

Israeli nurses launch nationwide strike

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Nurses in Israel's public health care system began a nationwide strike on Tuesday in protest over their heavy workload, staff shortages, the low standard of care and a planned pay cut.

Hospitals and Health Management Organisation (HMO) clinics are providing only emergency care and a reduced level of essential services, while one family health centre for children in every city is providing care for women with high-risk pregnancies. School health services and clinics in Health Ministry offices that provide vaccinations for foreign travel have closed.

The strike was launched following the breakdown of talks with the Finance and Health ministries on Monday, triggering angry protests by nurses outside the Health Ministry building in Jerusalem that evening.

On Tuesday, Health Ministry Director-General Moshe Bar Siman-Tov said, "This strike is unnecessary, and we have been forced to go to the Labour Court to resolve the conflict." This is a lie. Far from "resolving the conflict," the Health Ministry is determined to end it by obtaining an injunction to order the nurses back to work.

The Health Ministry also ordered hospital and clinic managers to dock the wages of those responsible for the strike action by 20 percent, provoking such outrage and threats of escalation that it was forced to withdraw its directive.

This attack on nurses—whom historically the state has been reluctant to target for wage cuts—comes just after Prime Minister Benjamin Netanyahu's interim government passed an austerity budget slashing an additional \$900 million. The various political blocs and parties barely mentioned their economic and social programmes, much less the conditions facing Israeli workers and their families, in the April 9 elections.

This strike creates the conditions for these issues to take centre stage in the new elections, scheduled for the autumn, following Netanyahu's inability to form a government, and indicates the enormous political and economic crisis facing Israel's financial and political elite.

The strike, called by the National Nurses Union, is part of a labour dispute that has been ongoing over the last few months. Nurses are protesting over totally inadequate staffing levels that have been a longstanding problem. Israel has only half the number of nurses per 1,000 people compared with the Organisation for Economic Co-operation and Development (OECD) average of 10 nurses per 1,000.

This makes it difficult to meet the Health Ministry's new accreditation standards that create additional work that can only be done at the expense of patient care and in many cases is a sheer waste of time. The nurses blamed the government for staff shortages that have led to long waiting lists for treatment, intolerable queues for patients, corridor waits on trolleys as nurses search for an available bed and patients left unattended. The heavy workload for the nurses jeopardises patient safety. Further, the government has imposed lengthy bureaucratic procedures to get approval for crucial procedures.

Registered Nurse Madlena Ashtrum, who works in the Shmuel Harofe Hospital, told *Israel Today*, "Our working conditions are impossible and now they want to reduce our salaries by 20 percent? We walked out of the hospital."

She added, "Many of us are already working 12-hours a day and barely making a minimum salary." Her basic salary is \$1,300 a month, but with Israel's high cost of living, particularly housing, she has to work holidays and weekends to make ends meet. She said the decision of Health Minister Ya'akov Litzman of the right-wing United Torah Judaism party to cut her salary by 20 percent will make it impossible for her to continue working, though she has worked as a nurse for more than 25 years.

Ashtrum called on Litzman "to come and see the patients sleeping in the hallways, nurses working overtime because of staff shortages and filthy conditions because there are not enough cleaning crews on the job. The poor working conditions and heavy caseloads mean that patients are not getting proper care."

There is also an acute shortage of hospital beds. The doctor-patient ratio is at a record low; only a few hospitals in the major urban centres have the latest instrumentation, and access to advanced medical treatments elsewhere is very limited. This means that in practice only the rich have access to high-quality health care, while the poor are left to suffer in pain or die an early death.

Israel's expenditure on health care is among the lowest in the industrialised countries. The government's prioritisation of the defence budget to finance Israel's suppression of the Palestinians and its military assaults in the region over the provision of essential public services led to health care funding being slashed once again in 2019.

Last week, Israel's Taub Centre for Social Policy Studies published a report that concluded that the government's failure to plan, finance and regulate the health care system had led to a severe shortage of beds, inefficiency and gaps in accessibility of treatment. It found that Israel had fewer hospital beds, shorter hospital stays and higher occupancy rates than other members of the OECD.

Israel had 2.2 hospital beds per 1,000 people versus 3.6 in the OECD, with a particularly sharp decline in beds—a 22 percent decline versus 15 percent in the OECD between 2002 and 2017. Access to health care and hospital facilities was particularly acute away from the three major cities, further exacerbating social inequality.

The report said that the shorter average hospital stay in Israel of about 5 days per patient compared to 6.7 days among all OECD countries and the high occupancy rate of about 94 percent compared to 75 percent in the OECD reduces the hospitals' ability to handle emergencies and indicates a potentially lower level of treatment quality.

Such has been the public frustration over inadequate health care that hospital nursing staff have become the victims of violence. According to a 2017 report in the Israel Journal of Health Policy Research, while all hospital departments had seen an increase in violence, emergency rooms and outpatient clinics are the most exposed to it. Last August, nurses went on strike over the government's failure to respond to its complaints of attacks on health care workers and to implement the recommendations of the Committee for the Elimination of Violence in the Health System that called for the installation of security cameras and the hiring of additional security personnel.

Such conditions are an indictment not just of the Netanyahu government, but also previous Labour

governments and the medical workers' trade unions, organised within the Histadrut, Israel's federal trade union organisation. Histadrut, a corporatist and racist setup that refused until recently to represent migrant workers—the most exploited section of workers in Israel—owned and controlled much of Israel's economy, including its largest health care insurance company, for decades.

Trade union membership in a country that once had 85 percent union membership, in part because of its health care insurance arm, has been in freefall for decades as—like its counterparts elsewhere—Histadrut isolated and sold out one section of workers after another.

In this case, too, the nurses' union has no plans to widen the strike, even though hospital doctors have called for more medical staff and doctors, the public have denounced the shortage of health care facilities, and there are similar problems in other public services such as education, social care and transport that have led to strikes in the past months.

The Histadrut's historic linkage to the Labour Party broke down when Labour joined the Likud-led National Unity Government in the 1980s and implemented its neo-liberal economic policies. In 1995, the Labour government's reorganisation of the health care insurance system removed any remaining incentive for workers to retain their union membership. Since then, the health care system has been subject to repeated budget cuts.



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