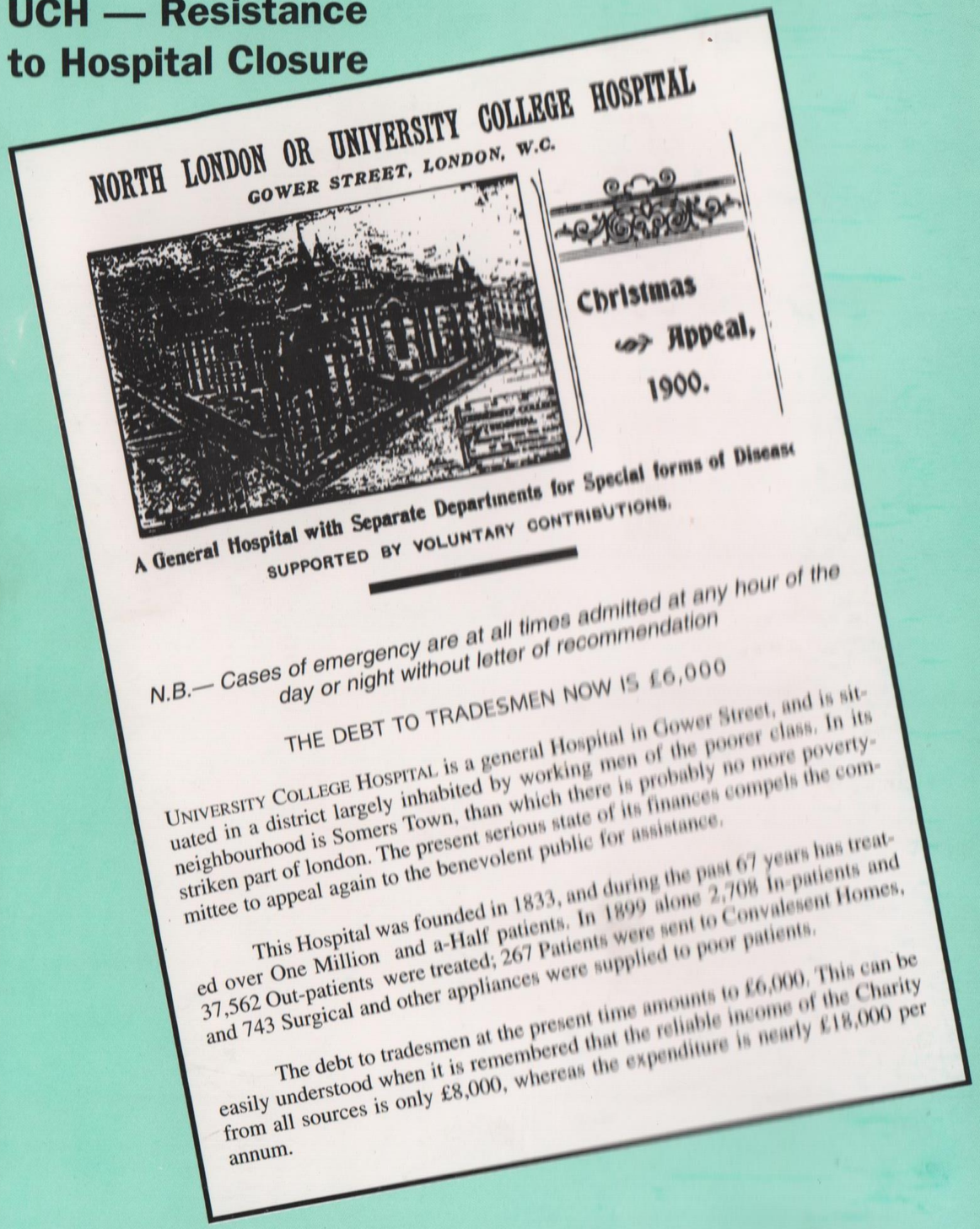
UCH — Resistance to Hospital Closure



NORTH LONDON OR UNIVERSITY COLLEGE HOSPITAL

GOWER STREET, LONDON, W.C.

Christmas Appeal, 1900.

A General Hospital with Separate Departments for Special forms of Disease

SUPPORTED BY VOLUNTARY CONTRIBUTIONS.

N.B.— Cases of emergency are at all times admitted at any hour of the day or night without letter of recommendation

THE DEBT TO TRADESMEN NOW IS £6,000

UNIVERSITY COLLEGE HOSPITAL is a general Hospital in Gower Street, and is situated in a district largely inhabited by working men of the poorer class. In its neighbourhood is Somers Town, than which there is probably no more poverty-striken part of london. The present serious state of its finances compels the committee to appeal again to the benevolent public for assistance.

This Hospital was founded in 1833, and during the past 67 years has treated over One Million and a-Half patients. In 1899 alone 2,708 In-patients and 37,562 Out-patients were treated; 267 Patients were sent to Convalesent Homes, and 743 Surgical and other appliances were supplied to poor patients.

The debt to tradesmen at the present time amounts to £6,000. This can be easily understood when it is remembered that the reliable income of the Charity from all sources is only £8,000, whereas the expenditure is nearly £18,000 per annum.

The story of the struggle to keep a hospital open despite the efforts of the government, the Area Health Authority, management, University College London and the Wellcome Foundation and Trust.

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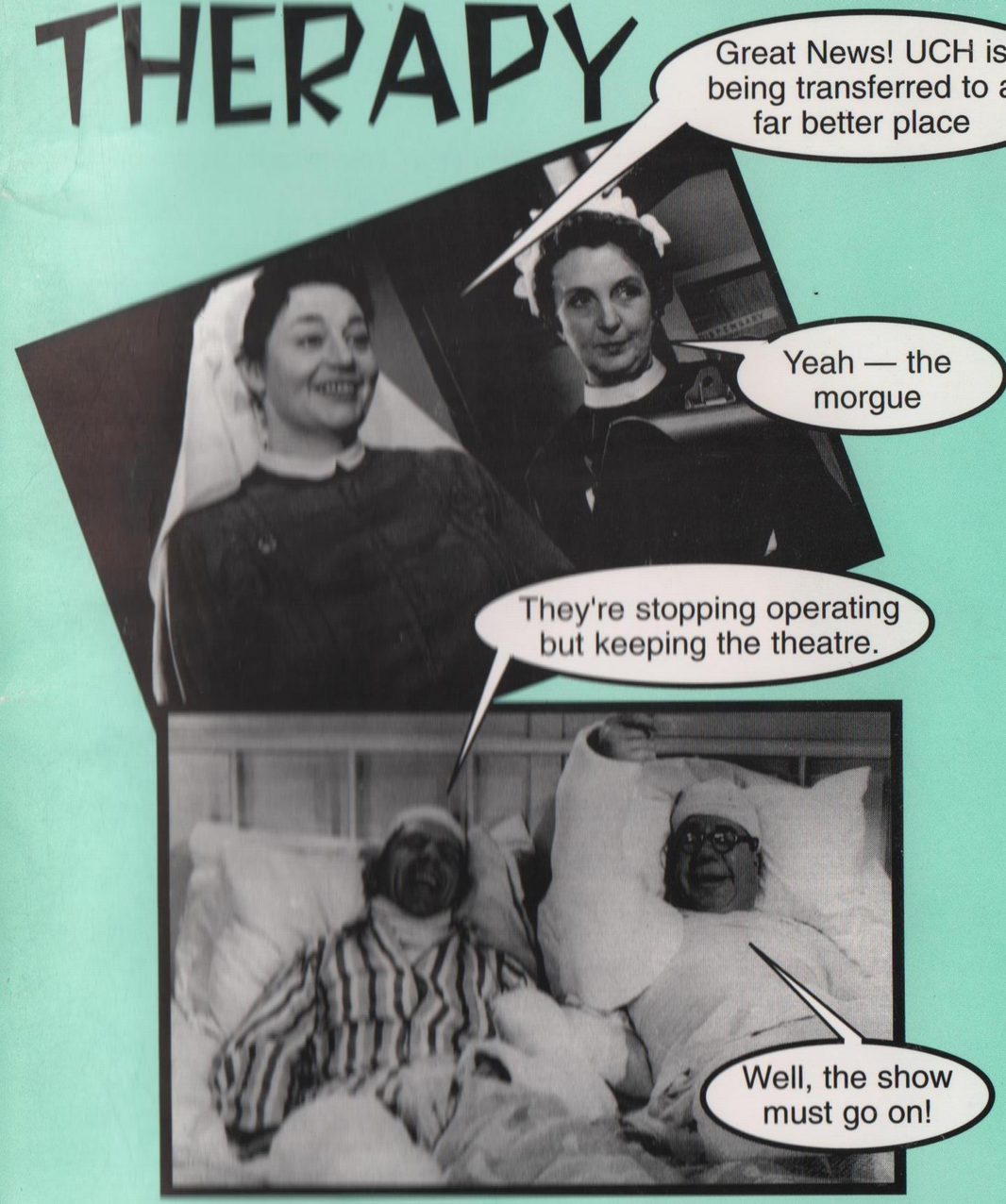
OCCUPATIONAL THERAPY



The Incomplete Story of the University College Hospital Strikes and Occupations of 1992/3/4.

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Occupational Therapy

The Incomplete Story of the University College Hospital Strikes and Occupations of 1992/3/4

put together by
a number of individuals
in the UCH occupation
together with help and suggestions
from others

London
1995

Front Cover:

The pictures on the front cover refer to the fact that some of the Ealing Studios doctors'n'nurses comedies were apparently filmed at UCH. During the hospital occupation a suggestionwas made that the "Save the UCH Campaign" should be based around the priority of UCH's cultural heritage and not on the secondary needs of the patients who, in any case, come and go, (or expire) and lack the eternal qualities of culture. Unfortunately, this excellent suggestion — which would have had the best chance of saving the endangered parts of UCH — was never acted upon. But at least we can take comfort from a recent news report that the emptied Cruciform building has lately been used as a film set for the "Poirot" TV series.

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The First UCH Strike
(late November/early December 1992)

The first strike at UCH comprising of an occupation cum work-in against the phasing out of the hospital took place in late November/early December 1992. It was said at the time that it was *the first* occupation of a hospital in the UK.[1] Everyone who worked at UCH knew that some kind of crunch was coming. Staff had been accused of "over-performing" and it was mooted that 60 nurses were to be sacked. The purchasing authority had let it be known that they found UCH too pricey and also, in the background, the Tomlinson Report had pointed some kind of unspecific finger at the hospital.

The strike started simply enough. One day in late November some managers marched on Ward 2/1 – a general surgical ward – to close it. There was an immediate spontaneous response as nurses linked arms to form a human chain at the ward's entrance. as one nurse said, "We decided as a Ward, without any union involvement, that as nurses we could not leave Ward 2/1." From there, it escalated into an indefinite strike as more and differing people were sucked into the conflict. Patients refused to leave the threatened Ward and porters refused to move them. Briefly, the traffic on Gower Street and Tottenham Court Road was blocked by strikers and within no time there was a lot of support from other workers, mainly in the form of generous donations to the strike fund. COHSE was to make the strike official but NUPE didn't.

It was something of a breakthrough as effectively the threatened part of the hospital was soon run by the health workers themselves. As one said, "management where being completely circumvented." Unlike the later occupation in September 1993 (c/f main text) the first one took place in a functioning situation where all kinds of day to day nursing practicalities had to be considered. For a brief moment, many of the quite nasty divide and rule mechanisms in the hospital hierarchy were diverted and perhaps the most important obstacle of all was overcome. A hospital occupation/work-in cannot succeed without the support of junior doctors and this, it appears, was forthcoming. Generally junior doctors are loathe to support or take any action as they are utterly dependant on consultants good reports and are prepared to take shit waiting for that fat salary at the end of the 72 hour per week work rainbow (there was however, a junior doctors' strike in the 1970s and this might be worth looking into). Equally (or not so equally), experienced nurses tend to give junior doctors hell as they know that they'll be handing it out like hell when in a consultants position. All such understandable pettiness aside, finally and most importantly, the harassment of junior doctors is largely to do with worries about cock-ups on the ward. Although responsible for everything on the ward, the nurse-in-charge is under medical supervision from the doctor. The usual situation is inexperienced

juniors having responsibility over and above their skill and age. The subsequent panic felt by the nurse-in-charge who usually knows the score in a potentially life or death situation translates into hassling and nagging juniors.

But in a subversive dynamic, everyday relationships quickly change, affecting even the most hidebound. In the UCH occupation, it seems that the consultants' attitude had changed too and was sympathetic to the action taking place. To the annoyance of managers, consultant Dr. M Adishia even transferred a patient to Ward 2/1 a day after the occupation began. This kind of thing was unheard of. Prior to the free market reforms consultants 'ran' the hospitals. They were seemingly all powerful, often terribly arrogant and, inevitably, hated by all. Thus it was easy for the new hard-nosed management to take power away from the consultants as no one was prepared to defend them. Having created such (unheard of?) unity among the hospital staff it wasn't surprising that one UCH striker had cause to say in early December 1992, "we need workers councils in hospitals."

The only force pitted against them was the new, economically insecure, limited contract, cadre management employees. These managers didn't ideologically believe any longer in what they're doing but are scared stiff to do anything else knowing that the dole could be in waiting for them tomorrow. Blindly ruled by money terrorism, they've seen their proletarianisation on the horizon and they don't like what they see. A nurse at UCH whose ward was closed by management in the space of two minutes without any medical consultation or warning commented, "the manager said she knew it was wrong but there are other managers waiting to take her place." Shits though they may be, they're hardly the stuff who could make a solid defence based on conviction come a more concerted, more general attack. Headless chickens come to mind.[2]

The strike was successful though and the management backed off giving oily-written undertakings that all wards due to close for Xmas would re-open on January 4th and dropping all disciplinaries against strikers. Probably they were nervous after all the tumult (hot air really) about miners a month previously. Possibly too, they were nervous about the rank'n'file Health workers Co-ordinating Committee, a body boycotted by the Health Unions themselves, thinking it was a more potent body than it was. In reality, the Health Workers Co-ordinating Committee was a made up/fake co-ordination (in comparison to the rather more genuine co-ordinations in the UK strikes in 1988/89) pick'n'mix of various Trotskyist factions each running their own party recruiting campaigns and little demonstrations – a unified, on the ground response being the last thing on their minds.

Of course, as a lot of people knew, UCH management were biding their time when they could hit a lot harder and nastier... And how!... read on...

Notes

1 This may have been the first occupation of a general hospital, but there are other incidences worthy of a mention. The women's hospital, the Elizabeth Garret Anderson, close by UCH, was the scene of a long and successful work-in in the mid to late 70s, and it would be worth getting together some of the real analysis of that struggle. Also, Thornton View nursing home in Bradford was occupied during 1984/5 when faced with closure. The strike lasted marginally longer than the miners' strike taking place at the same time. Leaflets given out by the strikers constantly called for an open picket but despite this, health care wasn't revolutionised by the occupation – a nursing officer continued to visit to keep an eye on the nursing, and strict divisions were maintained between staff, patients and general public – although this is a very difficult problem in such a life or death situation. The occupation was brutally broken at night just after the miners' strike was finished off. Worse than that, it was also done in a snow storm and allegedly one or two patients died after the ordeal.
Also, in 1979, there had been an occupation of a geriatric community hospital in Oxon.

2 A nurse from Yorkshire isn't so sure about this and likens the managers he's come across as having some sort of Christian Fundamentalist look about them and seem to act from a conviction that is quite crazy. Some of the courses they go on operate very much like "psycho-babble cults" creating in the manager a personal dependence on the managerial culture to the extent that breaking with it summons up imaginings of self-annihilation.

SAVE OUR HOSPITALS

THE MARKET MAKES US SICK!

STRIKE

SUPPORT WORKERS FROM UNIVERSITY COLLEGE HOSPITAL,ON STRIKE SINCE AUGUST 17TH TO STOP THE HOSPITAL CLOSING.

Occupational Therapy

Comments on the struggle to save UCH and free health care

The strike

On August 17th 1993 about 50 nurses and porters at University College Hospital in central London came out on indefinite strike against management plans to begin closing down the hospital.

From the beginning the 50 strikers were – and remained – a minority of the total work force of the hospital; this was one of the main weaknesses of the struggle. In the original strike ballot well over 50 voted to strike – but UCH management announced that those taking industrial action would be banned from the building, so making it impossible to provide a rota for emergency cover for patients as had been done in the December '92 action. This discouraged some nurses from striking – and numbers were further reduced by the divisions of the trade union structure – i.e. ambulance drivers were to be balloted separately, some nurses were RCN members (with a no-strike agreement) while others were casual/temp staff employed via agencies.

Once the strike began there was some support from other workers – ambulance workers refused to move patients out of closing wards; British Telecom and other workers would not cross the picket line to dismantle closed wards; postmen and women leafleted their rounds; and tube workers at nearby Goodge St. used the station tannoy to report and publicise the strike. There were a couple of one day strikes by catering, ancillary and clerical staff at UCH – and also by staff at the nearby EGA and Middlesex hospitals. Some public sector workers – teachers, posties, DSS and council workers – came out unofficially for the Day of Action on September 16th (the teachers despite being threatened with disciplinary action by their union if they did so).

Local people and other supporters also turned up to the marches and rallies during the strike – in fact the best marches were the ones that formed themselves spontaneously from the rallies and went streaming off through the central London traffic. With the cops unprepared and confused but not wanting to be publicly seen getting heavy with a nurses-led march, Tottenham Court Road was brought to a standstill in the rush hour a couple of times by 150 people. .

Other marches were more tame, controlled and less effective – due mainly to the union branch officials getting afraid that the rowdiness would upset the union bosses too much.[1] Nevertheless, the September 16th march still managed to completely block Whitehall for a while – or at least the riot cops did, so as to make sure we didn't get to Downing Street or Parliament.

Although UNISON had apparently said they would back the strike even before balloting for it had begun, it was obvious all the way through that they did not want it to be effective or help the strikers in any way. They obviously wanted, at the most,

to negotiate some kind of structured closure program for the hospital with maybe a few token concessions thrown in – and parade this as some kind of victory (see leaflet). UNISON only officially came into existence on July 1st 1993 through a merger of the NALGO, NUPE and COHSE unions – so forming the largest public sector union in Western Europe, with 1.4 million members. This was their first major dispute and they were keen to prove to management that they were worth negotiating with and could do the job – i.e. by proving they had control over their members and could deliver an obedient work force to the bosses. The union disassociated themselves from any "unofficial" actions (such as a brief occupation of hospital chief executive Charles Marshal's office) and sent circulars to other hospitals ordering workers not to support it. UNISON withheld all strike pay for 6 weeks – it was finally paid the day after the union had forced the strikers to return to work.

The strikers tried to get support from other workers – they were constantly visiting different workplaces. But it was nearly always done through union structures – i.e. by approaching shop stewards rather than by talking to workers face to face. All this usually resulted in was a resolution of support being passed at the next branch meeting, a money donation and a promise to send a few people down to the next rally.

