

Union bureaucracies try to block Spanish health care workers struggle

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Spain has been experiencing a wave of strikes in the public health system since November. Doctors, nurses and other health staff are taking action in one region after another against low wages, deteriorating working conditions and attacks on public health care.

The strikes are part of rising social opposition to austerity and soaring prices for energy and food that are impoverishing workers worldwide. Over the past weeks, 3 million workers in France have marched against President Emmanuel Macron's pension cuts. In the UK, half a million workers joined coordinated national strikes, including 300,000 teachers, 70,000 lecturers and 100,000 civil servants against inflation and draconian anti-strike "minimum service" laws.

In the health sector, there has been an explosion of struggles, from Belgium and Canada to the US and the UK, where nurses' called for a historic strike in December at the National Health Service, the first in 100 years. The causes are the same everywhere: saturation of medical services incapable of providing the necessary care for patients, and poor wages, aggravated by soaring prices due to NATO's war on Russia in Ukraine.

Health staff are exhausted after fighting for three years against COVID-19 with minimum resources, which are now being diverted into the war on Russia in Ukraine. The strike comes as "forever COVID" policies are now fully implemented worldwide. In Spain, there are currently over 2,300 COVID-19 hospitalised patients and weekly deaths of over 100.

The data is terrifying. More than half of primary care physicians are assigned more patients than they should care for. According to a report by the Federation of Associations for the Defense of Public Health (FADSP), this led to one of every five patients (21.4 percent) suffering from a "real health problem" who

needed to access a primary care consultation in 2022 being unable to do so. Of those who were attended to, 54.3 percent suffered delays of seven days or more, 20 percent more than four years ago.

The association describes this as a "terrifying situation, incompatible with the functioning of primary care."

Doctors complain that they can only spend 2–3 minutes per patient when they should have at least 10 minutes. Given the saturation of services, telephone and non-face-to-face care is becoming widespread. Given the impossibility of accessing primary care, more and more patients ultimately seek assistance in emergency services, which are also increasingly saturated.

From Catalonia, the president of the Family and Community Nursing Association of Catalonia (Aificc) points out that they have been "two very hard years, which come after some cuts from which we have not recovered. We cannot always work at 150 percent of our capacity."

A doctor from Extremadura, Antonio Artero, complained: "I see up to 40 patients a day with an appointment, plus the patients who come without an appointment after noon." Antonio points out that this worsens not only the care provided, "our professional situation but also our personal one."

The systematic attacks on public health care over the past decades, however, would not have been possible without the collaboration of the union bureaucracies. Both medical and nursing unions and national union confederations like CCOO, UGT, CSIF or CGT have looked the other way for years without raising any real opposition. Now that the situation has become intolerable, they are seeking to hold back the workers.

Medical unions grouped in the State Confederation of Medical Unions (CESM) have refused to unify the

different strikes that are being carried out in various regions, thus avoiding a joint national mobilization, let alone one unifying workers across Europe.

Separate regional strikes have been called in Cantabria in November, Catalonia in January, Navarra in February, and Valencia in March and April. In Madrid, strikes have been going on intermittently since November, which culminated in a protest of half a million on the streets of Madrid in defence of the public health care system. In Madrid, even primary care and emergency doctors held separate strikes on different dates.

Besides maintaining this strategy of dispersing strikes on different regions and dates, wherever possible, the union bureaucracies quickly shut them down after imposing agreements with the different regional governments that betray the demands of health workers.

In Andalusia, the Andalusian Medical Union called off the strike proposed on January 27. The leader of this union, Rafael Carrasco, recognized from the outset: “We have requested very specific measures and very few so that we can reach an agreement.” So few were these that they basically agreed to work voluntarily in the afternoons to be able to care for patients who should not number more than 35 a day. The number of patients doctors are caring for currently stands at over 60.

In Extremadura, the strike was called off with a similar agreement: to work voluntarily during the afternoon shifts in exchange for an empty commitment to reduce the number of patients per day to 36 after three months. The same was done in Cantabria in November. Three months later, the ratio of patients to doctors still exceeds the 35 agreed, a clear warning that all these union-sponsored agreements are not worth the paper they are printed on.

In other cases, strikes have been called off without negotiating anything. In Galicia, although the CESM considers that the situation is “regrettable,” its regional representative, Ramón Barreiro, offers a “truce” while waiting to see if the Galician regional government “takes our demands seriously.”

In Valencia, the unions postponed strike action because given the current “care overload” they do not want to “contribute to the chaos.”

For their part, the CCOO, UGT, CSIF and CGT unions have not joined these strikes and at most have raised partial strikes in Madrid or protests in Andalusia.

The strategy of the union leaders is crystal clear. It is not due to any misunderstanding, but rather that they are deliberately working to derail the fight of the health care workers.

The struggle taken up by health care workers is a rebellion against conditions exposed and exacerbated by three years of the pandemic. It represents a rejection of the “new normal” of mass disease and death and the mass diversion of resources to war.

As the Socialist Equality Party (SGP) candidate for the Berlin local elections and nurse, Endrik Bastian, said at a rally at Leopold Square in Berlin: “We are not only fighting the war. We are also fighting the working class paying the bill. ... Jobs are being cut en masse: in health care, education and that’s just to finance war and rearmament.”

The struggle against war and the national bureaucracies launched by the International Committee of the Fourth International and its sections, including the SGP, contrasts with the empty appeals to union bureaucrats by petty bourgeois tendencies like the Morenoite Revolutionary Workers’ Current (CRT). It calls on workers to “impose on the union organisations from below to take real and forceful action in the face of the privatization offensive, calling for a general strike and a plan to fight for the defense of the public health care system.”

This is nothing more than false and treasonous verbiage that only serves to create false illusions in the union bureaucracy and keep workers tied to them and to the capitalist state. Health workers must take the conduct of their struggle into their own hands, forming rank-and-file committees in every workplace. These committees would unite the health professionals internationally and link them to other sections of workers in a fight against austerity and war.



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