Solidarity Federation
An Unhealthy Profit
Spring 1998

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Anarchosyndicalism, which advocates the establishment of a society where production is for need not profit, has much more to offer. Gone will be the mentality of seeing the development of ever more sophisticated drugs and techniques as the only answer. Of course, drugs and surgery have to have their place but we see a greater emphasis on removing and reducing the causes of ill health.

This means food which doesn't poison us slowly; it means green industry and transport; it means stopping wringing the most work possible from the fewest workers possible for the least money possible. It means creating methods of work that won't grind us down for an early grave.

What about the more immediate future though? Self-education on health matters can be provided right now. Information and skills by and for people are a major part of Solidarity Federation's strategy of promoting and establishing local "solidarity centres". These are intended to become educational centres, dealing with a whole range of issues, including health, and to become the focus for many and varied campaigns and actions.

Locating and dealing with the causes of ill health — poverty, work, pollution, etc., is part of the all-encompassing strategy to build a new society within the shell of the old one. It is only through people getting together in this way that we can begin to confront and take control of the problems affecting our own daily lives and our health.

These stepping stones of solidarity and self-education are critical. Through them, we can begin to challenge health crisis-management and gain the experience and knowledge to go on to take over and manage our own health in the interests of all of us rather than the profits of the few.

expect to live over five years more than one born to parents of the lowest classes. 30 years ago the gap was less than four years. Death rates in poor areas of Britain are rising for the first time this century.

Research points to relative poverty, not absolute poverty, as the cause of this deterioration in health. Countries with more equal income distribution have less health inequalities and healthier populations overall. In Britain, the widening gap between the highest and lowest earners is now well documented. This gap is reflected in a widening of lifestyle differences, which also contribute to health inequalities. Medical Research Council studies have highlighted the importance of eating habits, and show that babies who are small at birth (due to poor nutrition in the womb), have an increased risk of heart disease, strokes and diabetes.

The government has responded to this trend by setting up a review to examine health inequalities and make recommendations on reducing them. They have also announced the establishment of "health action zones" to improve health care in very poor areas.

These may bring minor improvements but the most obvious solution, a fundamental redistribution of wealth, has been ruled out. This makes for a depressing future, with a large section of society increasingly condemned to poverty, along with the poor health and the poor quality of life that goes with it.

Nor does the political will exist to radically alter the targeting of medical and other resources towards tackling the causes of disease and ill health — towards prevention. This means dealing with not only huge income and lifestyle inequalities. It also means dealing with widespread pollution, the food industry, the stress levels and long hours associated with the nature of work. In short, it means threatening profits and challenging the existence of capitalism itself, and we can hardly expect this or any other government to be responsible enough to do this in any meaningful way.

Half a century has now gone by since the creation of the National Health Service. Its establishment is looked back on fondly by all manner of leftists as a triumph of state-intervention. The benefits of advancing medical science have been extended to everyone. Isn't this redistribution of medical resources an example of socialism in action?

Today's NHS is a far cry from rose-tinted, cradle-to-grave nostalgia. It is now a byword for crisis management. Likewise, the declining health of the British working class is now described by British Medical Journal as "the most serious health problem facing the nation". While it is no doubt popular to blame years of Tory mis-management and under-funding for the NHS's predicament, this is far from the whole story. A fuller picture requires a look at the whole emphasis of health policy, at factors like diet, pollution, poverty and inequality, not to mention the nature of work. In short, we have to confront the exploitative and murderous system that is capitalism.

The outward signs of this crisis management, those that grab the headlines, are the waiting lists, staff shortages, bed shortages and, of course, the shortage of funds to even attempt to remedy the situation.

From time to time, the government will bow to "public pressure" and throw money around until the immediate problem fades into the background. But the real problem facing the NHS is that the costs of drugs and treatments has now spiralled out of control, outstripping what funds governments are prepared to allocate. Consequently it takes more and more money just to deliver the same level of service. However, there could have been a totally different story, had successive governments not totally mis-managed health policy. It is the short-sighted strategy of emphasising the symptoms of ill health, rather than addressing the real causes, that has led us to the dire straits we are now in. 'Prevention is better than cure' does not exist in the present health service management phrasebook.

By the beginning of the 1990s, the Tory government had decided that the solution for the NHS lay within their free-market ideology. Thus the internal market was spawned. The introduction of competition through a system of buyers (GP fundholders and local health authorities, not to mention private health insurance companies) and sellers (NHS hospital trusts and clinics) was supposed to bring about a cheaper and more efficient service. What has resulted instead is a ballooning bureaucracy with decisions made on the basis of what can be afforded by accountants, rather than by medical professionals on the basis of what is required.

cutting staff wages

Alongside this approach has been that of reducing the NHS wage bill, achieved initially through the hiving off of some services, like catering and laundry, to the private sector. It is nurses, however, who continue to face the brunt of this cost-cutting and who continue to leave the NHS in droves due to low pay and low morale. These declining staff levels have in turn led to an increased use of temporary and agency nurses leaving an increasingly de-skilled, fractured and insecure workforce. This is a far cry from the early days of the Tories' "reforms", when there seemed to be a genuine chance of a fightback among nurses and other health workers. However, that fightback was never to materialise due to a reluctance to take action which might harm patients. The Tories exploited this reluctance to the full, aided and abetted by the nursing union leaders and the Labour Party, who were desperate to present a squeaky clean image to the media.

rhetoric & reality

Now the Tories have gone and still the crisis persists. New Labour's election campaign was full of promises to abolish the internal market and slash bureaucracy, as well as to cut waiting lists. The reality is that they have no real plan as to how to go about it. In fact, they are doing the exact opposite. The health secretary, Frank Dobson, claims in his white paper that Labour will abolish "the wasteful and bureaucratic competitive internal market". All it amounts to, though, is mucking about at the edges of the buyer/seller system and introducing even more bureaucracy, including league tables, a Commission for Health Improvement (a sort of Ofsted for the Health Service), and a National Institute of Clinical Effectiveness — NICE — (to produce guidelines on the cost-effective use of treatments). This is merely another reflection of Labour's unerring ability to accept old Tory policies and re-package them in a cloud of guff about caring, sharing New Labour. It's just the same story as school performance league tables, compulsory competitive tendering for local authorities, privatisation of parts of the civil service, workfare, cutting benefits to single parent families, and so on, and so on…

Meanwhile, the government has also failed to cut hospital waiting lists, which continue to grow and grow. The result? What we now have is a two-tier health service. We have an efficient service based on health insurance and private medicine for the rich and a poorly-funded, inadequate service for the rest of us. This is reflected in the latest trends and figures which show the health of the rich steadily improving, but the health of the poorest is declining for the first time since the Victorian era. Life expectancy for "unskilled" and "semi-skilled men" fell between 1987 and 1991, while for "professional men" it rose by nearly a year. Men of working age in the "lowest" social class are three times more likely to die prematurely than those in the "highest" class. A baby born into the top two social classes can