In 1982 in Yorkshire nurses were able to bring out thousands of miners and car workers by bypassing the union structure, by simply standing outside the workplace and appealing directly to the workers for solidarity. This should have been tried by UCH nurses and porters, but the prevailing faith in the unions (encouraged by SWP ideology) prevented it. In Leeds in 1982 support came from engineers and public sector workers. The best example was some construction workers who were building miners' baths at Wooley Colliery. The shop steward there had a brother in a hospital in Leeds (long stay) and got in touch with the nurses at the hospital to picket himself and other workers out. When striking nurses arrived they had no difficulty in stopping the construction site, although there was a visible chillness from local NUM officials. One of the construction workers drove straight through the nurses picket line. This led to an extension of the construction workers' strike for three days. It all ended when the builders caught the scab, took the wheels off his car and emptied his wallet into the health workers' collection bucket. In 1982, there was still too much reliance on union structures – mainly on a shop steward rather than full time official level. This was because of inexperience and workers being over-awed by the myth of the shop steward. Defeat was ensured by reliance on the union structures and ideology, with unions turning militancy on and off like a tap, leading to disillusion. But 11 years on at UCH, so many defeats later and in a Central London workplace – there was much less chance of repeating such a success.

And then the occupation

Ward 2/3 in the Cruciform building of UCH was occupied on September 15th – it had recently been emptied of patients as part of an ongoing closure of this wing of the hospital. The idea was first suggested to some local people on the picket line by someone who we later found out to be a full time SWP official. The occupation was originally planned to end after one night, merely being a publicity stunt to coincide with the Day of Action occurring the next day – but it was eventually decided that the occupation should continue indefinitely.

The majority of the strike committee were initially against an occupation, although 3 nurses did take part on the first night. It's very likely that some were against the idea simply because it was promoted by those strikers who were SWP members – there was already some resentment about SWP manipulation within the strike committee and this was probably thought to be another example or vehicle for it; some of them at first assumed that we occupiers were all SWP members.[2]

Those in occupation decided during the night to argue for not leaving the next day; this was mainly in response to full-time UNISON official Eddie Coulson turning up at 1am with hospital managers (who he'd been in conference with for over an hour before hand) to try and make everyone leave. Coulson stated in front of hospital chief executive Marshal and two strikers that UNISON members would be disciplined; he said that he wouldn't be surprised if there were further management disciplinaries; he was prepared to drop all the demands of the strike, some of which he was only paying lip service to anyway, if Marshal would drop the disciplinary threats. He said he could guarantee a return to work within 24-36 hours if Marshal did this. He also talked with Marshal about the "damage" the dispute had done to UNISON, and how he would be looking at ways of disciplining UNISON members through the machinery of the union (these are almost direct quotes from a letter of complaint sent by the UCH branch to their union leadership). At the end of the strike Coulson was quoted in a paper as saying that UNISON had "lost control" of the dispute, giving the "unauthorised" occupation as an example.

Still, at the time, the strike committee were divided about the occupation – some now not only wanted to continue in Ward 2/3, but also to open another ward (the rest of the 2nd floor was empty). During the rally on the 16th September all the strikers came up to the occupation – initially just to protect the 3 nurses already present from disciplinaries and to walk out with us down to the rally. But when we told them we didn't want to leave this started an emergency meeting. It was an urgent situation – if we were going to take another ward it should have been then, with all those people outside. The whole rally of 1,000 or more people should have been encouraged to enter the hospital and become a mass occupation, taking over empty wards.

In the middle of all this, in walks Tony Benn, and as he waffles on the rally marches off towards Whitehall... Somebody went out of the occupation to try to get the march to turn around – they did manage to stop the march for a bit but, amid the

SAVE OUR HOSPITALS

WHAT IS HAPPENING AT UCH?

Predicting the future of any hospital has become almost impossible since the government forced their 'internal market' - competition for less resources - on the health service. NO HOSPITAL IS SAFE, and the situation at UCH is increasingly unsafe.

Under the new rules, an increasing number of well-paid managers, many of whom have no knowledge of health matters, are trying to cut costs, while pretending that all is well. The local health authority, through which government money comes, is having its funding cut by £21million, with other cuts not yet decided. The health authority, whose members are appointed, not elected, recently complained that UCH was 'over-performing' - carrying out too many operations! Apart from private patients, those with 'fundholding' GPs have been able to jump queues while there is 'no money' for others.

THE MARKET MAKES US SICK

Between them they plan to reduce UCH to a skeleton emergency service - those considered non-emergency or needing more than 2 days care will be sent elsewhere, and GPs will not be able to send patients. This skeleton service will not work because the Accident & Emergency section has always been dependent on the wide specialist knowledge of the other sections. Any cuts mean a reduction in the range of skills available to bring us back to health.

A reduced service also means more pressure to classify patients as non-emergency, and that any major tragedy, like the Kings X fire, will simply not be catered for. Their idea for sending people somewhere else doesn't make sense anyway, when these other hospitals are also under threat.

HEALTH NOT WEALTH

As for the other parts of UCH and its associates, the Cruciform building is being emptied, to be bought up by UCL and Wellcome (the drug company that made billions out of expensive dodgy drugs tested on AIDS sufferers) for medical research, to add to Wellcome's coffers (and with the local poor, and our pets, as guinea pigs?). The latest leaflet from management says that the Middlesex is not closing, but that everything is going to move to the UCH site, which means it is! The private patient section is of course safe.

Last year over 20,000 patients from Camden and Islington, mainly from the poorer parts, were treated at UCH etc, and we are dependent on it. We don't need this chaos and these closures. We need a general, local health service, responding to our needs, not the needs of the market, and controlled by the people who use it and work in it, not by a bunch of managerial parasites.

DRIVE OUT THE HEALTH BUTCHERS

confusion and argument, the march eventually continued on to Whitehall.

Back at the hospital, the strikers took a vote about continuing the occupation – they were divided half and half for and against. It was decided that for the moment we wouldn't open another ward and that the fate of ward 2/3 would be put off for now until it could be discussed further.

Most of the strikers then went off to join the march, while we waited in 2/3 for the marchers' return and the strikers decision. While waiting we heard that UNISON had cancelled the National Day of Action they'd planned for November 11th – this was in response to our occupation. We also learned that management were taking advantage of the fact that the march had moved off, leaving nobody behind to carry on picketing: they had immediately begun to close another ward. This news was relayed to the marchers, who were by now blocking Whitehall, and the march set off back to the hospital.

When the marchers returned some quickly stormed into the hospital chief executive's office, occupying it for a while. Some others came up and joined the occupation. Meanwhile the strikers went into their meeting – it was 6 hours before their decision to hold on to Ward 2/3 came back to us.
The best day of the strike and the strikers spent most of it in meetings!

Life is a hospital (for a while)

Although determined, aggressive tactics are going to be increasingly necessary if we are to keep some kind of free (albeit through national insurance contributions) Health Service intact, the occupation of Ward 2/3 wasn't about "militancy" as such. Weren't we there basically because it made you feel good (good enough to *want* to fight rather than just fulfilling a dull political duty) and gave you one hell of a lift? A new world begins (or is at least glimpsed) instantly in such actions – simply in meeting, laughing and messing about with barricades etc. with people you've largely never met before. Quick as a flash, that horrible imposed isolation knot – an isolation much worse today than its ever been – is loosened and that single factor could possibly be the most important in any future occupations.

For the first few days of the occupation we were more or less left to organise ourselves. Leaflets were written and distributed; a picketing rota was put in operation (which meant for the first time there were to be some 24 hour pickets); developing local contacts brought in more people and donations of food, cash, etc.. A great atmosphere and infectious buzz was in the air for those first few days and everybody involved felt the occupation had great potential as a focus for the struggle – people were openly discussing things and coming up with new ideas all the time. A hard-core of a dozen or so people were so involved in what was happening that we were basically living on the ward for a while.

EMERGENCY - WARD 2/3!

SUPPORT THE UCH OCCUPATION

Ward 2/3 at University College Hospital has been occupied by striking health workers and supporters, angry at the destruction of the health service. The strike has been on since 17th August and the occupation since 15th september.

Since the strike began management have closed down 4 wards as part of their plan to close the whole hospital. Because the government is trying to force our hospitals to compete against each other for smaller crumbs of a smaller cake, hospitals have been starved of cash - resulting in indefinite waiting lists, unnecessary deaths and increasing chaos for staff and the public.

This is part of management's reign of terror in the health service, with staff being victimised and intimidated and patients being treated like prisoners as they try to close hospitals.

The success of this occupation and strike depend massively on outside support - which means YOU! So get your finger out, get stuck in and come on down and join us! We can't win this struggle any other way - people are needed on the picket lines and at the occupation. We also need food to keep us going, messages of support, donations etc.

If we can wipe the smug grins off the faces of these health butchers, just think how healthy it's gonna make you feel!

(The occupied Ward 2/3 is on the corner of Grafton way and Huntley St - easily recognisable by the banners outside!)

JOIN THE LOBBY OF CAMDEN & ISLINGTON HEALTH AUTHORITY 4.30-5.30pm Tuesday 21 September @ Friends Meeting House, Euston Rd (opposite Euston station)

POPULAR COMMITTEE FOR MAINTAINING THE UCH OCCUPATION

Coming down with a dose of the Trots

But, alas, the spell was soon broken. We had been requesting a meeting with the strikers for a couple of days, and one was eventually arranged between the full strike committee (i.e. all available strikers) and the occupiers; but instead we were met by just a few union shop stewards who were all SWP members. One of these SWerPs was also the union branch secretary at UCH, and although she was not even on strike – she was one of the clerical workers and they had not come out – she very much used her union status to play a dominant and often manipulative role during the strike. They proceeded to tell us of their plans for completely restructuring how the occupation was to function – we were led to believe (wrongly as it turned out) that they were speaking for the strike committee as a whole and only relaying to us what had been decided by it. In fact it was an SWP engineered coup, done behind the strike committee's back as much as ours.

They wanted vetting to decide who should be allowed into the occupation – this was to be carried out by the branch secretary and chair person – both SWP members. People would have to book themselves onto a formalised rota days in advance just to be able to spend a night in the occupation – reducing it to a duty and a chore, killing off the social dynamic going on. They also intended that there should be at least 6 strikers on the ward at any time and that there must always be at least one striker on the picket line with us. They justified all this by saying that if anything bad happened in the occupation or if things got "out of control" this would jeopardise the strikers – by giving management an excuse to legally evict the occupation and to victimise the strikers (6 of them already faced disciplinary actions due to activities in the strike).

By the time this meeting occurred, most of the occupiers were tired out from a lack of enough sleep due to late night picketing, leafleting and generally running around trying to organise stuff. We were stunned by these sudden proposed changes (although in retrospect we should have been expecting something like this) and did not resist them as we should have done; this was partly due to simple fatigue but also because we were being guilt tripped about the necessity of protecting the strikers' interests as a priority. The implication was "how would you feel if a nurse lost her job because you lot fucked up?" The answer was obvious but the likelihood of it happening was exaggerated and used as a weapon against us.

Although none of us were happy about all this, we weren't able to respond effectively – and as we mistakenly thought that these were decisions taken by the strike committee as a whole we didn't feel in much of a position to argue. We should have said we would consider these proposals and then discuss them with the full strike committee as soon as possible, instead of just capitulating. If we had known that these issues had not even been properly discussed by the strike committee and that there had already been strong disagreements within the strike committee about SWP

manipulation then we wouldn't have felt so isolated with so few options. It was also partly unfamiliarity with what was a pretty unusual situation as well as a (not unrelated) lack of confidence and assertiveness in ourselves and other simple personal failings that led to our downfall. It can't just be explained by the supposed absence of enough organisation or of a certain kind of organisation, as some have tried to do (see Appendix for more on this).

Their plan was to make the occupation a centre for union and SWP organising and to fill the place with SWerPs. Having seen that we were good at organising ourselves and developing our autonomy the union/SWP hacks felt threatened – partly because they judged us by their own miserable standards and thought we were really some secret anarchist group (possibly Class War!) come to try to take things over. Rumours were flying amongst the strike committee that this was the case.

They also wanted to reduce the occupation to a publicity exercise – i.e. getting media celebrities and MPs to visit and be photographed there. In fact it seemed they had decided that getting public opinion on the side of the strikers was going to be the main weapon to win the strike with. Some occupiers now felt they were being treated as a token pensioner, a token mother and child, etc. to be displayed for the cameras. One woman was even offered a spare nurses uniform to wear in case there were no real nurses around when an MP came to visit!

The effects of these changes being imposed were several: a lot of people, particularly locals who visited regularly, were put off coming to the occupation. And there seemed little point in giving out leaflets encouraging people to come to the occupation if they'd all have to be vetted first. The atmosphere was totally changed, with people now feeling they were only there with the permission or tolerance of certain officials and no longer as joint partners in the struggle. The openness of the occupation, with free debate flowing back and forth informally, was replaced by an atmosphere of intrigue and secret whisperings...

"In those early days one related to the occupiers as strikers, local or non-local or all mixed up together. You were curious about their lives, background, last night's binge, learning about hospital jobs, what immediate tasks had to be carried out, etc.. Ideology just didn't really count and you couldn't give much of a fuck what political persuasion anybody had. It was only after the attempted SWP mini-coup that you really started relating to strikers as SWerPs or not. And that was REAL BAD. After that, paranoia, whispered conversations (from them) with doors closing behind you – as if you were an unwelcome intruder. And so hypocritical! A poster then appeared "NO DRUGS OR ALCOHOL IN THE WARD." And yet it was only a few nights previously that an SWerP had been openly rolling up spliffs. Previous to this laying down of the law there was no trouble at all with anybody getting out of their heads. In fact even occupiers who were regular boozers had hardly touched a drop, being so occupied with what was going on. It was only after the SWP coup that people were drunk on the ward – and they were mainly SWerPs come back from the pub.

After that occupying was more like work; a duty; a painful task to be undertaken. Wage labour felt freer than this! Better to occupy the Morgue which was just below Ward 2/3 – at least that would have been a bit of life in death."

The SWP's plan was to draft in large numbers of SWP foot soldiers, but this was never very successful – some did turn up (although a lot who were told to didn't) but never in sufficient numbers to completely dominate or alienate the rest of us; as they usually only came for one night they still had to ask those of us staying there for information about the general functioning of the place. Some rank 'n' file SWerPs were fine to be with[3] and we could talk and relax with them but the real hacks were often vile – functionaries and mere appendages of the party machine, mouth pieces for faithfully parroting the banalities of the party line, with no social graces or warmth at all.

In fact it might be said that leftist militancy is a diagnosable disease in itself, with definite schizophrenic behavioural tendencies! The personality split between political duty and real desires, voluntary submission to party lines and hierarchies with repression of doubts and contradictions, obsession with manipulation of others and conversion of others to one's own rigid beliefs, etc...

In the early days of the occupation it was the Trots who'd left bunches of *Socialist Worker* around (along with the Revolutionary Communist Party etc. leaving their rags lying about) ready for piling propaganda in the occupiers' heads. At the same time these politicos spotted in a flash one *Class War* newspaper lying innocently about and what's this? – a man called Vienet's book on the French occupation movement in May '68 – things that somebody had bought or nicked for one's own personal enjoyment on the day. So an ideological construct was fearfully assembled: "Its Class war anarchists in there"; "Is that a destructive lunatic fringe?"; "Should we Kronstadt the bastards?" The mind boggles at the lurid fantasies possibly conjured up.

The bunch that became the mainstay of the occupation were a mixed bag – partly determined by the fact that we were the ones who could devote most time to it. On the dole or on the sick, single mums, pensioners, casual/part-time workers or those whose jobs were flexible enough to take time off (builders, dispatch riders, etc.). Some had known each other before, some hadn't, but most had some involvement with the strike from the beginning; some who already knew each other had been involved in producing their own leaflet and poster for the Day of Action prior to the occupation, having been inspired by some striking nurses. People came from a wide variety of social and 'political' backgrounds and experiences – most had been involved in other struggles in the past. Different people had served time with various political groupings, ranging from the Labour Party through Trot groups, ultra left marxism and beyond. Others had never touched politics with a barge pole. None were hacks or Party animals (in the political sense!) and there was a consensus of distaste for such beasts. One or two of the more 'eccentric' characters could at times

get to be a pain in the arse but generally they were responsive enough to get the message if you told them so; unlike some of the devious lefties who had the cheek to call these people "disruptive."

Some of the strike committee at least had a stereotypical view of just who they wanted as permanent overnight occupiers. Lots of worker delegations carrying TU banners or representative of community/tenant organisations, etc.. What they got was just what they didn't want: the 'freak' or mongrel proletariat – those not that much into work and who largely had never seen the inside of a trade union but who were prepared to put their heart and soul into the occupation. Instead of the 'straight' working class (at least as the leftists saw it) they got those without the correct image.

The SWP turned the occupation into a political arena where all other forces were seen either as rivals or subjects to be submitted to their will. In an atmosphere of intrigue, plots and manipulations we were forced into being less open and more secretive ourselves as protection against totally losing our ground. This is often the effect on struggles of self interested political factions with a separate agenda for themselves – to combat them you are often forced to adopt some of their tactics – resulting in the social dynamics of the struggle being stalled and energy being wasted on simply trying to stand your ground and contain the effects and spread of the Trotskyist virus.

But it's too simplistic to blame the SWP for everything – another sect could have played the same role, as could any other union bureaucrats or a group of timid, conservative workers in different circumstances. Its no good seeing the SWP cadres as the shit part and the rest of the strike committee as pure light – sometimes the SWerPs took the more radical initiatives, in opposition to more conservative strikers. But it's important to remember that the non-SWerPs were never as inflexible and ideological and therefore could be more imaginative in many ways.

Avoiding the routinisation of struggles seems to be a real challenge. All sorts of forces combine to turn an occupation or strike into just a different kind of work. The Trots are usually the visible cause, but its often that they are filling a vacuum created by people's own uncertainty – it's inevitable in any genuine autonomous struggle – but the way in which vanguard groups use that uncertainty means they turn it into a weakness. Ideally they could be wrong-footed by a bit of playfulness and craziness, but when the situation becomes tense and 'serious' and people start worrying and falling back into the workday mechanisms, autonomy gives way to 'common sense.' At least in this experience at UCH people got out and about which lifted the weight a bit – a lot of occupations become sieges and in that context the vanguard and all the other military metaphors start giving the appearance of making sense. Isolation is another problem – especially if the occupiers are seen to be a 'minority.'

It's true to say that the SWP's goal is not firstly to advance a struggle, but to advance their influence on a struggle, and it is this which determines their choice of tactics: this was illustrated by the way their attitude to the occupation was to change.

