

Kenyan doctors union threatens strike over stalled March agreement

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More than two months after the Kenyan Medical Practitioners, Pharmacists and Dentists Union (KMPDU) and the government came to an agreement in March to end the longest strike of health care workers in the country's history, the situation has reached an impasse. The government has not implemented any of the promises made to the workers which allowed the union to shut down the strike.

The union has given the government a final deadline of June 14 to implement the terms agreed to before calling another strike.

The ending of the strike last March followed a return-to-work agreement between the union and the government which promised to negotiate the terms of a final agreement, within 60 days, to include an increase in salaries for health care workers and greater spending for the upgrading of the deteriorating publicly-run medical facilities across the country.

The deadline for cementing the new collective bargaining agreement expired on May 14, and again after being extended to May 28.

Expressing frustration with the government's intransigence, KMPDU Chair Dr. Samuel Oroko told the media, "We cannot be discussing the same document that we gave them three months ago and one which they have been aware of for the last seven years."

Oroko accused the government of stalling the negotiations and intentionally skipping meetings with the union. He stated, "We have given them the last chance. When it is done, there will be no more extension. We will go back to the doctors to seek further direction."

Many doctors and health care workers went on strike in early May over unpaid wages. The KMPDU called the strike stating that workers had not been paid since

last December; more than \$25 million is due for back pay to health care workers.

Only four out of forty-seven counties in the country have implemented the salary stipulations in the agreement reached at the end of the strike. Eleven counties have only paid health care workers half of what is owed to them, and the other counties have not paid any of the salary increases.

As a result of impasse of negotiations between the government and the union, many hospitals are serving the public on an "emergency only" basis, leaving many Kenyans without health care.

Rift Valley Provincial General Hospital and Bahati Hospital are not accepting admissions and have plans to discharge patients currently in the wards. For the most part, the hospital bureaucracy is attempting to lay the blame on the striking health care workers.

In reality, the responsibility for the health care catastrophe in Kenya can be placed squarely on the shoulders of the corrupt clique within the government which loots the public coffers to be parceled out amongst themselves and the Kenyan business elite.

Last year it was revealed in an internal government audit that officials with the Ministry of Health looted \$50 million, accounting for 21 percent of the entire budget allocated for health care in the country. Only a mere \$228 million is spent annually in Kenya for health care, a criminally small amount. By comparison, Kenya spends twelve times more on its military.

The failure to implement the deal struck in March exposes the fact that neither the union nor the government ever had the interests of the health care workers or the health and well-being of the Kenyan masses in mind when they brought the strike to an end.

The government of Uhuru Kenyatta has exposed the Kenyan ruling elite for what they are: a government of

corrupt capitalists who are running the country as a vehicle to suck ever vast amounts of wealth for itself and to Western banks and corporations; parasites for which even the paltry sum allocated to the Ministry of Health is intolerable.

The interests of the KMPDU bureaucracy run parallel to those of the Kenyan bourgeoisie as a whole. They offer their services to the ruling class as labor police force and seek to tie the workers to the interests of the national ruling elite. The union saw the ongoing strike as getting in the way of collecting dues; as such, they wished to get their membership back to work.

The union has limited the workers to making feeble appeals to the government, with which it ultimately seeks to make peace and a compromise. The union bureaucrats saw the government's refusal to enact the collective bargaining agreement successfully obtained in 2013 as a threat to their very existence as an organization.

Notably, the KMPDU, like its counterparts around the world, does not seek to tie the struggles of health care workers to the broader struggles of the working class across Kenya, much less mount a struggle against the global capitalist economic system which is the root of the problems confronting the working class.

The paltry amount of government funds provided for health care in comparison to the military illustrates clearly the class character of the corrupt bourgeoisie which rules Kenya. Its vast accumulation of wealth for itself, to the detriment of the Kenyan masses, exposes in the most brutal manner the inability of capitalism to meet even the most basic needs of the population, much less recognize and implement health care as a human right for all.



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