, the workers demanded a 30 percent pay raise, only to be met with empty promises of future government assistance by Prime Minister Kazimierz Marcinkiewicz from the ruling Prawo i Sprawiedliwosc (Law and Justice Party—PiS). Marcinkiewicz's statement followed a meeting in late February with representatives from the official health care trade unions, chief among them the Ogólnopolski Związek Zawodowy Lekarzy (All-Polish Trade Union of Doctors—OZZL).

In theory, a 40-hour workweek is the norm for Polish doctors, but many have been compelled to work 100 hours per week or more due to low wages. A salary of 1,400 to 1,550 zloty per month can hardly meet the needs of an individual in Poland, let alone a family of three or four. The overtime "duties" (*dyżury*) of doctors in Poland, made necessary by low pay, are hated by many who work in the medical field.

March witnessed greater demands from the HCPs in the same region, as well as strikes, revealing increased anger among the medical workers. Along with their 30 percent pay raise demand, the workers also called for a 100 percent pay raise for 2007, along with better funding and organisation of the health service.

This final demand is a reaction to the health care budget cuts carried out by each of the post-Stalinist governments in the drive for European Union (EU) integration and "competitiveness." Only 3.87 percent of Poland's GDP is channeled into the health service, the lowest percentage in Europe. Moreover, average wages have only increased 5.4 percent over the past year, even as industrial production has increased 16.4 percent. Official unemployment still remains just below 20 percent, further intensifying social tensions.

In April, Health Minister Zbigniew Religa, a former heart surgeon, enraged many in the medical profession when he suggested proposing legal changes in the Polish Parliament (Sejm) to prohibit doctors from striking, on the pretext of concern for affected patients. As he was expressing this concern, he also proposed a flat tax, which sets out to shift the financial burden of health care to the population as a whole. The tax is a regressive attempt at filling the coffers of Poland's derelict national health care plan, the Narodowy Fundusz Zdrowia

(National Health Fund—NFZ).

These "reforms" are in line with the EU's demands for Poland to cut its budget deficit by 2007 from 6 to 3 percent of GDP. This roughly translates to a cut in the deficit to 30.5 billion zlotys (around \$10.5 billion) from its current 32.5 billion zlotys (around \$12.5 billion), a policy that can produce only disastrous consequences for many who are compelled to rely on Poland's meagre and rapidly evaporating social protections.

May, meanwhile, saw the extension of the dispute to almost all of Poland. In the first week, almost every orthopedist from the Radom Hospital resigned and took to the streets, again protesting miserly wages. Then doctors in more than 100 hospitals across Poland organised a two-hour warning strike demanding an immediate 30 percent pay raise and increase in outlays for the health sector from 3.87 percent to 6 percent of GDP. Health Minister Religa again reacted, only this time with a promise of a 30 percent pay raise in October of this year, an unsatisfactory result as far as many of the doctors were concerned.

This was reflected in a protest on the streets of Warsaw by employees of the Polish National Health Service on May 10. The workers, numbering more than 7,000, demanded an immediate 30 percent pay raise. Karol, a doctor working in a state hospital in Warsaw, told "Radio Polonia," "I have participated in the strike because the earnings are too small. We have very bad predictions for the future."

The demonstrators were met with yet another empty promise from Prime Minister Kazimierz Marcinkiewicz. "We will work for a speedy solution to the problem," he declared. According to "Radio Polonia," this was only met with loud whistling and catcalls from the doctors and health care workers in the audience.

The strikes in the meantime continue at 12 hospitals in the city of Lublin. Health care workers from 13 additional hospitals have joined the nationwide protests in Silesia, and many hospitals from the midwestern Wielkopolska region have joined as well. Altogether, more than 100 hospitals are now on strike across Poland.

Interior Minister Ludwik Dorn has told local officials to warn hospital directors that doctors taking part in illegal strikes can be fired on disciplinary grounds or even fined or imprisoned. At the beginning of the year, Dorn warned striking doctors they could be drafted into the army.

On June 12, Dorn ordered the dismissal, on disciplinary grounds, of the director of a hospital in Lodz who did not fire striking doctors but reached an agreement with them against the interior minister's orders.

The medical workers' struggle has erupted in response to conditions for which none of the existing parties or trade unions in Poland offer a

solution.

As guaranteed in the 1952 Constitution, the Polish health care system before the fall of Stalinism in 1989 was both free and comprehensive, albeit of much better quality for party elites. In the last two decades of Stalinist rule, however, such comprehensive care became progressively less dependable for those without party contacts or enough money to buy health care outside of the official system, reflecting the increasingly vulnerable position of the Polish economy.