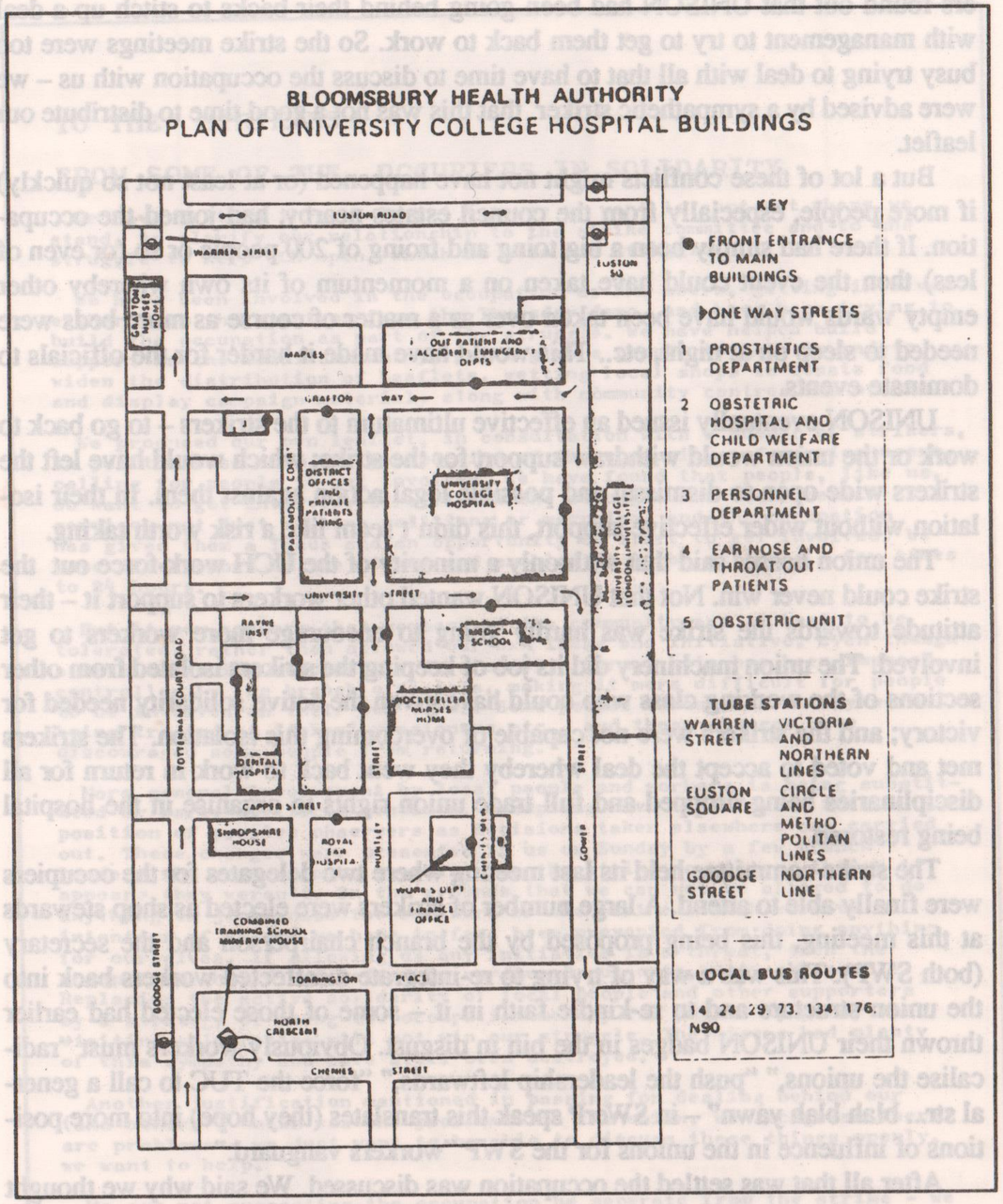
Although of course the SWP strikers at UCH sincerely wanted to win the strike, its nevertheless true that the Party's tactics are generally determined not by how to advance or win struggles but by how to prove that if everyone had listened to and followed them then things would have worked out better – this often entails directing struggles and demands at the union bureaucrats, so that when (inevitably) they don't do what they're asked to, they can be shown to be wrong and the SWP "correct" (this cynical attitude to the working class was spelled out yonks ago by their arch-guru Trotsky with his theories of the "transitional demand" etc.).[4]

But even in their own terms, none of their own plans for the occupation ever worked well. They could never draft in sufficient numbers for a total coup: very few union officials turned up; and only 3 or 4 'left' Labour MPs turned up, attracting very little press coverage. (It was laughable to later read *Socialist Worker's* claim that, due to pressure of public opinion and the strike highlighting the health issue, the Labour Party had been "forced" to send some prominent MPs down to the Ward. They had been phoning up loads of celebrities and these were the only ones who ever bothered to come).

The political vetting they'd wanted became impractical as it turned out that the branch officials were too busy to impose it – and as the Party faithful failed to materialise in sufficient strength we were needed to make up numbers anyway.

The picket line was another main casualty of the imposed changes. It was impossible for the strikers alone to mount successful picketing – there were 10 or 11 different exits all connected by underground tunnels that the management could use to sneak patients and equipment out as they closed more wards. During the occupation we had begun to organise 24 hour pickets with walkie-talkie contact between the picket and our Ward; we still didn't have enough people to cover every exit but it was certainly an improvement. But it seemed that part of the reason for the reorganisation of the occupation was that the union/SWP officials had given up on trying to develop effective picketing in favour of getting public sympathy on their side through publicity stunts. We had shown that we were serious about trying to make the picket effective and more than just a token show of strength – and possibly it was thought that this could lead to a clash on the picket line that would have further pissed off the union and would not have looked good in the media ("Picket Line Fight at the UCH" etc.). The officials had demonstrated no real enthusiasm for the idea of mass pickets at the hospital – and the possibility of growing numbers of local people and others organising themselves independently (in co-operation with strikers) on the picket line would not have appealed to them (just as it didn't in the occupation). They eventually discouraged us from all night picketing by saying that management would not bother moving stuff at night – shortly after we stopped night picketing they did start moving things at night.

We wrote a leaflet to the strike committee outlining our concern about how the occupation had been changed but it was never actually distributed to them; the strik-



The above plan gives some idea what a helluva job picketing UCH was.

ers found out that UNISON had been going behind their backs to stitch up a deal with management to try to get them back to work. So the strike meetings were too busy trying to deal with all that to have time to discuss the occupation with us – we were advised by a sympathetic striker that this was not a good time to distribute our leaflet.

But a lot of these conflicts might not have happened (or at least not so quickly) if more people, especially from the council estates nearby, had joined the occupation. If there had simply been a big toing and froing of 200 people or so (or even of less) then the event could have taken on a momentum of its own whereby other empty wards would have been taken over as a matter of course as more beds were needed to sleep on at night, etc.. This would have made it harder for the officials to dominate events.

UNISON eventually issued an effective ultimatum to the strikers – to go back to work or the union would withdraw support for the strike; which would have left the strikers wide open to dismissal and possible legal action against them. In their isolation without wider effective support, this didn't seem like a risk worth taking.

The union bosses said that with only a minority of the UCH work force out the strike could never win. Not that UNISON wanted other workers to support it – their attitude towards the strike was hardly going to encourage more workers to get involved. The union machinery did its job of keeping the strikers isolated from other sections of the working class who could have given the active solidarity needed for victory; and the strikers were not capable of overcoming this isolation. The strikers met and voted to accept the deal whereby they went back to work in return for all disciplinaries being dropped and full trade union rights to organise in the hospital being restored.

The strike committee held its last meeting where two delegates for the occupiers were finally able to attend. A large number of strikers were elected as shop stewards at this meeting, this being proposed by the branch chairperson and the secretary (both SWP). This was a way of trying to re-integrate disaffected workers back into the union structure and to re-kindle faith in it – some of those elected had earlier thrown their UNISON badges in the bin in disgust. Obviously workers must "radicalise the unions," "push the leadership leftwards," "force the TUC to call a general str... blah blah yawn" – in SWerP speak this translates (they hope) into more positions of influence in the unions for the SWP "workers vanguard."

After all that was settled the occupation was discussed. We said why we thought the occupation should continue – the main arguments are set out in our leaflet (which, again, was never actually distributed because during the first part of the meeting a union bureaucrat from UNISON head office was present and obviously we didn't want him to see it. When he left, the occupation was discussed and it was eventually voted to end it. After that, there seemed little point in giving out our leaflet).

TO THE STRIKERS

FROM SOME OF THE OCCUPIERS IN SOLIDARITY

We have written this statement because we want to sort out where we stand, to clarify our relationship to the strike committee and to the struggle to keep UCH open, which is also our struggle.

We have been involved in the occupation as NHS users, getting involved either from the start or from the Thursday demo, and have been trying to build the occupation as part of the struggle. We have helped build support in the local community, getting more people to join in and to widen the distribution of leaflets, getting local shops to donate food and display campaign material, along with community centres and others.

We produced our own leaflet, in consultation with a number of strikers, to put the case from the perspective of the community, of service users, calling for people to get involved. We have found that people, like us, do want to get involved, directly in the struggle for their health service, not just signing petitions or marching, and the occupation has given them a focus and an opportunity to start to get involved. We have also joined in the picket and enabled it to be extended a few times to 24 hours.

But it now appears that members of the community are at best to be tolerated, rather than allowed our own ideas and initiative. Even though a rota was being succesfully developed, a formal rota has been imposed, controlled by the branch officials, making it more difficult for people to be involved on their own terms. Some people already felt they were being treated as 'token' pensioners etc., and these changes have discouraged some people from returning.

More general involvement by local people and workers is being substituted by party political contacts. Occupiers have been forced into a position of passive observers as decisions taken elsewhere are carried out. These changes were presented to us on Sunday by a few branch leaders who seemed to be speaking for the strike committee, though it appears they weren't. On the grounds that we can not be allowed to do anything to jeoperdise the strikers or the strike (which we have no intention of doing) we have in fact been prevented from doing anything for ourselves. If allowing us any initiative is a threat, then the occupation should be staffed by cardboard cut-outs, not real people. Replacing the active solidarity of local people and other supporters by a strategy of using the occupation merely for public sympathy and visiting celebreties will not win our struggle. The miners had plenty of this sympathy and have still been destroyed.

Another justification mentioned in passing for dealing behind our (and others') backs was the problem with the union. We recognise there are problems - we just want to be able to discuss these things openly, we want to help.

We are not suggesting the occupation be seperate from the strike - we want to work with the strikers to save the hospital, not just be assigned tasks as if we were workers and the union officials our managers. We are not here to disrupt, we are not a political group come to muscle in, we want to fight, with you, for our health service.

WE WOULD LIKE TO MEET AND DISCUSS ALL THIS WITH THE FULL STRIKE COMMITTEE A.S.A.P.

-IN SOLIDARITY

strikers return to work

by ALLAN RAMSAY

STRIKING porters and nurses returned to work today at London's University College Hospital.

Last week a deal between union leaders and chief executive Charles Marshall was done behind the strikers' backs, and today they were still bitter.

But they wheeled patients away from the hospital after their six-week strike over its threatened closure.

Outpatient and strike supporter Beattie Thompson, 70, was on a bed appreciated by the strikers as they marched from UCH to the nearby Middlesex Hospital to try and turn a sell-out into a triumph.

"I don't know why they gave in," she said of the union leaders. "I have been here right from the beginning."

With her chest complaint, she cannot walk very far and all her family were born at UCH.

"It's the only hospital we know. It's shocking, isn't it? It's diabolical that they are going to close it."

Her friend, Ellen Laby, 78, said: "We kept telling people they should have been in at the beginning because a year from now it will be closed."

Unison branch secretary Candy Udwin said: "We are angry with our union for ending the strike. We feel they have not yet got a strategy for fighting the cuts."

"We think the union threw away an opportunity to build support nationally.

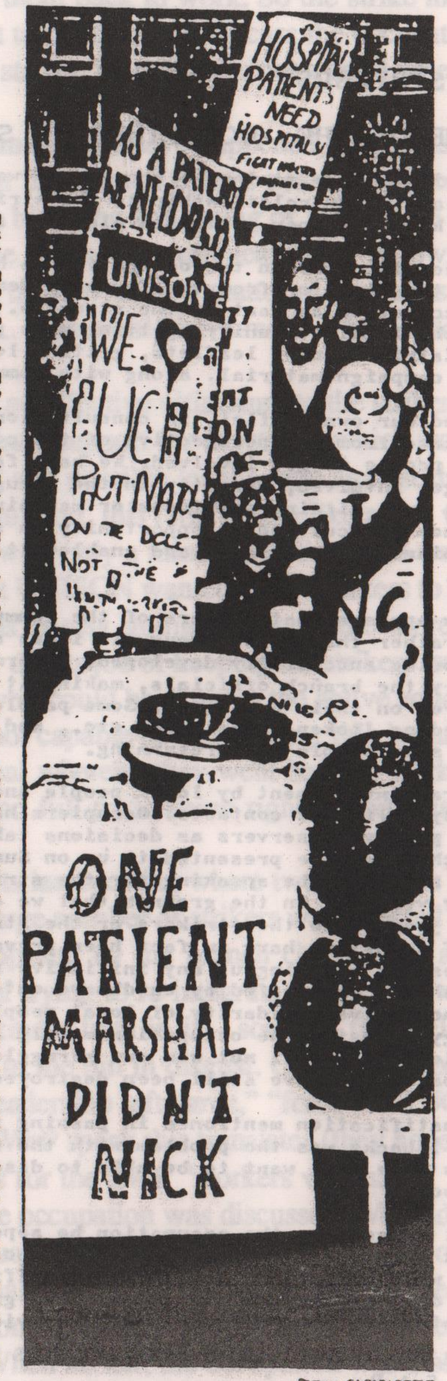
"They were scared by the chief executive, but if they had the backbone of the nurses and porters here we could have done something bigger."

But she still claimed to have won the fight by drawing attention to Health Minister Virginia Bottomley's plans.

"We put the closure of the hospital, the madness of the market, on a national issue. We never said we could win on our own. We are going back to work, but we are not beaten."

However, her claims of victory were hard to see as the small, 30-strong group marched with their banners through the rain.

But no matter how hard they shouted, chief executive Mr Marshall was not going to hear them. He was on holiday.



Picture: GLENN COPUS

Patient Terry Hutt is pushed along in his bed as staff march from UCH to Middlesex Hospital

The debate eventually became a political argument – the SWP putting their line forward that community action like our occupation can only be useful and successful as secondary, supportive action for worker's industrial action. They didn't like it when we put forward the obvious example of the Poll Tax to contradict them. At the time the SWP's line was that workers would defeat the Poll Tax by refusing to process the information, handle the paperwork, taking strike action, etc.. Such actions happened only on a very small scale – it was what was happening outside the workplace that defeated the Poll Tax. It's significant that the only mass struggle in over a decade that in any sense could be called a victory was community based; neither union sabotage nor anti-strike legislation nor isolation could be used to restrict the movement. At this meeting and another later on in Ward 2/3 with more occupiers we managed to add some discord to the familiar refrain of the SWP union chairman giving a summing up lecture on what lessons could be drawn from the strike.[5] He claimed it as some kind of victory that management had been shaken by (a defeated Arthur Scargill put it this way; "The struggle *is* the victory"). This desperate line from brave strikers has gained momentum since the miners' defeat in '85, as the defeats pile up as each group of workers is picked off in isolation one by one. With every defeat the bosses are inspired to tighten the screw a little more.

The occupiers later held their own meeting where we voted by a narrow margin to accept the wishes of the strikers and so end the occupation.

But the fight goes on and we can at least reflect on our failures in the hope of making our position stronger as we wait for the next cut of the Health Butcher's scalpel.

The strikers and occupiers walked out together, with one occupier being pushed out in his bed, and went their separate ways. Now calling ourselves the "UCH Community Action Committee" the occupiers headed straight for the nearby head offices of UNISON. A crowd of us pushed our way in to the building, leafleted workers and vented our anger at some bureaucrats for the union's role in sabotaging the struggle. They didn't call the cops on us, thereby avoiding more bad publicity for them. The building's entrance was later graffittied with "UNISCUM" and another wall saying "Unison sold out UCH nurses and porters". A stranger later added underneath "so what's new? NALGO sold out the Shaw workers" (i.e. workers in the nearby Shaw library).

The Action Committee kept holding regular meetings and did some actions. We decided to visit Wellcome, the multinational drug company involved in the sell-off of UCH. As luck would have it, when we arrived we discovered that a board meeting was then in progress. Fifteen of us snuck up the stairs and stormed straight into the Wellcome boardroom. Much to the shock of both them and us, there we were, in the heart of the dealers' den, facing the biggest and slimiest drug pushing cartel in the world.[6] We immediately started haranguing and shouting at the bow-tied and blue-rinsed board members, demanding that they pull out of any deal to buy the

UCH Cruciform building. We stayed for half an hour, arguing with them and eventually forcing them to leave and hold their meeting in another room. Then three van loads of cops arrived outside, including riot cops. Once they saw we were a motley crew including toddlers and pensioners – and not a gang of terrorists – they sent in a few to tamely escort us off the premises.

Later that day we gate crashed the UCL Provost's office, interrupting his lunch and puncturing his self-importance to the point were he was reduced to calling us names and shouting at us to "get stuffed". We then moved on to the nearby offices of UCH boss Charles Marshall, which we invaded, disrupting a business meeting in the process. A few of us stayed for a while to argue the toss with him. All in all, not a bad day's work.

We also kept demonstrating once or twice a week outside the hospital and tried to organise to resist more wards being moved out, but we were never strong enough or well informed enough of management's plans. In the run up to November 5th a Virginia Bottomley guy was taken round the local area to raise money and a few laughs. We also attended and heckled meetings of the local Health Authority, who were discussing plans to deal with a £21 million cut in their budget by not sending any more patients to UCH; this would leave only a casualty department without adequate back-up facilities, with patients allowed a maximum 48 hour stay before being moved on. In order to compete with other hospitals for patients, UCH management announced a 10% price cut. This was to be achieved mainly by the axing of 700 jobs – but even this wasn't enough to satisfy the "Internal Market". Ex-strikers we talked to said there was no mood for a strike against these cuts amongst UCH workers.

A Second Occupation

An NHS "Day of Action" had been organised by the TUC for November 20th, basically as a token safety valve to dissipate the growing anger and pressure from health workers and others. Originally planned for Thursday 18th, it was changed to Saturday 20th – this was decided during the UCH strike in September, apparently due to union fears of a growing militancy amongst health workers. For the unions, the unpleasant possibility of effective action being taken – such as solidarity strikes or at least the major disruption of central London weekday traffic – would be greatly lessened by holding the demonstration on a Saturday. The unions' publicity for November 20th was very low key and half hearted – neither the demo nor any other real activity was emphasised, just the symbolic slogan "NHS Day of Action", with the demo mentioned in small letters at the bottom of the posters. The unions obviously have the resources to organise a massive demonstration to defend free health care if they want to, but this was not on their agenda.

