

Unite EC Elections 2008 - Amicus Section

Sector - Health



FRANK WOOD

Membership number:
30396195

Branch:
South East London Medical 0024

Frank Wood is a Biomedical Scientist at Kings College Hospital. He is the Unite (Amicus Section) Rep for a Unite group of 470 members and Chair of the Joint Staff Committee. Frank is Secretary of his Unite Branch. He is Chair of the London Health Sector Committee, and a member of the Health Sector National Committee.

Frank believes privatisation is a key issue. We have to campaign to put strict limits on private sector involvement, and stop the obscene diversion of public money into private sector coffers. With the “modernisation” of Pathology, there is an urgent need to resist both privatisation, and changes that are to the detriment of staff. Frank is also centrally involved in the wider campaign to defend the

NHS. He is Chair of his local ‘Keep Our NHS Public’ group, and has played a key role in building a joint campaign of public sector unions, local activists and mental health groups, working together to defend desperately needed mental health services.

Frank knows that health workers are sick and tired of being treated badly. Agenda for Change, the below inflation pay rise, and the likely pay cuts arising from new Unsocial Hours and On Call arrangements have demoralised and angered many key groups of staff. The NHS should be a good employer. Instead, we are overworked, facing re-organisation, redundancy or transfer, disadvantaged and abused. Frank wants a Union that engages with its members in Health, works for those members—and that will challenge the Government when necessary.



GILL GEORGE

Membership number:
30609701

Branch:
East London Health/0007M

Gill is a Speech and Language Therapist working in City and Hackney PCT. She works with children with complex special needs. Gill is Unite Senior Rep and Staff Side Secretary in her Trust. She is a member of the union’s Health Sector National Committee and Chair of the Speech and Language Therapy OAC.

Gill is a current member of the Amicus National Executive. She believes that our Union must do much more to defend our members in Health—but is proud of her own record of achievement. Gill won our national policy of affiliation and support for ‘Keep Our NHS Public’. She won the support of the NEC for taking an emergency motion to the TUC in opposition to Commissioning a Patient-Led NHS—and joint union opposition forced the Government into a significant retreat. In 2006, Gill alerted the Union and the national media to secret Government plans to privatise Primary Care, and set in train the events that led to the formation of ‘NHS Together’. She won NEC agreement that defence of the NHS should be a campaign priority for the whole Union in 2008.

Gill is a campaigner. She believes that our members were sold short by AfC, and she fought hard for a better deal. She is a founding signatory of ‘Keep Our NHS Public’ and set up a successful local group. Gill speaks at public meetings in defence of the NHS up and down the country, and spoke at the 2007 TUC.

When Gill was elected to the NEC, she pledged her support for democracy and lay control. Gill believes that the drive towards increased centralisation of our Union is immensely damaging. She has defended the rights of our members—in Health and across the Union—with passion and commitment.

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NHS in Crisis

Our members in Health are paying a high price for Government attacks. In the last two years, we've lost 26,000 NHS jobs. This has led to increased workloads and high levels of stress. Reconfiguration has been a way of life. With the ending of working hours protection under AfC, many will soon be working longer hours—plus the unpaid overtime many of us already have to work. Our job satisfaction, key in making the NHS special for our patients, is under threat.

2006's financial crisis resulted in widespread chaos. Privatisation and outsourcing jeopardise the jobs of many of our members—across primary care and the acute sector. The centralisation of pathology services, and the drive towards privatisation of diagnostic services more generally, pose a growing threat. Estates jobs are vanishing. Job cuts for our CPHVA members have left community nursing in many areas in crisis. Many of our National Blood Service and Medical Research Council members also face a shockingly uncertain future. Even our hospital chaplains have seen jobs axed in one in four Trusts.

To add insult to injury, we've been dumped with a pay award less than half the rate of inflation. In Scotland, the NHS is in better shape—but, incredibly, AfC implementation still drags on, the review of community nursing threatens the professional roles of Scottish nurses, and many members face uncertainty going forward.

In making Darzi a Health Minister, Gordon Brown is showing his support for Darzi's proposals for the wholesale closure of health centres and District General Hospitals. The recent reintroduction of a plan to privatise NHS commissioning, giving control of the budgets to private companies, mostly from the US healthcare industry, shows Brown's real direction. The much vaunted extra funds for the NHS in Darling's spending plans will go primarily into the pockets of the privateers.

Union in Crisis

Our NEC—the Union's ruling body—agreed in September that the priority for our Union was 'two years peace for Gordon Brown! What a disgrace. Our members in Health can't afford two years peace for Gordon Brown. While the Union has done much good work, Health sector issues frequently seem to be given less importance than propping up Blair and, now, Brown. We need a Union that makes it an absolute priority to fight for its own members.

Too often our Union has seen equalities as an afterthought. Our sector has the highest proportion of women members in the Union, and many Black and Minority Ethnic members. For us, equalities issues have to be at the heart of all our work.

We've seen other problems in the Union. Gill, as an NEC member, has been in a constant battle opposing attacks on lay control.

We've seen the systematic undermining of our professional groups and associations. We are not just concerned with narrow terms and conditions. The professional groups are vital in providing us with avenues to raise wider issues about our roles.

The loss of Regional OACs, Regional Health Committees reduced to skeleton bodies that barely function, the withering away of our branches ... the list goes on. We have to reverse this. Our reps and activists are the lifeblood of this Union.

Our agenda is a simple one: We believe that our Union must belong to its members and must fight for its members. We give an absolute commitment to doing everything in our power to deliver on this.

Frank Wood & Gill George