

# Union sells out striking Kenyan doctors

By Eddie Haywood  
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On March 14, the Kenyan Medical Professionals, Pharmacists, and Dentists Union (KMPDU) representing government-employed doctors and other health care professionals reached an agreement with the government to end a strike that began in December 2016 and lasted 100 days. The strike was the most protracted such dispute for doctors and medical workers in Kenya's history.

Very little information has been released about what the new agreement, which is only a draft proposal, actually stipulates. The KMPDU and the Ministry of Health have signed a "Return To Work Formula" (RTWF) with only a promise to continue negotiations within 60 days. The new settlement appears to have fallen far short of the original 2013 collective bargaining agreement, which the government had refused to implement, leading the doctors to strike. The union and the government agreed to sign a formal contract within 60 days.

The general secretary of the KMPDU, Ouma Oluga, said the agreement was a "win-win for everybody" and told the media, "We wish that this country shall never experience this again."

Minister of Health Cleopa Mailu cynically told reporters, "Kenyans have suffered, and I am quite sure we cannot in any way begin to fathom the extent of the pain which the ordinary Kenyans felt during those 100 days."

The strike coincided with mounting popular outrage with President Uhuru Kenyatta, who is seeking reelection in August. His government is widely perceived as corrupt.

While the government claims it does not have the funds to implement the demands of the doctors, the Ministry of Health is currently embroiled in an investigation that alleges that ministry officials looted \$20 million from its coffers, representing 21 percent of its 2016 budget.

The leading officials of the KMPDU, which represents about 5,000 government-employed doctors and medical workers across Kenya, were arrested and detained briefly in February for refusing to end the strike. This anti-democratic attempt by the government to intimidate striking doctors, who were initially sentenced to 30 days in jail, provoked such popular outrage that the sentence was reversed a week later, with the union officials' release.

Underscoring the tenuousness of the RTWF agreement, KMPDU General Secretary Oluga told reporters, "We are happy that the doctors union have finally put an end to the strike. ... While the strike is over, the dispute may not be, because we need to restore industrial harmony between ourselves and our employers. ... We know that the return-to-work agreement is simply an agreement and there is a lot of follow-up that will be done."

There is nothing in the RTWF agreement that is binding, and the KMPDU's promises to medical workers for the pay increases are most likely to prove a mere "castle in the sand."

Illustrating the government's contempt for the doctors and medical workers and its lack of sincerity to follow through with any agreement is the government's hiring of 500 doctors from Tanzania only days after signing the RTWF. The Tanzanian doctors will be paid at rates far below their Kenyan counterparts, a clear indication of how the government views the RTWF agreement and the plight of medical workers.

In addition to being underpaid, the Tanzanian doctors will be restricted in terms of where they can work (only the public sector), for how long, and under what conditions (restricted from buying a home or owning property) and essentially stripped of their democratic rights. Further, management plans on implementing a two-tiered workforce that can be used to undercut any

future disputes or strikes.

Additionally, state hospitals are carrying out retaliatory firings of doctors and medical workers who participated in the strike. Just the week before the RTWF was signed, President Uhuru Kenyatta threatened to fire the striking doctors and medical workers if they did not return to work.

The real fear of the KMPDU—that the union would be “killed” by the government, thus eliminating their source of dues income—was the true catalyst for the KMPDU calling the strike in December. This fact was expressed by KMPDU’s negotiating committee chairman Dr. Alex Muturi to the *Kenyan Star* last January: “Any union stands on two things: the membership and the CBA [Collective Bargaining Agreement]. The CBA is the only reference any union has with the employer.” The same week he stated before a crowd of striking doctors that “the government’s unwillingness to implement the agreement is a plan to kill their union.”

The KMPDU only agreed to end the strike after the government agreed to officially recognize the union. Like their counterparts worldwide, the KMPDU leadership is looking out for its own interests: that is, collecting union dues paid by thousands of public health care workers.

Before the ink had dried on the RTWF agreement, a segment of the striking doctors and medical workers refused to accept it and continued to strike. As an expression of the KMPDU’s contempt for these recalcitrant workers, the union has accepted the contingent of lower-paid doctors from Tanzania, saying they wish to “incorporate them into the union.”

Notably during the strike, there was no attempt by the KMPDU to connect the issues plaguing medical workers with similar issues afflicting the broader working masses in Kenya, who in many cases subsist on less than \$2 a day. Instead, the union has limited its demands and subordinated medical workers in appeals to the state.

The Kenyan doctors strike again demonstrates that the unions are hostile to the interests of workers and incapable of defending, let alone improving, their conditions. The betrayal of the medical workers by the KMPDU makes clear the necessity for the political mobilization of the entire working class against the international banks and their domestic servants in

defiance of the trade unions and the big business political parties.

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