Members of the UCHCAC decided to use the Day of Action as a way of combating the inactivity planned by the unions. We also wanted to do something to try to stop the imminent closure of the Cruciform building. So we arranged for a group

SAVE OUR HOSPITALS

NO WELCOME TO WELLCOME

We have come to WELLCOME because we object to their involvement in the closure of our local hospital , UCH. The UCH Cruciform is being closed to make way for a multi-million pound bio-medical research center , with funding from the 'charitable' wing of WELLCOME (the multinational drugs company) , in association with University College London (UCL). A 'replacement' hospital , if it happens atall , is planned for "within the next TEN YEARS". In the meantime, WELLCOME and other businesses UCL have links with can rake in the profits while we suffer as the NHS is dismantled.

The Cruciform must stay a much needed hospital, and not become another site for business, even if it is medical research. What is the use of such research when our hospitals are closing?

We also question the nature of the research, including the testing of dangerous drugs on animals. WELLCOME have made £Billions from the manufacture of the faulty drug AZT, at the expense of AIDS sufferers. Although they were reported to the Department of Health in 1992 for "false and misleading" claims about AZT , and also condemned by the Committee on the Safety of Medicines for the same , they are still managing to make profits from this drug , which some claim is not only useless but highly toxic. WELLCOME are in an extremely powerful position, having got AZT recognised as the main treatment for AIDS in the USA,which means other potential cures are being ignored.

WELLCOME are vampires on the NHS . At Leeds general infermary, for every pint of blood given by donors to the NHS, the NHS gets only 10% and WELLCOME get the rest for profiteering bloodsucking research...No welcome for Wellcome!

Although the strike and occupation at UCH were forced to end, the struggle to keep our hospital open continues. Half the Cruciform is still being used as a hospital. It is not too late to re-open the empy wards and stop UCL/WELLCOME dancing on all our graves.

SUPPORT THE DEMONSTRATION / VIGIL OUTSIDE UCH ON THURSDAY 14TH OCTOBER,ALL DAY, AGAINST THE HOSPITAL CLOSURE.

For more information contact :

UCH Community Action Committee , c/o BM-CRL , London WC1

SAVE OUR HOSPITALS
UCL - DANCING ON THE GRAVE OF THE NHS

There are plenty of good reasons for occupying the Provost's office. Today we are occupying it because we object to the involvement of UCL , and the Provost in particular , in closing down our local hospital, UCH.

Provost Derek Roberts is one of a committee appointed to close UCH- Cruciform , a closure he has a direct interest in. Others on this committee are Charles Marshall , former private secretary to minister John Biffen , Sir Ronald Mason , former chief scientific adviser to the Ministry of Defence , Professor Lawrence Martin , director of the right wing thinktank , the Institute for International Affairs , and John Mitchell , Fellow of King's College Fund.

Once the Cruciform is fully cleared of patients , UCL management have plans to turn the building into a multi-million pound biomedical reseach centre , with money from the 'charitable' wing of the multinational drugs company , WELLCOME.

UCL is trying to get funding for research through it's two companies - 'UCL Initiatives LTD' and 'UCL Ventures LTD'. The closure and expansion into the Cruciform are part of UCL's moves to strengthen connections with business and commerce. It is business that is closing our hospitals , and business (work, stress, pollution, etc) that makes us ill in the first place. The Cruciform must stay a much needed hospital , and not become another site for big business to push drugs such as AZT (the dodgy drug which has made WELLCOME billions at the expense of AIDS sufferers).

It is not that "now the Cruciform is closing UCL are moving in" ; the plans for UCL's expansion into the Cruciform were floated long before the closure was made public. This is why Provost Derek Roberts was so against the strike and occupation at UCH , which attempted to prevent the closure of our hospital. Roberts has said " the strike was counter to the interests of patients, the future of UCL hospitals , and indeed the future of UCL...there should be great relief that it is over". If we are succesful in keeping UCH and the Cruciform open , Roberts won't have such an 'ideal location' for empire-building.Of course he is relieved it is over.

But the struggle against the closure isn't over, despite the ending of the strike and occupation, which was forced on those involved by UNISON and management blackmailing. Half the building is still in use , and it is still possible to re-open the much needed wards before UCL/WELLCOME get the chance to move in. Roberts has acknowledged that the NHS is in a "shambles" but is clearly contributing to its disintegration. He has also noted unspecified "uncertainties , resulting from the NHS reforms" which may frustrate his plans for expansion and "cost-effective" patient care at UCH/Middlesex, ie CUTS... it is not too late to prevent Roberts & Co dancing on all our graves.

DEMONSTRATION AND VIGIL OUTSIDE UCH , ALL DAY ON THURSDAY 14TH OCTOBER , AGAINST THE CLOSURE OF THE REMAINING WARDS .

For more information contact :
UCH Community Action Committee , c/o BM-CRL , London WC1N 3XX

UCH 'Vampires' stormed

NEW JOURNAL REPORTER

A COMMUNITY action committee formed to fight for University College Hospital yesterday (Wednesday) stormed the headquarters of the research trust which plans to buy the empty Cruciform building.

The twenty demonstrators marched into a board meeting of the Wellcome Trust at their Euston Road offices shouting: "No Welcome for Wellcome!"

They accused the trust and its associated drug company of being "Vampires on the NHS."

Wellcome Trust plan to spend millions of pounds to convert the Cruciform into a bio-medical research centre in conjunction with University College London.

However, its deputy chairman, Sir Stanley Peart, revealed that his board were wobbling over the deal because of a "planning blight" in the NHS.

When the protesters marched in, stunned board members summoned the police to clear the building. But the demonstrators left peacefully after half and hour.

Ellen Luby, a veteran fighter for the hospital, said later: "They told us to take our arguments to Virginia Bottomley as the Government is closing the hospital.

"But what sticks in our throats is that they are taking advantage of it to make

Turn to page 8

Continued from front page

profits while the patients suffer."

Sir Stanley told the New Journal however: "No decision has been made on the purchase and I cannot tell you when one will.

"Before they came into our meeting we were discussing the chaos in hospitals and the planning blight in London's NHS.

"Where future medical research will be carried out is very uncertain and that has meant that we are holding on until we see which way the dominos are going to fall."

The Wellcome Trust is a 40 per cent shareholder in the Wellcome Foundation Plc.

The trust set up the foundation but over the past few years has loosened its ties.

Wellcome Trust director, Dr Bridget Ogilvie, responded to the criticisms, saying: "It is difficult to see how anyone funding research which benefits mankind can be a vampire on the NHS."

UCH Community Action Committee

Newsletter N°1 November 1993

SAVE OUR HOSPITALS

Government policies threaten to disrupt and destroy our health service and our hospitals, with UCH threatened more than most at the moment. The list of ward closures and of operations put off till next April at least, grows daily as Health Authorities find they've "overspent" a few months into the year.

The imposition of an "internal market" means that hospitals have to compete with each other for less resources, to cut their care and service to make their price the cheapest. The system is run by government-appointed Health Authorities who "purchase" health as cheap as possible to fit their budget, and a growing number of well-paid hospital managers who know and care more about money and property values than about health.

STOP THE CLOSURE AND SALE OF UCH Cruciform

The destruction at UCH is a result of these policies and of 21million cuts to Camden & Islington Health Authority.

The first target is the Cruciform building which hospital management want to close down and sell off (though the sale seems to have been plotted for some time). Wards and patients are being moved to other buildings at UCH and the Middlesex, but each move results in less beds and space, and the wards they're moved to are much needed for other patients. The elderly patients ward has now been moved into the maternity wing!

CRISIS AT UCH

The closure of the Cruciform is partly in response to the Health Authority's plans to leave UCH with only a skeleton Accident & Emergency service. GPs will not be able to send patients there, and emergency patients will have a maximum of 2 days before being sent home or to another hospital, if there are any hospitals with room. The lack of beds and support will put increased pressure on those having to decide what is an emergency, and will deny patients the necessary specialist knowledge and care previously available from the other wards and sections.

THE MARKET MAKES US SICK

In order to compete with the prices offered by other hospitals and win back some "custom", UCH management are planning to cut costs by getting rid of another 500 staff. UCH is more expensive then some other hospitals because some of it is old and run down, partly a result of insufficient funding in the past, and has more staff than some because it is a teaching hospital, requiring extra administration, and because of the comparatively good quality of service up to now.

The logic of the "internal market" means a constant price war with increasing cuts in the level and amount of care, increasing cuts in the pay and conditions for the remaining staff and the terminal decline of already run down and centrally located hospitals.

We need all the health care we can get. Those of us who can least afford private health care are the most at risk from disease and accidents at work, from bad living conditions, from the perils of the streets..... Will it take another disaster like Kings X to show that the market is not a solution, it is part of the problem.

JOIN THE RESISTANCE

UCH Community Action Committee was set up in the recent occupation at UCH. Ward 2/3 of the Cruciform was occupied for 11 days by local residents and other supporters, in support of the strike by nurses and porters against the closure of the building and the continuing destruction of our healthcare. The occupation was used both as a protest and as a base to bring people together, to campaign, to support the picket and to try to break the feeling of impotence and isolation felt in the face of these attacks.

The strikers were sold out and forced back to work by Unison, "their" union on 27 September, and the occupiers also left on that day, as the strikers feared that the continuation of the occupation would be used as an excuse to victimise them. But the struggle continues! As soon as the occupation had ended, the campaign stormed the Unison HQ to tell them what we thought of their sabotage of the struggle.

The campaign has since stormed the boardroom of Wellcome Trust (who plan to put up the money to buy the building) and the offices of the head of UCL (who want to buy the building for a research centre) and the head of UCH, to tell them that OUR HEALTH SERVICE IS NOT FOR SALE!

The campaign has also held demos outside UCH, attended a Health Authority "consultation" meeting where nearly everyone present told them to change their plans and keep UCH open, and continues to help build resistance.

WHAT CAN BE DONE?

We have to get together with others to stop these attacks that are going on across the country, but we can also have a direct effect at UCH. The Cruciform building still has a number of wards in use, and we intend to protest, and if possible stop all further removals, and the closure and sale of the building. Until it is taken over we can still force management to bring wards back into use. At Ealing hospital it took a number of deaths in the corridors to force management to reopen wards - we must make sure things don't go that far at UCH.

The destruction of the health service affects everyone -- anyone of us might need it at any time. If you and me don't fight the health cuts now, the health service could soon effectively disappear. Do you want to join an endless queue for operations, or die in a hospital corridor?

GET INVOLVED

Join our weekly demo outside UCH every Friday 12-2pm

Come to our meetings on the 1st & 3rd Tuesday of the month @ 99 Torriano Ave, Kentish Town NW5

Or contact us c/o BM-CRL, London WC1N 3XX for more information, to get your name on our contact list, or your number on our emergency phone tree.

20th NOVEMBER
NATIONAL DEMO AGAINST HEALTH CUTS
FROM UCH 11am
to join main march from Jubilee Gardens to Trafalgar Square
BE THERE

WHO'S RUNNING (DOWN) UCH?

Chief Executive Charles Marshall - former private secretary to cabinet minister John Biffen, and his appointed "Shadow Board";
Sir Ronald Mason - former chief scientific adviser to the Ministry of Defence;
Professor Lawrence Martin - Director of the rightwing, militarist thinktank, the Institute for International Affairs;
Dr Derek Roberts, provost of University College London, who are planning to buy up part of UCH for "medical research" (maybe the two gentlemen above give some idea of what sort of research?)
John Mitchell - fellow of the King's Fund, a thinktank for privatisation.

WHAT MORE CAN YOU SAY?

of us to reoccupy Ward 2/3 on the night before the Day of Action. Seventeen of us and some friends waited while a few people cracked open the ward. We all eventually sneaked in to find a bare ward – no beds or furniture this time.

The next morning we hung out some banners from the windows, as people began arriving for the UCH feeder march which would link up later with the main demo. At about 10.30am the hospital security guards finally noticed us – they came and asked what we were doing and then disappeared.

Most of us went off to join the demo, leaving a handful to "guard the fort" and stay put. Our faction marched under an anti-TUC banner saying "Tories Unofficial Cops sabotaging struggles." It was a boring march with 20-25,000 people on it; but the rally at Trafalgar Square was more interesting. We heckled a lot through a megaphone at the TU bureaucrats and celebrities, taking the piss and expressing our anger at the pathetic farce. It was ridiculous to see actors from the TV soap "Casualty" being invited to make guest appearances and talk crap on the platform while real nurses who wanted to speak were prevented from doing so by the union bosses.

We also handed out leaflets at the demo explaining the UCH situation and asking people to come and join the occupation. About 25 people responded by coming to the ward after the demo — some SWP and Class War members and the other half various non-aligned individuals — 25 out of 25,000, pathetic. We had a meeting and all these people expressed support for the occupation but most left never to return. Four or five stayed the weekend with about eight of us, and a friendly hospital worker managed to smuggle us in plenty of spare bedding to make us more comfortable. Some of the visitors went off to attempt their own occupation in south London but were apparently quickly evicted without any legal formalities by the cops.

Within a few days we were reliant on the same old familiar faces to maintain and publicise the occupation – our aim of using the occupation as a base to get more people involved was not succeeding. It was becoming a strain on the dozen or so hard core of people involved to keep things going and the lack of response was depressing. Sometimes there were just 2 people in the occupation and the boredom weighed heavy. We had a few supporters dropping in and some donations of food but very few people willing to become actively involved – even staying overnight occasionally was too much of a commitment for most people.

Although we had been very clear from the start that the occupation should not just be another token publicity stunt, we were now getting desperate and the brick walls of apathy around us were beginning to close in. So it was decided to contact the media in order to spread the word that we were here – our own local leafleting and flyposting having had so little effect. But we were agreed that no media people would be allowed inside the ward as this would create a totally different and unwanted atmosphere and would also be a great security risk (but not everybody stuck strictly to this agreement).

Management tried at first to ignore the occupation, fearing that any action

TO ALL THOSE WHO WANT TO *SAVE* THEIR HEALTH SERVICE

To save our hospitals we need action , not just another walk round London. The TUC have only called this demo to divert our anger and move the 'day of action' called by UNISON from a weekday to a nice safe Saturday.

UNISON only called the 'day of action' at all due to massive pressure to do something for the health service and for the striking UCH workers. Once they'd promised it, they used it to regain control of the struggle at UCH, by threatening to call it off when the strike and occupation started to break free from their clutches. UNISON used it as a card to play against the strikers in the same way management used the disciplinaries (some of which a UNISON full-timer encouraged UCH management to make, in response to the occupation).

This 'day of action' is a way for UNISON to force acceptance of their sell-out . It is designed to restore passivity by directing our anger into the 'right' channels, ie, bureaucratic deals. It is to try and stop the development of a real movement of those who work in and need the health service, who are being stitched up and know it.

But we won't be fobbed off with a march and a load of pretty stickers. Remember the demos against the pit closures, the hundreds of thousands who marched around Hyde Park . . and what happened? The pits have closed, like the hospitals, despite 'guarantees' from the select committee and Tomlinson. If we're going to save our hospitals and our health service we can't rely on marches or anything else controlled by the unions or political hacks. As one of the Burnsall strikers, sold out by the GMB , put it

"We need unconventional action, we need community and supporters from the outside involved. We need people ready to confront not only the real Boss (the company owner) but the small Boss who set himself up (the Union official)"

(quoted in Bad Attitude, issue 5)

The anti-poll tax movement showed that our strength is not only in the workplace, and is not in the bureaucratic structures designed to control us, by negotiating 'for' us - there is nothing to negotiate. All cuts kill.

We're fighting for our health service, our health, our lives, and we're not going to be led up the garden path. We occupied ward 2/3 at UCH to support the strikers and our hospital, and we are continuing the struggle for UCH, despite the UNISON stitch-up. But we can't just fight for one hospital when the whole system is being torn apart. We need to work with others, individuals and groups, health workers and all those who can't afford private health care for what we need, which is not just a return to the old system. The only way we can do this is by keeping the struggle under our control.

UCH Community action committee, c/o BM CRL,WC1N 3XX

URGENT
— JOIN THE HOSPITAL OCCUPATION *NOW!*

University College Hospital, Gower Stree, WC1

We have re-occupied a ward at University College Hospital, as part of the fight to stop the run-down of health care and against the hospital closures. This has been organised by the UCH Community Action Committee, which came out of the previous occupation of ward 2/3 , during the strike at UCH. We are not affiliated to any political party or faction (though any party member is welcome in an individual capacity but not as a representative of their faction). What we want is anyone not resigned to everything going down the plug hole to come along and join in, to strengthen and spread the occupation and contribute to other activities. Our biggest enemy is our own apathy and defeatism. It's all very well going on a demo but experience shows that we can't leave it at that. Decisive action is necessary. The occupation is not some useless publicity stunt. We don't cross our fingers that some professional leaders will sort things out for us. What's needed is your decision to get into some real action, and to initiate practical ideas yourself.

All London hospital and health campaigners are invited to a

PUBLIC MEETING

called by

UCH COMMUNITY ACTION COMMITTEE:

7 pm Thursday November 25th

Conway Hall, Red Lion square, London WC1

TO ALL THE STAFF AT UCH/MIDDLESEX FROM THE OCCUPIERS OF WARD 2/3

As you probably know by now, members of the community have re-occupied 2/3 as part of the fight to save our health service.

We are using the ward as a place from which to organise against the UCH closure, and other attacks on our hospitals and health.

Rather than leaving it to lie empty while UCL / Wellcome plot their take-over, we are trying to keep using it for the community.

People of all ages are involved in this occupation, and we are planning to have regular times here for UNDER FIVES and their carers, as this is another need being attacked. The first session is this WEDNESDAY, 24TH NOVEMBER, BETWEEN 2–5 PM.

The occupation is organised on a rota-basis, and following the national demonstration on Saturday, we were joined by others who have made a commitment to the occupation.
We do need more people, though, and are trying to involve others from community and workplaces, contacting other healthworkers and campaigners from other hospitals to invite them here, and to our PUBLIC MEETING, which has been organised for THURSDAY NOV 25TH, 7PM, CONWAY HALL, RED LION SQUARE, LONDON WC1 (Holborn ⊖)

We plan to stay in occupation at UCH until all the empty wards are re-opened. We can not wait for another strike here as it is likely the hospital would be closed by then. We have to keep up the fight for our health.

We understand that it would be difficult for you to come and join us, but we hope we have your support in our action, and welcome any ideas and support you can offer. We will try and keep you informed of what is happening here.

If you want to contact us, we are on the PHONE:
0374 612521

Or you can speek to us outside UCH main entrance, Friday lunchtimes, 12 – 2pm.

Our thanks for your support,

the occupiers

Occupied!

Hospital ward taken over by angry residents

DOZENS of Camden residents have occupied a closed ward at the University College hospital.

Up to 20 people moved in to 2:3 ward on Friday and settled down in hospital beds for the night.

By Monday numbers had dropped to ten but the squatters say morale is high.

They plan to sit it out until UCH bosses re-open the ward.

Electricity was turned off to part of the ward on Saturday. Security guards did not notice the occupiers until 12 hours later.