With the reintroduction of capitalism in 1989 also came the transfer of state property into the hands of a new elite, exemplified today by such social parasites as Zygmunt Solorz, the billionaire owner of the Polsat television network, and Leszek Czarnecki, the multimillionaire president of Gettin Holding. These changes were accompanied by an emphasis on integration with European capitalism, which the Polish ruling class has been clamoring for since it signed an agreement for trade and “cooperation” with the then-European Community in September 1989.

Along with this gradual integration have come budget constrictions and fragmentary privatisations of formerly state-owned medical services for the purpose of eventually eliminating public financing of health care. The budget cuts of the early 1990s, first under the auspices of a coalition government led by the Unia Demokratyczna (Democratic Union—UD) and the Sojusz Lewicy Demokratycznej (Democratic Left Alliance—SLD) and then the SLD and the Polskie Stronnictwo Ludowe (Polish People’s Party—PSL), included gradual cuts in the funding of the Ministry of Health and Social Welfare. The consequences for those who had formerly enjoyed some minimum amount of health care have been devastating.

For instance, the ratio of hospital beds per 1,000 citizens has decreased substantially, from 6.67 in 1980 to 4.6 in 2002. In 1991, more than 2,500 beds and nearly 100 clinics and dispensaries were eliminated. The average length of stays in Polish hospitals has in the meantime decreased from 12.5 days in 1990 to approximately 8 days in 2002. Some patients have even complained of waiting months for treatment of fatal diseases, and many have resorted to bribing physicians, with whatever is at their disposal, to increase their standing on waiting lists.

After the fall of Stalinism, interim funding at first depended heavily on a patchwork of voluntary contributions and local and national health care taxes. Then came the day of the regional health insurance funds, or *kasy chorych*. These, however, retained an inordinate amount of power and enjoyed an unacceptable independence from the national elites.

As a result, the National Health Fund (NFZ) was created in 2003, under the leadership of the SLD. In the three years since its creation, this centralised but inefficient public health insurance fund has solved none of the fundamental problems underlying the health care crisis in Poland.

The NFZ is paid for by all working people via a paycheck deduction, and works by contracting out a certain amount of treatment in Polish hospitals. These hospitals are in turn required to conduct this treatment “free of charge” for patients. The hospitals are in essence treated like private enterprises, however, responsible for their own budgets and economic output, and are frequently compelled to cut costs. Many have substantial debts on their books, and it is assumed that several will eventually be closed down altogether.

These hospitals today are not permitted to treat patients who pay for themselves, unlike, on the other hand, the smaller private clinics, which usually average around 40 beds and employ relatively few

doctors compared to the state facilities. The clinics are frequently presented as an alternative to the wretched conditions existing in the public sector, but due to the price of treatment (monthly private insurance premiums for a family of four can cost up to 810 zloty, or approximately \$262), they favour those who are able to afford the luxury. In a country where half of the population or more has a monthly income of less than 800 zloty, it is obvious that this is affordable only to the wealthy few.

Poland’s low health care-to-GDP ratio is reflected in the fact that the NFZ is regularly underfunded, prompting many government officials today to propose a regressive 1.2 percent flat tax to superficially circumvent the crisis. This government, a coalition of the conservative PiS and the right-wing and anti-Semitic parties, Samoobrona (Farmers’ Self-Defense) and Liga Polskich Rodzin (League of Polish Families—LPR), is caught between the dictates of globally mobile investment and finance capital, represented by the incessant demands for “restructuring” and “reforms” by the EU, and the nationalist chauvinists who now sit in the Sejm and the executive (see “Right-wing extremists officially join government”).

The PiS was able to win a majority of the seats in the Sejm in the most recent election by employing social demagoguery at the last moment, after having largely focused until then on the pervasive corruption of the previous SLD-led government. It called for such measures as larger family bonuses, higher taxes for the wealthiest individuals in Poland, and free education and health care. As a result, this opportunistic strategy enabled the party to win 155 seats in the 460-seat Sejm, or 34 percent of the total.

Inevitably these “populist” promises have proven hollow. Funding for some social services, such as family bonuses and social housing projects, has only cosmetically increased, while the PiS-led government remains under pressure from the EU to trim the budget deficit. Everything points to the PiS and its allies in power observing the long-term “restructuring” and “reforming” dictates of Brussels, despite all their nationalistic and demagogic bombast to the contrary.



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