

Junior doctors to take second strike in England

By Tony Robson
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The following is being circulated at hospitals prior to the February 10 strike.

“The problem with the NHS is not one of resources. Rather, it is that the system remains a centrally run, state monopoly,” from *Direct Democracy* (2005), co-authored by Jeremy Hunt, health secretary.

Junior doctors working for the National Health Service (NHS) throughout England will participate in the second one-day strike on February 10, starting at 8 a.m. The strike is against the new contract the government aims to introduce, which is regressive from the standpoint of the pay and shift patterns of junior doctors and detrimental to patient care.

The British Medical Association (BMA) has reluctantly proceeded with the strike but has scaled the action down from a complete withdrawal of labour to another one-day strike with emergency care provided. This follows the earlier decision by the BMA to call off the two-day stoppage in late January in favour of continued talks with the government via the arbitration service, ACAS.

From the outset, the talks have been a fraud. Health Secretary Jeremy Hunt has repeatedly threatened to impose the contract unilaterally, and the Conservative government has demanded that the working week be reclassified to remove unsocial payments for evening and Saturday work. The BMA has only lent credibility to proceedings in the hope that the government will rein back some of its demands so it can overcome opposition from its members.

The BMA called off the two-day strike citing its intention to build on “earlier progress” made in the talks, and portrayed the introduction of Sir David Dalton, the government’s chief negotiator, as an honest broker. Dalton is chief executive of Salford Royal NHS Foundation Trust and is hailed for having implemented

a seven-day service.

Johann Malawana, BMA junior doctors committee chair, stated in reference to Dalton, “His understanding of the realities of a health service buckling under mounting pressures and commitment to reaching a fair agreement has resulted in good progress on a number of issues. It is, therefore, particularly frustrating that the government is still digging in its heels.”

The only reality to be understood about Dalton himself is that he has come down firmly on the side of the government. He has issued an ultimatum to the BMA that talks cannot restart unless they accept as a precondition sweeping changes to evening and Saturday working to radically reduce payment of unsocial hours. He has effectively set a deadline of mid-February.

The BMA has tried to deny what is self-evident to junior doctors: that the contract is a fundamental attack on the NHS and must be decisively defeated. This was the reason for the huge mandate for strike action by 98 percent on a 76 percent turnout.

Junior doctors account for one in three of all medical staff, and without them the NHS would be unable to function. The government also announced last November that it will abolish NHS bursaries for training nurses, midwives and NHS Allied Health Professionals by 2017. A survey conducted by Unison of 2,000 nurses showed that 91 percent would not have applied for a nursing degree without the bursary. The changes will mean nurses will be in debt of at least £51,600.

Through these combined actions, the pillars of the NHS are being undermined. Malawana’s references to a “fair and affordable recognition of unsocial hours” with the government amounts to an acceptance of the continued budget restraints and its commitment to shift

the burden onto junior doctors.

The BMA referred to progress on other issues but has remained tight lipped on the details. This includes the removal of incremental pay increases based on years of service to one measured by responsibilities—a euphemism for productivity—and the removal of present safeguards against working excessive hours.

The junior doctors' strike commands overwhelming public support. However, this finds no organised form or political articulation. The government is relying on the isolation of the strike by the trade unions and the Labour Party to defeat the junior doctors.

Unison has a membership of half a million in the NHS. The junior doctors walkout next Wednesday takes place during Unison's official week of action over the elimination of NHS bursaries, but this has been limited to a PR campaign and lobbying of MPs. Unison has not mobilised any support for junior doctors and is attempting to limit any spontaneous acts of solidarity, urging "students to liaise with local student unions to plan and ensure effective and safe participation."

The Royal College of Nursing (RCN), with a membership of 435,000, advises that it "is aware of members' anger over proposed cuts to student funding in England and that some are considering walking out over the issue alongside junior doctors next month. While the RCN wants to support members in meaningfully campaigning against plans to scrap the bursary, it believes there are other effective ways of influencing decision making."

The instinctive response of the unions to the first signs of renewed militancy reflected in the junior doctors' strike is one of barely concealed antipathy. It testifies to their role in suppressing all opposition to endless rounds of pay restraint, job losses and the privatisation of the NHS through the Health and Social Care Act 2012.

Aside from rhetoric, there is no constituency within the unions or the Labour Party for the defence of universal health care as a social right. The election of Jeremy Corbyn to the leadership of the Labour Party was a mandate to oppose the growth of social inequality, austerity and war. However, just as Corbyn has refused to conduct any fight against the right wing of the Labour Party for its support for the bombing of Syria, his statements on the junior doctors have not

gone beyond expressing sympathy in a personal capacity for their cause, while Labour has officially refused even to endorse the strike action.

Corbyn's essential message was for the government to get back around the negotiating table. In other words, the fate of the NHS must be left in the hands of a government committed to its dismantling and the manoeuvres of the union officials to name their price. This is why the Royal College of Nursing, which has not lifted a finger to defend its members, can happily promote Corbyn.

Rather than sermons from Corbyn et al about reconciliation, the working class needs a perspective and a leadership independent of the trade unions to assert its interests against the entrenched interests of the financial and corporate elite and their monopoly over politics. Such a socialist strategy is fought for by the Socialist Equality Party and NHS Fightback.

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