"They occasionally peep in but make no effort to get in," said Mike Clarke, of Werrington Street, Somers Town.

By GARY HENSON

The group, calling itself the UCH Community Action Committee, yesterday issued an urgent SOS for local people to join them.

"There's nothing wrong with this ward — recently they were done up," said Ernest Laban, 73.

And spokesman Mike Bolton said: "We have re-occupied the ward as part of the fight to stop the run-down of health care and against the hospital closures.

"The whole internal market doesn't work for us."

Hospital bosses plan to empty the site, known as the Cruciform building, by Tuesday.

It will be sold to the University Medical school who plan to use it for research possibly in connection with the

Ministry of Defence.

But any forced clearance of the occupied ward is likely to meet a barrage of resistance from local people.

OCCUPIED! Camden residents take over ward 2:3 at University College Hospital.

against us might give it more publicity, but responded immediately once we contacted the media. Carlton TV said they'd come down and interview from outside while we talked to them from a window on the ward. Carlton phoned UCH management just beforehand to get their side of the story – which prompted management to cut off our electricity just before the cameras arrived. But the interview went ahead and was shown on London-wide TV news. We made sure our mobile phone number was prominently displayed to the cameras – this led to three people phoning us, two very supportive and one abusive. Considering that millions of people saw the interview and phone number on prime-time TV news this seemed to be one more example of how apathetic people felt. But in all our statements to the media we emphasised that our main goal was to help spread and inspire more occupations; we can only hope that we have planted some seeds that have yet to grow.

The SWP were even less supportive than the rest of the bourgeois press – it was only after we got some media coverage that they mentioned the occupation at all in *Socialist Worker* – and only after we had been evicted!

There were attempts to involve more people by holding a weekly under-5s afternoon, alternative health workshops, an acoustic music session, etc.. But general conditions plus the impossibility of long term planning made these hard to develop.

The few remaining wards in the building had been steadily closing during the occupation – and without the active support of staff or large numbers of other people there was nothing we could do to try and stop them closing down the building. Once the last patients had been moved out the management also cut off our heating. Now without heat or electricity we nonetheless stuck it out; we stubbornly dug our heels in and just wore more clothes and used candles, lanterns and camping gas stoves.

During this time we had a public meeting at Conway Hall – 22 people turned up, including a few militant health workers. We all had a good discussion with interesting ideas being suggested. It was generally felt that more effort should be put into making links with like minded groups and individuals. But again, only one or two people showed any willingness to get involved with the occupation. Still, we did make contact with some good people.

It was no surprise when we eventually received a High Court summons notifying us that proceedings were underway for management to regain possession of the ward. We went to the court hearing and, joined by a crowd of friends and supporters (including a few ex-strikers), we picketed outside the court with banners and leaflets. We lost the case, despite our solicitors arguing that the management were unable to produce any title deeds or clear evidence that they had any right to the building. The court case also attracted more TV, radio and press coverage.

We had a small but noisy spontaneous march back to the hospital – afterwards a few of us climbed on a flat roof opposite the UCH Chief Executive's office windows and blared out a tape of the old working class anthem "The Internationale" at the

Deponent: S. Griffiths
1st Affidavit
Sworn \ · 12.93
On behalf of the Plaintiffs

CH 1993 S No. 7706

IN THE HIGH COURT OF JUSTICE

QUEEN'S BENCH DIVISION

B E T W E E N :

(1) THE SECRETARY OF STATE FOR HEALTH
(2) CAMDEN AND ISLINGTON HEALTH AUTHORITY

Plaintiffs

-and-

PERSONS UNKNOWN

Defendants

THE OCCUPIERS

' S. GRIFFITHS

Beachcroft Stanleys
20 Furnival Street
London EC4A 1BN

Ref: AJSC/EJA
Tel: 071-242-1011

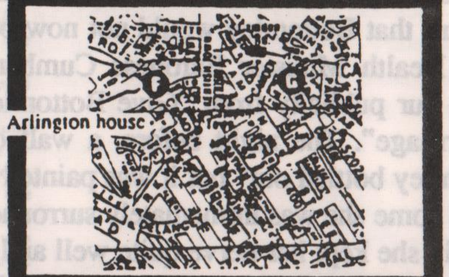
Solicitors for the Plaintiffs

NOW'S YOUR CHANCE TO.....

GIVE BOTTOMLEY A LOBOTOMY

On December 7th, at 11am, Virginia Bottomley, Minister of Disease and closed hospitals,, will be visiting Arlington house in Camden, to present a video for the homeless on how to keep healthy. What next? Count Dracula giving a lecture on anaemia? Re-opening closed hospitals or getting the homeless to squat empty buildings will not be on her list of generous recommendations. Surprise surprise.
How much longer are going to have to put with this insulting, patronising bullshit?
Let's give this piece of scum a littlle of the pain she's meting out to the rest of us.
Stop Bottomley- minister of mass murder.

TUESDAY DECEMBER
7TH . 11.A M.
ARLINGTON HSE,
ARLINGTO N ROAD,
CAMDEN



DON'T LOOK TO PROFESSIONAL LEADERS TO DO IT FOR YOU -DO IT YOURSELF!
PRODUCED BY THE GIVE BOTTOMLEY A LOBOTOMY CAMPAIGN

B.M. CRL WCIN 3XX

management for a laugh, while waving banners saying "Spread the Occupations".

At around this time we received a couple of amusing phone calls; we had managed to get an article published in *PI*, the UCL student magazine, about UCH and University College London's involvement in the sell-off of the Cruciform building. We had then reprinted it as a leaflet and distributed it outside UCH and UCL, which was just across the road from the Cruciform. We also stuck it up inside the college. A few days later we received an angry telephone call from a whingeing student journalist insisting that we stop distributing the article as it was "all lies" and we were infringing *PI* magazine's copyright. Realising she was failing to intimidate us, as we laughed and insulted her for being a pathetic crawling lackey for the college authorities, she slammed the phone down. Shortly afterwards we were phoned by a member of UCL management who demanded (unsuccessfully) to know who we were and threatened to sue us – we told him to sue if he wanted to, as we had no money to lose. And if they took us to court for making false statements about UCL's involvement in the closure and sell-off of UCH then they would have to reveal what the truth of the matter was – something we'd all like to hear! The editor of the mag also phoned the author to complain that she'd been called into the Provost's office and given a furious bollocking for publishing it. (The Provost also mentioned that he had checked the student register for the name of the author – and there was not even a "Guy Debord" listed there!). It was clear we were beginning to make them feel vulnerable.

Word had got out that Health Minister Bottomley was due to visit Arlington House, a hostel for homeless men in Camden Town. She was to be launching a new government video about ways to help the homeless be more healthy (of course, this didn't actually include giving them a home). We publicised her visit the best we could, calling on people to demonstrate outside the hostel. Shortly before the visit we heard that Bottomley would not now be attending and would be substituted by Junior Health Minister Baroness Cumberlege. Unfortunately it was too late to change our publicity from "Give Bottomley a lobotomy" to "Give Cumberlege a haemorrhage". The night before, a wall opposite the hostel was graffittied with "Bottomley bottled out" but it was painted over before the Baroness arrived. When she did come she was immediately surrounded by us as she got out of her car – surprisingly she kept her nerve quite well and stopped briefly to argue with us. As the abuse and accusations intensified she was hustled away by cops to shouts of "murderer!"

Once again the great silent majority had stayed silent and absent, not responding to our flyposting and leafleting or mention of the visit in local papers. Only about twenty people turned up, most of them already known to us, plus four nurses and three residents of the hostel. One told us they'd graffittied inside the building but that had been painted over too.

We went back to the ward and had a party that night. We were evicted by Bailiffs,

The Provost Makes Us Sick

Students at UCL might like to hear about the involvement of UCL, and of the Provost, Derek Roberts, in particular, in the closing down of our local hospital UCH. They might also like to hear about an action taken against Roberts in protest at this involvement.

Derek Roberts is one of a committee appointed to close the main ("Cruciform") building. Others on this committee are Charles Marshall (former Private Secretary to minister John Biffen, and Chief Executive at UCH), Sir Ronald Mason (Chief Scientific Adviser to the Ministry of Defence), Professor Laurence Martin (Director of the right-wing think-tank, The Institute for International Affairs), and John Mitchell, (Fellow of King's Fund College).

Once the UCH Cruciform building is fully cleared of patients, UCL management have plans to turn the building into a multi-million pound "biomedical research centre", with money from the "charitable" wing of the multinational drugs company Wellcome. (Wellcome, it might be remembered, were responsible for the dodgy drug AZT, which made them billions at the expense of people with AIDS). With the involvement of Wellcome, the Ministry of Defence, and the Institute for International Affairs (thought by some to be an MI5 front organisation), it is open to question what sort of "biomedical research" UCL intend to carry out at the vacated hospital. But even if it were 'legitimate research' (you know, that stuff where they drop chemicals into rabbits' eyes), this would still be no argument for closing down a hospital in its favour, when hospital waiting lists all over the country are growing.

In reality, the closure and expansion into the UCH Cruciform building are part of UCL's moves to strengthen connections with business and commerce. UCL is trying to get funding for research through two companies - UCL Initiatives LTD, and UCL Ventures LTD. Naturally, like any other business concerns, these two companies care nothing at all about the welfare of people with no hospital to go to and no private medical insurance.

It is not that "now the Cruciform building is closing, UCL are making use of it by moving in". The plans for UCL's expansion into the Cruciform were floated long before the closure was made public. This is why the Provost was so against the 6-week strike by nurses trying to prevent the closure. Roberts has said "the strike was counter to the interests of patients, the future of UCL Hospitals, and indeed the future of UCL... there should be great relief that it is over". If UCH was kept open, Roberts wouldn't have such an ideal location for empire-building - of course he was relieved when the strike finished!

But the struggle against the closure isn't over despite the ending of the strike. In protest at Roberts' activities members of UCH Community Action Committee - a group formed out of a previous 11 day occupation of an empty ward at UCH by angry local residents - occupied Roberts' office for an hour, while Roberts and two of his associates were trying to eat their lunch. Roberts became increasingly flustered as we plied him with questions about UCH, and he became even more uncomfortable when it was evident that we weren't about to leave in a hurry. Soon Roberts, this shining representative of liberal academic tolerance, was resorting to one-liners like "Get stuffed!", "Shut your mouth", and "You're a child!", (this latter remark being particularly ironic considering that many of the occupiers were older, and obviously wiser, than himself). All in all this mini-occupation was a success, and as we were escorted off the premises by security guards we felt some satisfaction in the fact that we'd made Roberts squirm, and messed up his afternoon.

However, this occupation was nowhere near enough. We call upon all students, whether they are concerned about the hospital, into political activism, or just bored with the misery of meaningless studies, to take direct action against the Provost and management of UCL. Go for indefinite occupations, or imaginative acts of sabotage. And don't wait for the next union meeting where everything will get bogged down in bureaucracy. Do it now! You will have our active support.

Guy Debord

Note 1: You can contact UCHCAC outside the hospital main entrance from 12-2 every Friday, or c/o BM-CRL, London WC1N 3XX.

Note 2: There is a national demo against hospital closures in London, Nov. 20, with one contingent leaving from UCH, 11am.

cops and security guards at 7.45 the next morning, twenty days after the start of the occupation.

So now the Cruciform lies empty, with the loss of around 350 beds, while in other hospitals people suffer and die in corridors for want of a bed. But a few days after the end of the occupation Bottomley announced that the UCH was "saved" – all that this meant was that there would still be a casualty department (which hadn't been under threat anyway) and a renowned centre for medical research (meaning that the plan to sell it off to the likes of UCL and Wellcome was still to go ahead). This grand announcement was presented in the media as a great act of charity and a big concession; when in fact all that they were saying was that nothing had changed and their plans were still the same. That was newspeak at its most effective – people kept saying to us how great it was that UCH had been saved – when they had just closed down the main building with the loss of 350 beds and 700 jobs to follow! Bottomley also said that she might give some extra money as a temporary subsidy, on the condition that management make even more cuts. This was a way to avoid the embarrassment of UCH finally collapsing due to the pressures of competition in the Internal Market – the money could also be seen as a reward to UCH management for its cuts package of 700 jobs.

Then, to cap it all, three weeks later it was announced that the latest plan being considered was to sell off the whole UCH site (like other hospitals, the land would fetch millions on the property market) and to move parts of the UCH to various other hospitals. Who knows what they'll come up with next?

Footnotes

1 On one occasion a rally was led indoors for a "meeting" (in fact a speech from a UCH union branch secretary – a SWerP who was not on strike) ensuring that the march started in an orderly way and ended up in a nice quiet rally with a variety of SWP speakers. For a later one, large enough to be interesting, the union had a car ready which drove through to the front to take control – just as some nurses were about to march off without waiting for their orders. At the end of this march nurses and others continued past the rally to block Victoria Embankment. The cops were willing to stop the traffic but the branch stewards called everyone back to listen to boring Frank Dobson MP, with the excuse that the union had threatened to drop support for any future actions.

2 Other people who we met much later on, after the occupation, and who had been to some of the very early UCH rallies and seen large numbers of SWerPs drafted in to attend them – they also assumed that the occupation was merely another SWP publicity stunt, and so not worth getting involved in.

3 There was one nice guy, an SWP member who had been in the occupation since the beginning, who felt the same way as the rest of us about the Party hacks coming in and spoiling things – he walked off in disgust saying he was finished with the Party.

4 For a good examination of the SWP's crass opportunism see *Carry On Recruiting!* by


CAMDEN NEW JOURNAL

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Bottomley: 'UCH will not close'

SAVED!

SAVE UCH CAMPAIGN

SIX DAYS after the Camden New Journal handed in 50,000 name petition to the Prime Minister urging him to save the University College and Middlesex Hospitals, Health Minister Virginia Bottomley yesterday (Wednesday) announced that the hospitals would be retained.

THE EDITOR

Axe set to fall on UCH jobs

500 jobs to go as health chiefs fight to survive

SIGN OUR PETITION ON PAGE 16

Winners and losers among the capital's hospitals

POLICY AND POLITICS 11

contracts ● Bart's accident unit to be closed ● £14m boost for ambulance service

Bottomley steps into NHS market to aid hospital caught in cash trap

'Save UCH' hero injured in protest

ELLEN LUBY, the tireless "Save UCH" campaigner, bizarrely became a patient of the hospital when she and two fellow protesters had a showdown with hospital security guards.

Every Friday the group gather on University Street — opposite the entrance to the UCH accident and emergency department — where they unfurl banners, protesting against NHS underfunding and the threat it continues to pose to the future of UCH.

On Friday UCH security guards approached the four protesters and instructed them to remove their banners from the hospital railings.

When the protesters refused three guards returned and tore the banners down, smashing the support poles. 71-year-old Mrs Luby of Hawkshead Camden she attempted to stop the guards she was grabbed and thrown aside sustaining a cut hand, a sore arm and bruised ribs.

As she waited to be treated at casualty the New Journal was told by the press office that the protesters should not have erected their banners on hospital property and that trouble might have occurred.

The press office added that the head of security, Peter Finch, had judged "the situation could turn ugly" and had ordered the guards to smash the poles to prevent them being used to attack his colleagues.

The protesters with Ellen Luby were Ernest Lanby, aged 72, and Michael Clarke.

Charles Marshall, the UCH chief executive, met Mrs Luby in casualty where she lodged a formal com-

Anger in occupied ward

IN your article about the end of the Unison strike Eddie Coulson, the Unison bureaucrat, seems to spend his time attacking the local community and those who demonstrated and occupied the manager-ment instead of the Government who went in to destroy our hospital. It was the management, not the local community, who held patients hostages, sneaking them around and out of the building when they were recovering from operations, screaming at picketers. Elderly patients were removed from their beds. The occupation of ward 2/3 ended after front of confused elderly patients and porters refused. The occupation of ward 2/3 ended because nurses feared that our continued presence would be used as an excuse to victimise them. But we are leaving, not before leaving a campaign to defend the struggle for our hospital and continue the struggle for decent health care for all.

Petitions are not enough — the community needs to organise itself, to give itself the support Unison bureaucrats refuse.

ZEITLIN, UCH Action Committee

Secretary, MYK Community

ing been assaulted by hospital security staff.

When striking nurses and porters went to lobby a meeting of the executive committee of Camden and Islington District Health Authority there was six mini-buses and a coach load of police already present in the area.

It seemed patently obvious that the Health Authority and the hospital management of UCH wanted confrontation and were looking for an excuse to inflict harm on peaceful protesters and have innocent people arrested.

I would respectfully request that in future you get both sides of the story before going into print. Perhaps you may like to ask Mr Charles Marshall if it is hospital practice to assault members of the public for no reason.

ADDRESS SUPPLIED

ing one's discontent.

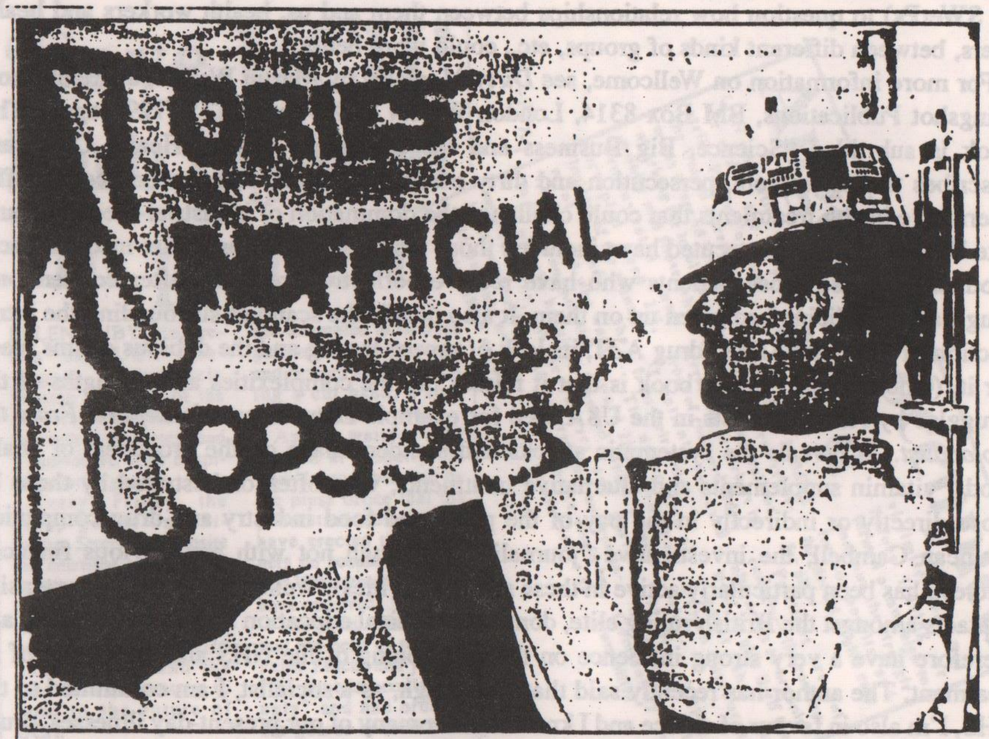
I was personally involved in the occupation of ward 2/3 at UCH, and, as far as I am concerned, what took place both on the ward and on the picket line was a peaceful demonstration.

