

Junior doctors face political fight to save National Health Service

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The 48-hour strike by junior doctors that began yesterday is their fourth industrial action in four months. National Health Service England reports that 5,165 operations have been cancelled as a result.

The British Medical Association has called another two-day strike on April 26 and 27. For this first time in the history of the NHS—which was founded in 1948—it will involve a “full withdrawal of labour” which “means that all junior doctors will not attend work, or provide emergency cover.”

Junior doctors have been demanding more effective action after Health Secretary Jeremy Hunt announced that he would impose a new contract by August 1, which will remove unsocial hours payments and reduce the safeguards against junior doctors working excessive hours.

The imposition of the contract is a test case for the restructuring of the terms and conditions of the 1.3 million workers in the NHS, who have already seen their pensions attacked and real wages slashed. At the same time, the Conservative government is driving through £22 billion in “efficiency savings” in the NHS budget over the next five years on top of the previous coalition government’s £20 billion in cuts. The lowest ever funding increase for the NHS in its history and the burden of Private Finance Initiatives (PFIs) have already led to huge deficits.

The greatest political danger facing junior doctors would be to underestimate what is at stake in their fight and to believe that the BMA’s limited action offers a chance of victory, especially given the role played by the rest of the trade unions and the Labour Party in isolating their struggle.

The aim of the Conservative government is not merely to cut wages, or step up exploitation. It is to destroy the NHS. As far back as 2005, Jeremy Hunt co-

authored a policy pamphlet that called for the NHS to be replaced by an insurance system. “Our ambition should be to break down the barriers between private and public provision, in effect denationalising the provision of health care in Britain,” he wrote.

To show how far the ruling class is prepared to go is indicated by the March 25 edition of the *Daily Telegraph*. Executive Editor (Politics) James Kirkup threatened the doctors not to repeat the “the mistakes of the miners’ strike” in 1984-1985. The BMA had to learn the lessons of what happened to the National Union of Miners, which “will soon slip into history; it will this year be legally wound up for lack of members.”

It was about time, he wrote, that workers realised that “the days of a job for life and a gold-plated pension were over... The future of work will mean freelance, flexible, footloose, economic free agents skipping from employer to employer, job to job.”

Kirkup’s favoured model, and that of the government if it was free to state so openly, is the production-line hospitals pioneered by Devi Shetty, according to the *Wall Street Journal*, “the Indian heart surgeon once called the Henry Ford of medicine.” These hospitals operate for a fraction of the cost in the West and employ surgeons working six-day weeks on much lower pay. Narayana Health is valued at US\$1 billion.

The *Wall Street Journal*’s glowing tribute is unintentionally a devastating indictment of private medicine. Noting that Naraya Health charges a fraction of the cost of open-heart surgery, “compared with hospitals in the US that are paid between \$20,000 and \$100,000, depending on the complexity of the surgery,” the *Journal* reports, “By next year, six million Americans are expected to travel to other countries in search of affordable medical care, up from the 750,000

who did so in 2007...”

Kirkup also pointed to George Washington University study that “estimates 85 percent of a typical doctor’s work can be done perfectly well by a ‘physician’s assistant’ with a fraction of the training or wages.”

His calls were taken up by the ConservativeHome blog, owned by Lord Michael Ashcroft, former deputy chairman of the Conservative Party and a tax-exile who appears in the recently leaked Panama Papers for making use of law firm Mossack Fonseca to set up his shell companies. Henry Hill advised Hunt on “How a Government can beat the BMA” to become “a modern-day Margaret Thatcher, bringing truculent trades unionists to heel and unleashing modernity on one of the UK’s totemic industries.”

Like Thatcher he should create a scab workforce—“some form of ‘Territorial NHS’, or Health Service Reserve, modelled on its military counterpart” who would “receive pay, training, and legal rights to take time out of their ‘civilian’ life to work for so many weeks of the year in the NHS.” He then echoed Kurkup’s call for “A larger, flexible pool of ‘physician’s assistants’ [who] would reduce the NHS’s dependence on full-time professionals.”

Hill called for the government to adopt a “blunt-force approach” and declare doctors to be an essential profession and forbidden to strike. Alternatively hospital trusts could be broken up into independent “legally-distinct employers,” which would end national strikes and drive down pay and conditions.

“One day”, Hill declared “the BMA will have their 1984... Conservative strategists owe it to themselves, and to the country, to lay the groundwork properly.”

On the same day as Hill’s article appeared, ConservativeHome published a piece by Lord Howard Flight, chairman of private equity company, Flight & Partners Recovery Fund, and a former Shadow Chief Secretary to the Treasury. Entitled, “We simply cannot afford to carry on protecting spending on welfare, the NHS and schools”, Flight’s article lamented the fact that after years of austerity, there was still “a £56 billion hole in the public finances, high government borrowing—over £72 billion this year—and a public sector debt standing at £1.6 trillion. It is obvious that the main areas of spending—Welfare at £240 billion, Health at £145 billion and Education at £102 billion

will have to be constrained at some point.”

The BMA’s insistence that the junior doctors’ dispute is non-political is false to the core and, left unchallenged, will ensure only defeat. It is not a fight over pay, but to prevent the destruction of public health care and must be pursued as such.

The trade unions are opposed to this. They have played the key role in enabling the government to push its measures, making no attempt to link up the junior doctors with the nurses and midwives, who are opposed to the government decision to scrap NHS bursaries in 2017, or the struggle of any other group of workers, and making no appeal for solidarity action.

The BMA’s demand not to politicise the dispute is also supported by the Labour Party, which while in office from 1997 to 2010 began opening up the NHS to the market through schemes such as Independent Sector Treatment Centres and the Private Finance Initiative (PFI). The Labour Party has refused to officially back the dispute, with leader Jeremy Corbyn confining his remarks to criticisms of the government for provoking a protracted industrial dispute.

NHS Fightback, the political initiative of the Socialist Equality Party, has insisted that the junior doctors’ dispute underscores the necessity for the working class to strike out on a new political course, based upon the recognition that the defence of jobs, the attacks on pay and closures of hospital facilities cannot be taken forward through the trade unions and the Labour Party. It is time that junior doctors, other health care workers and their supporters begin to organise themselves independently in action committees to defend the NHS. The Socialist Equality Party must be built to provide leadership in this essential political conflict.



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