There was no arrests made in connection with the strike or occupation. There was one arrest made on the night of September 24 when a man was arrested by officers from Holborn police station. While this man was in custody he was examined by a police surgeon who found extensive bruising on his body. This was caused by hav-

Trotwatch; AK Press and Trotwatch 1993. Available from some lefty book shops or AK Distribution, 22 Lutton Place, Edinburgh EH8 9PE; £2.95.

5 We were also able to get some strikers (including even one or two of the more open minded SWerPs) to question how relationships between them and us, health workers and health users, between different kinds of groups, etc., could work better.

6 For more information on Wellcome, see *Dirty Medicine* by Martin Walker; available from Slingshot Publications, BM Box 8314, London WC1N 3XX – price £15 (729 pages). This book is sub-titled "Science, Big Business and the assault on Natural Health Care" and describes the harassment, persecution and dirty tricks used against those who seek to offer alternative health treatments that could challenge the domination of industrial-medical giants like Wellcome. The persecuted have included those who come from orthodox medical backgrounds and also those patients who have received effective treatment after conventional drug-based medicine had given up on them. It also details the scandals surrounding the introduction of the "anti-AIDS" drug AZT, its lack of proper testing and the dubious claims made for it. (One criticism of the book is that it misses out the complexities and strengths of the struggles by AIDS activists in the USA. See for example Larry Kramer's *Reports From the Holocaust.)* It reveals the systematic attacks and slanders made on the producers of health foods, vitamin supplements and alternative treatments, very often orchestrated by those by those directly or indirectly in the pay of the processed food industry and drug companies. (Duncan Cambell, the investigative "journalist", although not with any obvious financial interest, has been particularly active in these shady activities). Wellcome, with their extensive contacts amongst the British ruling elite, dominate medical education and research here – and therefore have a very strong influence on the functioning of the NHS and the nature of its treatment. The author has recently said that "Although, as a socialist, I am committed to the NHS, I'm also in favour of choice and I know that for many of our present-day illnesses, drugs cannot be the answer" (Evening Standard, 14/2/94). Reading his book has only reinforced our feelings that the slogan "Defend the NHS" is far too simplistic in the long run. We must fight for what we have plus a whole lot more, but eventually we have to ask – what kind of free health care do we need and how do we get it? The often toxic and dangerous, profit motivated production line treatment promoted by the scientific-medical establishment is mainly concerned with the maintenance of people to keep them functioning as efficient, productive members of capitalist society. This has nothing to do with healthy living. The book *Dirty Medicine* is highly recommended.



Fighting for beds . . . Terry Hall, a UCH protester and former patient, opposing the sale of part of the building to a medical foundation

Hospital protesters fight eviction order

Vivek Chaudhary on a sit-in on two wards at 'vital' top teaching hospital now facing sell-off

PROTESTERS occupying part of a top teaching hospital which could be sold to a private medical foundation will go to the High Court today in an attempt to halt their eviction by the Health Secretary, Virginia Bottomley.

Almost 30 former patients and local residents have been occupying two wards of the Cruciform building, part of University College Hospital, central London, for three weeks.

They are seeking a judicial review on the grounds that the building was illegally closed as an consultation with the public took place, and claiming that hospital authorities are sacrificing the needs of the local community to improve ties with business and commerce.

The Cruciform, a listed red-brick Gothic building, once housed up to 400 patients, the last of whom was removed last week. The building is now boarded up and patrolled by a private security firm, with its electricity and water supplies cut off.

Protesters claim the closure will affect local people who will have to travel further for medical treatment to 'cheaper' hospitals and that closure of other services, such as the Accident and Emergency department, could follow.

The group which controls UCH has been battling to rid itself of crippling financial problems. It is making £9.3 million savings in 1992/4 which, combined with a subsidy of £9.3 million and a loan of £13.1 million to cover last year's deficit, should enable it to break even. Next year, it plans to break even with no subsidy.

The protesters claim the Wellcome Foundation, a multi-national drugs company, is negotiating to buy the Cruciform as a clinical research centre for the University of Central London.

"We have not been given any clear indications of why this building was closed down and the public was never consulted. We are not prepared to see this hospital closed because it is vital to the needs of the local community and people in central London," said Norma Hudson, a protester and former patient.

Terry Hall, aged 39, another protester and former patient, added: "We need beds in this area and we are prepared to fight our case. If it was not for the NHS I would not be alive."

In November, nurses at the hospital ended a five-week strike campaigning against the closure of the Cruciform building.

Hospital authorities claim closure and sale of the Cruciform is essential for their survival, allowing them to use the money to improve other facilities. The eventual aim is to bring UCH and the nearby Middlesex Hospital on to one site, helping to push down costs.

Islington community health council has already endorsed the plans, claiming the local health authority has not taken into account health needs, quality or choice for local patients. Local doctors have also criticised plans to send patients to "cheaper" hospitals.

The Wellcome Foundation said it was not planning to buy the Cruciform and that the University of London, approached the Wellcome Trust, a charitable trust and owner shareholder in the company, for a grant to help set up a research centre.

Nurse Norma Hudson . . . 'the public was never consulted'

Protesters say the Cruciform, part of UCH, was illegally closed

UCH — SAVAGED NOT SAVED

THE SWP doing Bottomley's dirty work for her:
Q: What have Virginia Bottomley and the SWP got in common?
A: Among other things, they both claim that University College Hospital (UCH) has been saved.

About 700 jobs and hundreds of beds have been lost, and the main Cruciform building — which everyone associated with UCH — has been closed. Yet for different, equally-manipulative reasons, the "Health" Minister and the "Socialist" Workers' Party are both agreed on the lie that "UCH has been saved". Goebbels: "The bigger the lie the more it's believed", would have been proud.

What's left of UCH?

Well — now-merged with the Middlesex, there's the administration — really useful if you've had a heart attack. And there's the Accident & Emergency — but that was never planned for closure in the first place. Instead, as with all A & E's without a hospital attached, it's been left without adequate back-up, giving most patients just 48 hours to stay before being moved on. There are, however, 40 or so extra beds for those who need intensive care, who can now stay on a bit longer. Nevertheless, staff are now complaining that whereas before it used to take just a couple of minutes to move such patients to a specialist ward in the old Cruciform building, now it takes up to half an hour to get to the Middlesex because of heavy traffic. What's more the recent death of a six-month-old baby at UCH A & E shows how dangerous it is to have an A & E separate from the specialists (now based in Middlesex) who were previously on site; at the same time the cuts ensured that the equipment for monitoring the baby wasn't working. It looks like the parents are going to sue the over-worked nurses involved, using the Patients' Charter. The much-lauded Charter is used intentionally to blame individual health workers in order to fend off attacks on the real murderers: the managers and accountants who push through the cuts demanded by Bottomley and her genocidal government.

Apart from this, there's a private wing (great!). Also "saved" (we're not sure they were planning it for closure originally anyway) are the Urology department (much reduced), the clap clinic and Obstetrics. And there's a new children's ward: however, at the Middlesex there used to be two children's wards, and now there's only one — which means that between them, one children's ward has been lost, even though on paper UCH's has been "saved". Similarly, by classifying some beds which were previously the Middlesex's, and by counting the beds existing towards the end of the run-down of the UCH, the health authorities can claim that UCH has lost "only" 70 beds instead of the 300+ that have really been lost. Lies, damned lies and statistics. Moreover, three weeks after Bottomley said the UCH had been saved, it was announced that the latest plan being considered was to sell off the whole UCH site (the land fetching millions on the property market) and to move parts of the UCH to various other hospitals. If this comes about UCH will merely be an administrative label on some bureaucrat's door.

To say all this means the hospital has been saved is like saying that a formerly healthy adult, who has had both legs and arms amputated and is on a life support machine, has been saved. Well, technically yes — but it hardly constitutes the victory the SWP like to make it out to be.

With saviours like these who needs grave-diggers?

During the Vietnam war an American general declared: "In order to save the village, it had to be destroyed". With UCH it's more a case of "in order to destroy the hospital, it had to look like it was saved".

Virginia Bottomley says the UCH has been saved, for similar reasons to the government saving coal mines in 1992 — to stop people fighting together, to reinforce the ignorance and confusion about

what's happening to the hospitals and to divide up the fight to save them into isolated campaigns for each hospital, separated from a more general movement.

But why does the SWP proclaim "We saved UCH" when those SWP members who have worked and struggled at UCH — some of whom are genuinely fighting to win — know perfectly well this is bullshit? As in all hierarchies, the individual has to repress their point of view and preach "the party line". During the strike, SWP strategy was designed to gain the maximum publicity and to show how radical they were compared to the union leadership, by pushing for demands that they knew the leaders would not meet. The predictable sell-out of the strike by Unison was the "victory" the SWP wanted: confirmation of something they knew beforehand would happen, but did nothing to undermine. In fact, they had encouraged a faith in the union which they knew would inevitably be betrayed. It was only afterwards that they needed to find a happy ending, so that they could encourage others to repeat the tragedy at other hospitals. The SWP's main concern was recruitment to a self-proclaimed image of themselves heroically and successfully leading the working class to victory, even if this victory is a myth. For them this is more vital than the development of any real struggle by the poor, honestly facing the horrific extent of their defeats and the reasons for them.

The struggles at UCH

During the struggles at UCH the SWP did everything to minimise the efforts of non-SWP members. During the work-in aimed at stopping the closure of Ward 2/1 in Nov-Dec 92, SWP members played as much a part as anyone else involved in the struggle — though it was probably the support of junior doctors which really won this battle, admittedly only a temporary reprieve. In the strike of Aug-Sept '93 they played a more significant part — not all of it helpful by any means. For instance they did much to ensure that the cheerful demos which had previously disrupted traffic got turned into boring routine affairs. And in the occupation of Ward 2/3 in September, admittedly suggested by an SWP member, though broken into by a non-party hospital campaigner, they did much to dampen the high-spirited atmosphere. When occupiers met with a few SWP union stewards to discuss the occupation, the occupiers were told the stewards represented the decisions of the strike committee, and these decisions were: vetting to decide who should be allowed into the occupation, to be carried out by the branch secretary and chair, both SWP members. People would have to book themselves onto a formalised rota days in advance just to be able to spend a night there, reducing the occupation to a chore and duty, killing off the social dynamic going on. The effect of these changes was miserable: a lot of people, particularly locals who visited regularly, were put off from coming. And there seemed little point in giving out leaflets encouraging people to come, if they had to be vetted first. People now felt they were only there with the tolerance of certain officials, and no longer joint partners in the struggle.

The openness of the occupation, with free debate flowing back and forth informally, was replaced with an atmosphere of intrigue and secret whispering. It was only later that the occupiers found out that these demands of the SWP union officials weren't at all proposed by the strike committee: it had been an SWP manipulation from the very beginning.

The second occupation of Ward 2/3 was organised by us — UCH Community Action Committee — without, unfortunately, a strike at UCH, and completely independently of any political party. We had hoped to extend the occupation of one ward by getting loads of people back from a TUC Health Service demo on November 20th. We failed, even though the occupation took nearly three weeks to be evicted. During this time, the SWP were even less supportive than the rest of the media — the occupation only got a mention after the eviction. We could never, of course, pretend that "we saved UCH" — not just because it hasn't been saved but, more vitally, because if UCH had been saved it could not have been down to us, but due to a more general and much more combative movement, involving a considerably greater section of the working class than the few people who initiated the occupation. Unlike the SWP, we have no pretensions to being an indispensible vanguard, able to win victories on our own. And, of course, UCH has been, by and large, a defeat, and to ignore that is to confuse and demoralise any chance of a fightback, which is

where the SWP and Bottomley have so much in common.

If a fight is to develop to save the hospitals or to stop the horrific attacks on the poor, it will not only have to bypass the parties and unions, but attack them as enemies and obstacles to our struggle. Our health and our lives can not be "saved" by the professional liars of the Left, Right or Centre, but only by ourselves organising not just an organisation with a name on a banner or logo on a leaflet, which is just an image, but organising specific actions and critiques, correcting our failures and weaknesses.

UCH Community Action Committee, c/o BM CRL, London WC1N 3XX

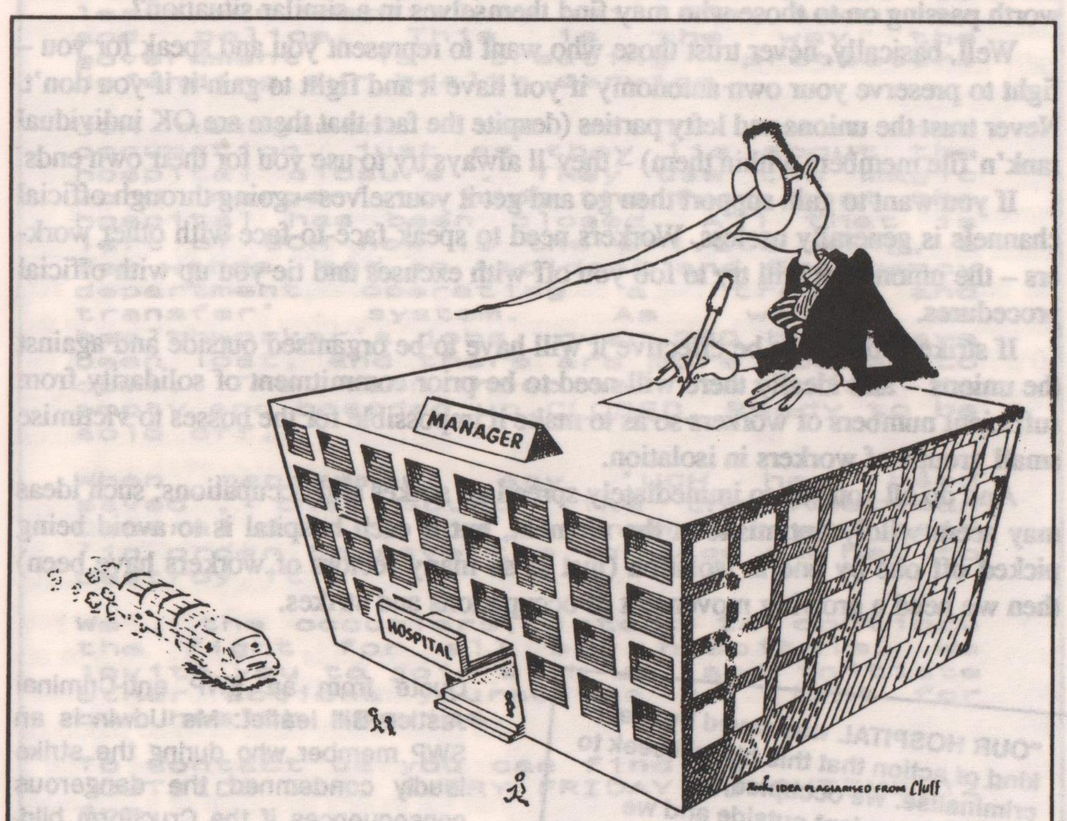


Illustration from "Wildcat" by D.Roum and V.N. Furmurry, Freedom Press, London 1994

Victory prepared by a series of defeats?

As we go to press it seems that some kind of active campaign may be starting up at Guy's Hospital to try and save it from the Health Butchers. From what we have seen so far it seems that the same old mistakes made at the UCH are doomed to be repeated at Guy's; many of the hospital staff appear to have the same naive faith in 'their' unions and 'their' MPs etc. – and once again they are encouraged in this by the SWP, who have set up their own community campaign front group, as have two other rival political factions. The SWP now even claim that they saved UCH (see leaflet below). The campaigning appears to be about one hospital only – making it all the easier to be defeated in isolation. And only a few hundred turned out for a demo, although this is the local hospital for many thousands of people. But these are early days and hopefully things will develop beyond these limits.

So what lessons can we draw from the UCH strike and two occupations that are worth passing on to those who may find themselves in a similar situation?

Well, basically, never trust those who want to represent you and speak for you – fight to preserve your own autonomy if you have it and fight to gain it if you don't. Never trust the unions and lefty parties (despite the fact that there are OK individual rank'n'file members within them) – they'll always try to use you for their own ends.

If you want to gain support then go and get it yourselves – going through official channels is generally useless. Workers need to speak face-to-face with other workers – the union reps will try to fob you off with excuses and tie you up with official procedures.

If strike action is to be effective it will have to be organised outside and against the unions – and ideally there will need to be prior commitment of solidarity from sufficient numbers of workers so as to make it impossible for the bosses to victimise small groups of workers in isolation.

And do all you can to immediately spread all strikes and occupations; such ideas may seem wildly optimistic at the moment, but if each hospital is to avoid being picked off one by one in isolation (just as so many sectors of workers have been) then we need a growing movement of occupations and strikes.

"OUR HOSPITAL was saved by the kind of action that this bill will seek to criminalise. We occupied, we picketed, we slept outside and we won. All that is under attack. We must stop this bill."
CANDY UDWIN, UNISON branch secretary, University College Hospital

Quote from an SWP anti-Criminal Justice Bill leaflet: Ms Udwin is an SWP member who during the strike loudly condemned the dangerous consequences if the Cruciform bilding was closed with hundreds of jobs to be lost. Yet now all this has happened, she faithfully parrots the party lie that this outcome is a victory won by the SWP!

FROM THE OCCUPIERS OF

UNIVERSITY COLLEGE HOSPITAL

The occupation of ward 2/3, UCH Cruciform building, was evicted at dawn on Wednesday November 28th, on orders from the Secretary of State for Health (ie for Disease and Closed Hospitals), Virginia Bottomley. We were forced to leave our hospital by bailiffs, security and police. This is the way the government is treating protesters defending our health service.

UCH management lied on TV about our occupation, just as they lie about the hospital closure . They use the magic word 'merger' to hide the fact that the hospital has been closed. All that is left of UCH now is the private wing, a few wards, and an Accident and Emergency department operating a 'treat and transfer' system. As well as healthworker's jobs, over 200 beds have been lost, and there are more losses to come. The main hospital building is empty and boarded up, CLOSED. Ready to be sold off.

When management say 'UCH has been saved', they sound like the American General during the Vietnam war who said 'in order to save the village we had to destroy it'.

We , the occupiers, intend to continue the fight for all our hospitals. We invite you to join with us, and initiate other actions yourselves to fight for our health service.

To contact us you can find us
OUTSIDE UCH, EVERY FRIDAY LUNCHTIME, 12–2pm

or you can write to us:
UCH COMMUNITY ACTION COMMITTEE
C/O BM CRL, LONDON WC1N 3XX

Life in the Void

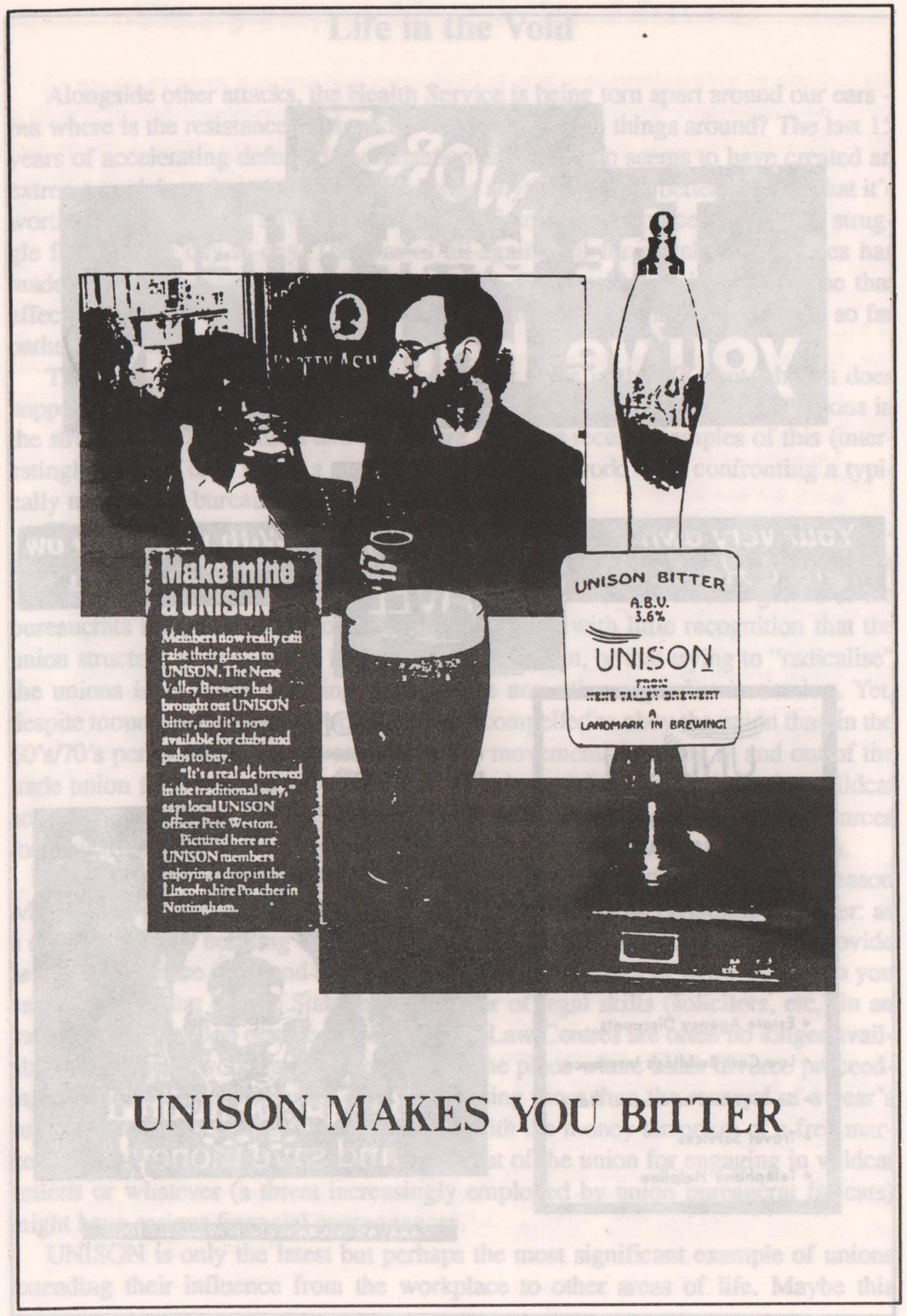
Alongside other attacks, the Health Service is being torn apart around our ears – but where is the resistance on the scale necessary to turn things around? The last 15 years of accelerating defeat, demoralisation and hardship seems to have created an extreme cynicism about being able to change anything for the better; or even that it's worth trying to. People have retreated largely into an isolation centred on the struggle for survival day-to-day. The war of all-against-all for shrinking resources has made everyone a casualty – resignation rules. The health service is an issue that effects everybody and yet the amount of active resistance to its destruction is so far pathetically small.

There is at present little strike action taking place in the UK; but when it does happen there is more and more criticism by workers of the role of 'their' unions in the struggle. UCH, Burnsall and Timex are the most recent examples of this (interestingly, in each case it was a predominantly female work force confronting a typically male union bureaucracy).

The early '70s were often marked by a strong belief in the union as the real sister/brotherhood that would bring about radical social change. Most of that sad faith has now gone although there's still a fair amount of "if only we could get rid of the bureaucrats things would be okay" type platitude – with little recognition that the union structure is *designed* to be a control mechanism, or that trying to "radicalise" the unions is as futile as trying to radicalise any other capitalist institution. Yet, despite mounting criticism, people feel more compelled to obey the union than in the 60's/70's period when there were rank'n'file movements jumping in and out of the trade union form (almost always to end up in it again) and often initiating wildcat actions that bypassed the union bureaucracy whilst making use of union resources for their own ends: but the bottom line was still that of quite strong TU beliefs.

But all these contradictions reflect the changing role of the unions. One reason why people obey the union today is because of its role as an economic provider: as a cheaper kind of building or insurance society (literally – the unions now provide low cost insurance deals and mortgages to staff); as an issuer of strike pay when you can't get anything off the State; as a provider of legal skills (solicitors, etc.) in an increasingly litigation oriented society where Law Centres are often no longer available for low paid workers; and the union as the place where bitter divorce proceedings or future funeral expenses cost you nothing more than the renewal of a year's subscription. In short, working in harmony with the money terrorism of a free market cash-and-carry UK. Thus to get thrown out of the union for engaging in wildcat actions or whatever (a threat increasingly employed by union bureaucrat fat cats) might have serious financial consequences.

UNISON is only the latest but perhaps the most significant example of unions extending their influence from the workplace to other areas of life. Maybe this



should be looked at more closely because it may reveal a new stage in the unions' role in society (i.e. extending the disciplinary role, or at least their role of social recuperation in the community). There does seem to be a tendency of unions pursuing a more "consumerist' role, looking after its people on all fronts – no doubt, they would say, the better to integrate people back into the present system. Its different from the old German model of holiday camps and trekking, in that the whole set up is based upon private consumption, leisure and social services. The last thing the unions could (or want to) do is bring people together in a real physical closeness.

At UCH the strikers never received strike pay until after they had agreed to call off the strike. No doubt the accountants are instructed to keep money in the bank and making interest until the very last moment. Although nurses are paid monthly, the porters are paid weekly and they were particularly hard hit during the strike by the union's mean approach. This union strike pay sabotage is widespread: in 1988 striking civil servants in London never received a penny until their thirteen week strike had come to an end.

All the measures listed above are a great form of blackmail – no wonder then that the unions are now such superb organisers of constant and almost total defeat. But again, we can't simply blame the bureaucrats for our own failures – they thrive on our isolation and passivity – and their strength is based largely on what we let them get away with.

Derailing a runaway train

If we look at the policies promoted by the Tory State in the last few years, it seems that increasingly they do not even serve the long term interests of the ruling class. The fast money, free market "privatise everything that moves" ideology is like a runaway train mowing down anything in its path but having no clear idea of where its going. The destruction of industrial manufacturing in favour of financial capital, the creation of a boom and then bust property market, the lack of investment in training for a skilled work force; these are all measures that have given them short term gains (at the expense of the working class) but have inevitably created deeper problems as they mature later on. The State is not capable of planning logical long term strategy in its own interests – only more cuts, more repression.

This short-sightedness is mirrored in the State's plans for the health service. There is a strategy of wanting to destroy the popular principle and tradition of free health care for all, but the way they are pursuing it means that they could end up wrecking *all* kinds of health care provision.

At the present time *all* doctors and nurses are trained within the NHS. With continual closures of so many hospitals, including the best teaching institutions, the effects are likely to be catastrophic for health care in general.

Private health care takes place mainly in NHS hospitals – so the BUPA alternative will be no solution. Being so dependant on the NHS for facilities and staff train-

ing, it may crash with it. The recent big increase in BUPA advertising is just a sign of desperation. BUPA is now in a serious financial crisis – gone are its eighties heydays when, for a cheap rate, a BUPA subscription was lodged into many a middle management contract. Now BUPA are desperately revising their services and moving to a position whereby those who are likely candidates for any major illness can get lost/drop dead.

But could we even expect a future total collapse of BUPA to cause the government to pause and rethink its policies on health services? What other country in the Western world is making such attacks on the general health of its population? The government recently began running a series of adverts in British medical journals on behalf of the United Arab Emirates government – the ads were aimed at convincing thousands of NHS medical staff to start a new career abroad working for much better wages in the UAE. The government has announced that it plans to cut sick pay – another attempt to force those who can afford it into private health insurance. And since the introduction of water meters in trial schemes thousands of people who could not pay the much higher bills have been disconnected – outbreaks of dysentery and other health problems have been caused by the rising cost of water (it is planned that water meters will soon be compulsory for all). It's worth remembering that one of the main reasons better public sanitation was originally introduced was because the diseases that developed from the filthy slums of the 19th Century showed no class prejudice and would eventually hit the richer parts of town.

Its possible that there's real disarray in the ruling class; crudely put, a conflict between 'finance capitalists' (who are blind to social consequences) and a more socially concerned professional capitalist class. The finance capitalist faction is looking for a repeat of '80s privatisation sell-off bonanzas – as they are also aware (rightly) that capitalism can never satisfy all the needs it creates. So, they pursue cutback strategies, with little regard for the social consequences, almost taking a social-Darwinist position. On the other side is a professional class which finds some sort of common ground with One Nation Tories. This faction is both trying to secure its own sectional interests (more money for managers, administrators, professionals, etc.) and appealing to a wider social consensus around a program of managerial capitalism. They are, however, under-represented at the top and exist as a middle management of the chaos. What they don't appear to realise is that the system cannot fulfil all the needs they have set themselves to manage – so they are in a permanent state of frustration, and are becoming somewhat deranged as a consequence.

The most likely outcome of imposing the internal market will be a vastly reduced NHS run as a skeleton service for those with no other options, maybe with a sliding scale of charges according to income. Already Leicester Health Authority is requiring people to pay for non-emergency operations since their annual budget ran out half-way through the financial year. So now everybody will have to wait six months for a free operation – and by then the queue will be so long they will probably use

up the funds allocated for the whole year in a month or so. So each year the queue will become more and more endless. This is one way of gradually introducing payment for treatment by the back door.

To conclude: the question mark that hangs over the NHS, to be or not to be, raises a number of related matters which can only be hinted at here.

Can capital overall dispense with an NHS given that powerful chemical companies depend on State revenues to underwrite their profitability? It was commonplace in the 70s to argue against dismantling the NHS on the aforementioned ground as well as emphasising that taking a vast amount of purchasing power (jobs) out of the economy would be a deflationary move amounting to the suicidal. The Thatcherite legacy is fully prepared to explode this piece of economic logic not by refuting the conclusions but rather by accepting the consequences.

What part did war and war time play in the setting up of the NHS, particularly in the need to have a fighting fit workforce able to wage war on capital's behalf? Except locally, conventional warfare on a large scale is a thing of the past hence a further argument against an NHS, but an argument that would have been conducted behind closed doors. Undoubtedly, however, the ideology of a "people's war" (1939-45) helped shape the comprehensive nature of the NHS — so today, its continued existence is probably more of a political than an economic imperative with a political class using the issue to garner votes, especially from the ageing part of the population. It's conceivable a government could buy out a person's right to free health care by offering a once-and-for-all cash payment. This could appeal to young, healthy people with no money nor perspective on the future.

The potential for political deception and manipulation is enormous. A cull of the old and sick cannot be dismissed out of hand though doubtless it would have to be left to the "hidden hand" of market forces rather than be achieved through mass execution. The prescribing of inferior and cheaper medicine, and the withholding of health care for people over a certain age not only underlines the economic burden of health care and the cost of an ageing population, but the problem of valorisation of capital. A youthful workforce could be turned against the old and sick on the grounds that they act as a depressant on wages. All family social ties would have to be virtually sundered for this program of wrinkly-cleansing to have a chance of social success. The human consequences of the actual workings of the internal market are, however, a taste of things to come. On occasion, competing trusts award contracts to health authorities some hundreds of miles distant. The Bradford Trust won the contract for Virginia Bottomley's (Secretary of Ill-Health) constituency in the south of England, which means patients run the very real risk of being isolated from family and friends in a moment of real crisis. This example reflects the way in which isolation accumulates in society at large – just seeming to happen – without anyone shouldering responsibility or cold-bloodedly anticipating the end result. But

it suits capital's needs perfectly and a comparison with the practice of moving prisoners away from familiar localities springs to mind.

It would be instructive to draw up a list of property magnates on the boards of NHS trusts. Hospitals tend to occupy prime sights, and the conversion of St Georges hospital at Hyde Park Corner during the late 70s and early 80s into a swish hotel ranks as a forerunner. Similarly, the Harrow Road hospital in west London was bulldozed and yuppie apartment blocks constructed on the site overlooking the canal. By good fortune, the building company and developer, Declan Kelly, became a victim of the property crash and to this day the wretched place has the air of a building site. There is talk of converting Charing Cross Hospital into a hotel for senior staff at Heathrow airport. It's possible too that Withington hospital in south Manchester could be used for similar purposes serving Ringway airport. Recently, St James' University hospital in Leeds concluded a £25 million deal with private developers over 13.5 acres of their site. Doubtless it will be treated as badly needed "proof" that the property wheeler dealings of the trusts do work, with apologists eager to point out how the deal will finance a new paediatric unit and a "ninety bed patient 'hotel' for low intensity care cases" – which does hint that only private patients will eventually be welcome. Nor was any mention made of a likely bonus payable to trust managers. Leeds is however a special case and the fact that land values have risen in Leeds has more to do with its runaway success as a financial centre able to challenge the City of London in some respects (going on for half of all mortgages in the UK are lent by building socities based within a thirty mile radius of Leeds). In Leeds too, Tony Clegg, the ex-chair of Mountleigh property consortium, who pulled out just before its financial potential nosedived, is still chair of Leeds General Infirmary trust after the preliminary arrangements were put together by the boss of Centaur Clothes store in Leeds.

The presence of property developers on trusts is witness to the determination to recreate all that was associated with yuppie culture. There is some recovery in commercial property but not enough to stop the majority of closed hospitals from being boarded up and left to await the return of the roaring 80s and the stratospheric property values. It could be the trusts are biding their time and drawing some hope from the wave of privatisations sweeping Europe. The majority of States – with France and Italy in the lead – seek to expand by some 20–30% the market capitalisation of Europe's largest stock markets. However, it's not accompanied by fanfares of "popular capitalism" to anything like the same degree as under Thatcher.

The increasingly precarious nature of NHS schemes needs to be situated against the multi-nationalisation of the global economy and the reduced significance of the nation State as a pro-active economic force. Globalisation is, however, fraught with competing interests and in this present phase the flow of capital vastly outweighs the flow of trade. Private insurance ties in with the contemporary dominance of finance capital so different from that described by Hilferding (basically as banker to industry). Its short-termism, money making money, detracts from the goals of industrial capitalism whose relationship with the nation State is somewhat less ambivalent, needing the State as a consumer, an enactor of labour legislation and as an educator. The whole issue however remains highly complex: e.g. money markets eagerly snap up treasury auctions in credit worthy countries and therefore have a vested interest in maintaining a manageable level of government overspend which includes expenditure of health and social security.

The latest gimmick marking the end of free health care: bed pans, urine bottles and vomit bowls made into fashion accessories by art students and promoted by Vernacare of Bolton who manufacture products for hospitals. Noe vernacare use these selfsame products to decorate hospital walls (as they await closure?) End of art shock tactics to shock people into awareness over the demise of free health care? A likely story . . . Such shock tactics, now capitalised a million times over, is nothing but a cynical promo bt a business out to secure its sales pitch in the plundering of hospital services.

Some Further Reflections...

When comparing the different Health Services in Europe and North America, economically the most important point to grasp is the weight accorded to insurance companies versus the degree of state subsidy. In France, each individual is charged for hospital treatment but up to 70% is then reimbursed by the state — the rest is usually paid for by the Health Insurance deducted at source by your employers. The Balladur government wants to increase the role of the insurance companies and is meeting resistance both on behalf of the employees and the employers because it will add to the wages bill. It could also be used as an argument by employers to cut wages. Superficially, when comparing Britain and France things look better here regarding treatment irrespective of ability to pay. In France, each individual is charged a nominal sum for each day they spend in hospital but this money is refunded. Ideas along French lines have been floated in Britain but, at the same time, doctors in France are given an additional increment to their salaries every time they see a patient. So it is in their interest to continually follow up patients and in that sense primary care is better in France. Some attempt will be made to limit the amount of money spent on the French Health Service because it would appear that health spending in France is, in comparison to other countries, "out of control" (but doesn't every government say the same thing???).

In North America, feeble attemptshave been made in the last thirty years or so to limit the control of insurance companies over health care. Most recently, President Clinton wanted to reduce the role of insurance companies to 80% of health care costs by 1997/8; which shows just how tepid Hillary Clinton's reforms were before they completely collapsed. (It took less than two years in Atlee's post WWII reforming government for a "free" NHS to come into existence in Britain)[1]. In the US, it has been reckoned that the only institutional group interested in preserving the American Health Service status quo are the huge insurance companies. Many powerful industrial conglomerates in the US want a form of NHS so as to ease the burden of medical insurance for their employees. Capitalist arguments are wheeled out in support of an American NHS along the lines of firms will become more internationally competitive freed of a medical insurance burden. Firms also seek to minimise health insurance cover as part of cost cutting, and such ploys have led to strikes such as the Pittston miners' strike of 1989. There is also a current of opinion that the control of the insurance companies in America is leading to a degree of inertia with doctors

[1] Although it was the Labour Party that brought in the NHS, it was originally the idea of Beveridge, a Liberal and an extension of the post-1906 Liberal government's introduction of health insurance. Moreover, Bevan, Atlee's Health Minister, did a deal with the pro-Tory British Medical Association to retain private patients and private beds within NHS hospitals. Bevan said "I stuffed their mouths with gold": doctors were now being paid for work they'd done in the voluntary hospitals for free, plus they kept the fees for their private work. And this has been the basis for the more fully fledged two-tier system we have today.

fearing writs will be taken out charging them with medical negligence in case of mishap. Compensation can reach astronomical sums and lawyers love pursuing medical claims (c/f "The Verdict," the Paul Newman film about a beat-up lawyer pursuing a claim). The whole thing becomes a never-ending spiral of increased premiums to cover law suits, with the insurance companies the main beneficiaries (but isn't this, more or less, how it must be under finance capital; the final "antediluvian form of capital" as Marx put it: is it possible to return health care to an earlier more rational form of capital? All in all isn't it the rough equation: health care funded through equity culture – with the insurance companies along with pension funds playing big on the stock exchange???).

There is another shady area – the amount spent on administration. In comparison to the NHS in Britain, the ratio of administrative cost was something like three percent here to twenty percent in America. The admin costs are increasing dramatically in Britain as more and more accountants are being employed, particularly by fund-holding GPs. In one estimate quoted by the Economist magazine, a former personal director of the NHS, Eric Caines, has calculated that it often takes seven and a half weeks (!) worth of administration to deliver an hour and half of care to patients.

The importance of insurance companies in relation to health care, and which is also related to the tempo of class struggle, must be linked to notions of popular capitalism, equity culture and a recognition of the role of insurance companies in driving stock exchanges forward. Concomitant with casino capitalism, beyond the risk taking and rapacious short-termism, is the notion that on an individual level, a person takes full responsibility for the failure of capitalism; that one introjects and moralises its desperate shortcomings; that its failure is your failure. Not to be covered by private insurance is to be guilty even though its limitations are becoming painfully obvious to more and more people (BUPA has recently removed several medical conditions from the insurance cover, such as Alzheimer's disease). To demand "free medicine" is tantamount to being a fraudster, to want "something for nothing" and hence an aspect of "welfarism" to be bracketed alongside dole scroungers, single parents, travellers and, as the net expands, the 'sick' and people on State pensions. Amid the hysteria over the public sector borrowing requirement, it's forgotten that an individual's State health insurance contribution is exactly that of BUPA assuming that the individual is employed. And what is forgotten as the welfare blitz shows no sign of abating is that one aspect of modern welfarism, as expressed within the NHS, grew out of the armies of Empire and, secondly, the need for the bourgeoisie to protect themselves from cholera epidemics etc. through general environmental improvements. Does M/s Bottomley seriously believe Flo Nightingale went amongst the wounded soldiery of the Crimea inspecting their BUPA cards by the light of the lamp before administering treatment?

The position of the staff nurse with its faint militaristic ring has been replaced by

that of the "ward manager" resonant of a business appointment. The "line manager" of an Accident and Emergency Department approximates to that of an "assembly line manager" with patients substituting for the throughput of cars. Terminally ill cancer patients receive chilling letters concerning their admission to hospital from "marketing managers." It's as if a fatal disease has become a marketable commodity, something henceforth to be touted on the market. A hospital closure is referred to as a "market exit", not to carry out a life saving operation is called a "budget underspend". This impenetrable language is redolent with symbolist abstruseness – a stay in a hospital becomes an "episode in care" a sort of "apres-midi d'un NHS" bizarrely evoked by the estranged wordsmiths of monetarism – whose aim is not to concoct some ideal reality through a language torn from its functional context – but to cover up the unspeakable. The circle closes: this inverted apocalypse of language is indebted to the euphemisms of modern warfare where to kill was to "terminate with extreme prejudice" and where villages were destroyed "in order to save them."

The closing down of the NHS, i.e. its privatisation, inevitably forms part of the Tory government's privatisation program. However, the economic context and the circumstances of class struggle in which the first privatisations took place and today's projected privatisations are very different. Privatisation, beginning with British Telecom, was an ad-hoc strategy. The foot-dragging "consensus" propping up subsequent privatisations was largely manufactured through economic sweeteners. The State crudely rigged "market" price, and sections of the working class throughout the '80s were able to get in on asset inflation. However, other than insurance companies, no one will get rich out of the privatisation of the NHS. Such a thing literally tramples into dust any notion of a share owning democracy and a popular capitalism, because all the money goes straight to the fat cats as private insurance schemes are taken up. "Popular" intermediaries are dispensed with who, in previous privatisations, would sell their shares to institutions in order to make a quick buck. The privatisation of the NHS brutally emphasises the concentration of capital, not its pretended democratisation. Misguided individuals may beef about waste in the NHS – the enormous amounts of food surplus to requirements disposed of everyday is still a familiar complaint – but there isn't even the shreds of a consensus supporting the dismantling of the NHS. The mass of people, including middle class professionals, have been bludgeoned into accepting it and behind every hospital closure, in the not too distant past, is the defeat of section after section of the working class fighting to the death in isolation. True, criticisms of the formerly "fully operational" NHS were broad and manifold, but the ease and speed with which it is being dismantled is different from the "willingness" of factory workers to accept redundancy and closure previously. Then there was an element of gladness to have done with alienated labour – now the attitude is one of resignation and the feeling all protest is hopeless. The public's attitude is not one of "medical nemesis" – the actual shortening of life through too much medical interference – but the aghast reali-

sation one could literally be left to die in the not too distant future.

Whatever the future of the NHS – and a nurse in the UCH occupation did ask for alternative ideas on the NHS to make it more appealing – any renationalisation of health care must necessarily involve re-regulation and a hands on approach in other spheres as well, like, for instance, the stamping out of currency speculation favoured by more rational capitalists out of which insurance companies along with bank, pension and investment funds can do very well. Instead of a minimalist State, more of a maximalist State – all of which evades the vexed question of an autonomous medicine going beyond the rapidly fading institutions of the NHS. No matter how airy fairy such a notion now seems, the realisation of the good life through autonomous class struggle is inseparable from good health.

Both in psychiatry and general health care the recuperation of the everyday is very visible. (This recuperation is not merely carried out in terms of an idealised healthy person — it also carries a political meaning:— the restoration of the power of the status quo). Hospital wards at times come to resemble a homely sitting room with visitors sitting on beds, portable TVs flickering, music blaring, easy chairs left at random. Nurses are far less starchy and doctors and consultants are not so sniffy. Belatedly the trauma of a stay in hospital has been recognised and a patient seen to have human and emotional needs. At the same time the gain in informality cannot cover up the dust collecting in corners, the stains, the peeling paint, the dilapidated state of the premises, the clapped out beds. In fact the informality has developed alongside reductions in staff levels. It is as if recuperation has been permitted to exist with the proviso everything will shortly be gone – doctors, nurses, ancillary staff, equipment, even the bricks and mortar. Here, to kill is to cure. Waiting lists are abolished by closing all hospitals in an insanity which knows no bounds, and strikes are abolished by shutting down industry.

There are a myriad of other matters one could glance on. The misery of doctors enveloped in a world of serial sickness, endlessly seeing one patient after another, their loneliness, self-doubt and recrimination resulting in breakdown; their disastrous love lives often leading them in middle age to pounce upon the first available member of the opposite sex. And then there are the drug company reps that prey on doctors, offering inducements like holidays in the sun, to demonstrate the virtues of some new supadrug – their stylish clothing, large salaries, persuasive selling techniques and at the end of the day nothing but the sting of conscience and alcohol.

And why haven't doctors, consultants and hospital administrators laid bare their professional unhappiness and told it like it was? This failing they share in common with most other professional people who similarly maintain a vow of silence, leaving the rest of us to try and do it for them. It is noteworthy that Dr Chris Phallis of "Solidarity" – a member of one of the best revolutionary groups/mags of the 60s – never voiced his unease at being a top consultant, as though clinical practice was immune from the vicissitudes of class struggle. When he came to write on the NHS,

he used it as a vehicle to demonstrate the Cardanite thesis of ever increasing bureaucracy. And where NHS staff have written from the eye of the storm it has tended to come from within a Trotskyist perspective (e.g. "Memoirs of a Callous Picket" written by Jonathan Neale, an SWP ancillary worker (Pluto Press, 1983) and Dave Widgery's account "Some Lives" of what it was like to be a GP in a poverty stricken east London borough), Only recently have more autonomous critiques started to appear, and let's hope we'll see a lot more of them when things really start to come to the boil...

Unfortunately, most people (and with all the so-called 'reforms' the numbers grow by the minute) still have some kind of faith that the Labour Party, once in power, is going to ride into the fray on a white charger and clear up the mess, bringing about free health care, building hospitals everywhere. Don't believe it. Basically, they are going to take over the 'reforms' managing the 'unaccountable' trusts with a phalanx of the their own personnel. After all, it was ad hoc Labour Party initiatives (pretending to be grass roots and independent) on urban regeneration and single issues in the 60s and 70s that brought to prominence the para-state (as it was then known) which became the precursors of the now notorious and much more powerful (lucratively funded) quangos, staffed with failed government cadres. Obviously, the Labour Party will change to some degree the form and content of the trusts, making them more publicly acceptable (perhaps doing away with the two-tier system and GP fund holding practices?), but any real rebellion from below concerning the direction of health care, wages, staffing levels, etc., will be severely dealt with. In 1992, some Leeds health workers asked John Battle – a Leeds Labour MP and Labour left winger – if the Party on coming to power would abolish the trusts. Battle looked as though he'd swallowed a bee, accusing them of being wreckers destroying the Health Service – and this at a time when the same health workers were daily facing the new brutalism of trust management... Is this the shape of things to come?

Dad slams 'third world' UCH after baby's death

A TOP-LEVEL Inquiry has been launched at University College Hospital into the death of a sick baby who was kept waiting three hours in casualty before being hooked up to a faulty drip-feed

Six-month-old Chevrae Palmer (pictured) died from gastro-enteritis, an infection which can kill a baby unless attended to rapidly.

EXCLUSIVE by CRAIG KENNY

CAMDEN NEW JOURNAL 21/5/94

Dad slams hospital

Appendix

Shortly after the first occupation ended, one of the occupiers, who is a member of *Wildcat* (a 'revolutionary journal') wrote an article about the events ("Managers and unions act in unison" – by "RB"). The article was originally intended to be published in the next issue (no.17) of Wildcat but in the end it was left out. The article is quite critical of the occupiers and our failures – and there's nothing wrong with that, except that unfortunately most of the criticism is based on a misunderstanding of the real facts of the situation. But never mind about that – we would like to respond to a more important point of view in the article, concerning the question of organisation.

In *Wildcat* no.17 several pages were devoted to the journal defending itself against accusations from others that they are vanguardists; that is, that they believe the working class is in need of their political leadership. *Wildcat,* who are neither Leninists or anarchists but call themselves (anti-State) communists, say in their defence, *"the most vehement anti-Leninists usually share many of the conceptions of Leninism. In particular they share an obsession with the division between politically conscious people (such as themselves) and the masses. They see the central question as being how the former relate to the latter. Do they lead them organisationally? (Leninism); do they lead them on the plane of ideas? (Anarchism); do they refuse to lead them? (councilism)... They assume that everyone else is obsessed with this question as well: 'Wildcat have evidently found that their ideas and attitudes have little impact on the mass of workers around them...' Who do they think we are, the SWP?"* Now contrast this with their statements in their article about the UCH occupation: *"We should have set up an occupation committee, and tried to ensure its domination by the more politically advanced people involved, in other words, by ourselves."* This hard-talk after the event is a mask for an inability to transcend the limits of the situation any more than anyone else. In fact RB waited until *after* the strikers were forced back to work by Unison before distributing to some of them Wildcat's "Outside and Against the Unions" pamphlet — again copying the 'I-told-you-so' arrogant attitude of the leftists.

Its not surprising this article was left out of the magazine – it wouldn't have sat very well next to their claims of not being vanguardist. These sentiments, plus *Wildcat's* own usual obsession with "the division between politically conscious people... and the masses" were echoed by other statements in their UCH article.

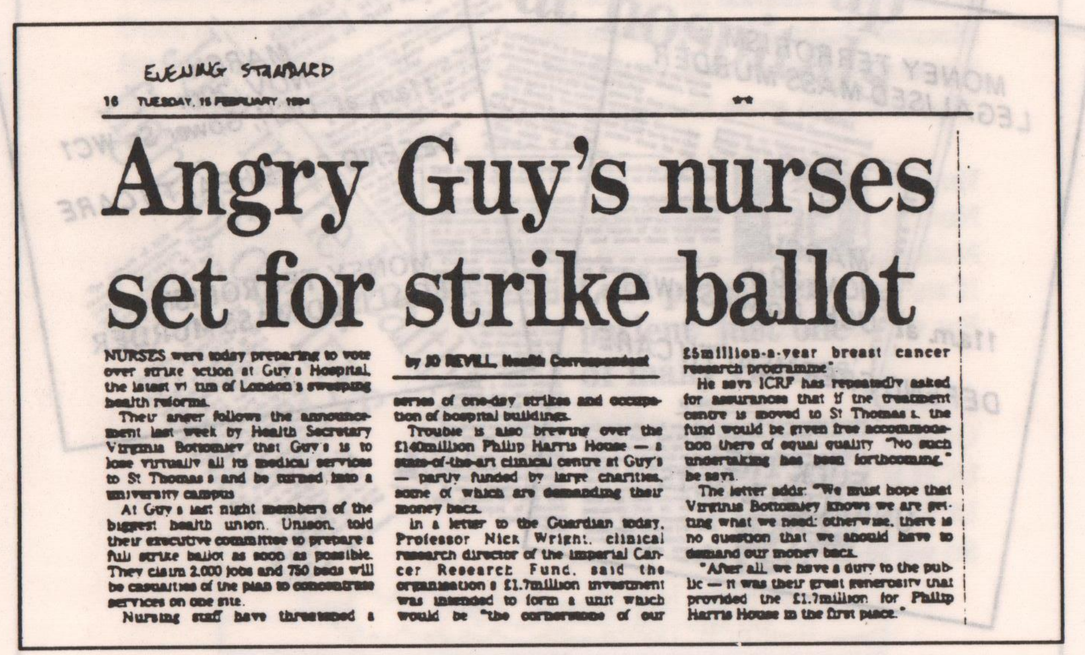
"If the working class can be led into socialism, then they can just as easily be led out of it again." Eugene Debs

For us, we hate the left because their tactics always seek to destroy the subversive, autonomous content of struggles – and without that content the struggle is headed for defeat. But for *Wildcat* it seems that the left is a problem simply because

their ideas and long term goals are wrong: they want to use similar tactics towards different ends. We know that the left's influence on struggles often alienates, drains and demoralises people who have to deal with their manipulations – but RB obviously thinks it's not important if the mass of the working class has a relationship to its own struggles similar to that of a passive TV viewer to their set – as long as they can be prodded and made to act in a prescribed way the "politically advanced" can win struggles by their domination. This is a logic shared by trade unionists, the SWP – and political specialists in general.

We know that the leftist party machines always have a separate hidden agenda to pursue in struggles – recruitment, self-publicity, etc., and they believe they are the necessary vanguard that must lead the masses. It seems that RB would like to be the ultra leftist vanguard that outflanks the left – instead of a rigid party machine, a more fluid structure of ultra leftist militants dominating struggles, like "invisible pilots at the centre of the storm." *Wildcat* often say they are against democracy, partly because it submits all activity to the will of a majority. But to counter this by seeking to submit all activity to the will of a "politically advanced" minority is no solution at all.

RB rightly says that the SWP managed to "destroy the atmosphere of the occupation, an intangible but important thing" – one wonders what kind of appealing atmosphere his plans for an occupation dominated by the politically advanced would create?



EVENING STANDARD

16 TUESDAY, 15 FEBRUARY 1994

Angry Guy's nurses set for strike ballot

by JO REVILL, Health Correspondent

NURSES were today preparing to vote over strike action at Guy's Hospital, the latest victim of London's sweeping health reforms.

Their anger follows the announcement last week by Health Secretary Virginia Bottomley that Guy's is to lose virtually all its medical services to St Thomas's and be turned into a university campus.

At Guy's last night members of the biggest health union, Unison, told their executive committee to prepare a full strike ballot as soon as possible. They claim 2,000 jobs and 750 beds will be casualties of the plan to concentrate services on one site.

Nursing staff have threatened a series of one-day strikes and occupation of hospital buildings.

Trouble is also brewing over the £140million Philip Harris House — a state-of-the-art clinical centre at Guy's — partly funded by large charities, some of which are demanding their money back.

In a letter to the Guardian today, Professor Nick Wright, clinical research director of the Imperial Cancer Research Fund, said the organisation's £1.7million investment was intended to form a unit which would be "the cornerstone of our £5million-a-year breast cancer research programme".

He says ICRF has repeatedly asked for assurances that if the treatment centre is moved to St Thomas's, the fund would be given free accommodation there of equal quality. "No such undertaking has been forthcoming," he says.

The letter adds: "We must hope that Virginia Bottomley knows we are getting what we need: otherwise, there is no question that we should have to demand our money back.

"After all, we have a duty to the public — it was their great generosity that provided the £1.7million for Philip Harris House in the first place."

FUCK THE
UNION SELL-OUTS

MARCH
NOV. 20th
11am. at UCH, Gower St. WC1

DEFEND FREE HEALTH CARE

T.ories'
U.nofficial
C.ops

THE MARKET
MAKES US SICK

MARCH
NOV. 20th
11am. at UCH, Gower St. WC1

DEFEND FREE HEALTH CARE

PASSIVE DEMOS
AREN'T ENOUGH

MONEY TERRORISM =
LEGALISED MASS MURDER

MARCH
NOV. 20th
11am. at UCH, Gower St. WC1

DEFEND FREE HEALTH CARE

FUCK THE
UNION SELL-OUTS

OCCUPY
THE HOSPITALS

MARCH
NOV. 20th
11am. at UCH, Gower St. WC1

DEFEND FREE HEALTH CARE

MONEY TERRORISM =
LEGALISED MASS MURDER

Songs

To the tune of "John Brown's Body"

Verse 1
The crisis at the UCH is looking very grave,
They want to close the hospital for the pennies it will save,
But we won't forget the union for the support they never gave,
When they would not back the strike.

Chorus
Un-i-son sold out the nurses
Un-i-son sold out the nurses
Un-i-son sold out the nurses
'Cos that's what scum they are.

Verse 2
Now Marshal down in management is looking very smug,
But when he dealt with nurses he was acting like a thug,
If he thinks he'll get away with that, then he must be a mug,
'Cos he cannot blackmail us.

Chorus 2
Marshal blackmailed all the nurses
Marshal blackmailed all the nurses
Marshal blackmailed all the nurses
'Cos that's the scum he is.

Verse 3
Now its up to the people, to do what we think right,
Nothing's going to close again without a bloody fight,
If we have to occupy, we'll be there day and night,
For we shall not give in.

Chorus 3
UCH is for the people
UCH is for the people
UCH is for the people
So we're going to take it back.

To the tune of "Daisy, Daisy"

Marshal, Marshal, give in your notice, do,
We're quite crazy, 'cos of the likes of you,
You're too busy protecting your purses,
When you should be supporting your nurses,
Resign – resign – you waste of time,
And the rest of your management too.

Unison, Unison, give us your answer, do,
We're quite crazy, 'cos of the likes of you,
If you won't back the hospital strike,
You'd better get on your bike,
Get real, get real, or else you'll feel,
Some action directed at you.

To the tune of "My old man said follow the van"

Uni-son said, "We'll back your strike,
And we won't dilly dally with your pay,"
But six weeks later they withdrew support,
Poor old nurses were well and truly caught,
Then they dillied and dallied
Dallied and they dillied,
Done some deals with Marshal on the way,
Now they can't trust the union,
Not to stitch them up,
Or blackmail them to stay.