

# fightback

against cuts in the health service



Bethnal Green Stays  
Oxford Nursery Work-in  
Community Hospitals

# Taking The Pulse

## Ennals' violence

All the disputes we have come across in *Fightback* are in fierce protest at the deteriorating conditions for staff, patients and the local community in relation to Health and other services. Health workers and others are getting organised, and David Ennals, Secretary of State for the Social Services, doesn't like it one bit.

"I'm cheesed off with that minority of workers in the service who put their own grievances before the interests of patients, patients," he said in a *press statement* on March 15th. "There have been too many examples of unofficial action which damages the service and can put patients' health at risk. There is ill-informed criticism from those who want cheap headlines."

He went on, "The NHS isn't just any old firm. It's our Health Service. It's about life and death. So we can't behave as if we were manufacturing sprockets. We've got procedures in the service for dealing with grievances. But pulling out the telephone plug, downing scalpels or refusing to admit sick patients is downright irresponsibility."

Well, three cheers for Mr Ennals. He's learnt to tell the difference between a sprocket and a broken leg. Something that most of us have known for a long time. Unfortunately Mr Ennals doesn't seem to have his own two feet on the ground, because he went on to say, "The more we learn, the more we can treat. The more we can treat, the more patients demand new treatments. There is no end to this process. Indeed, in theory we could end up in a crazy world where everyone is kept alive for ever and the whole of our gross national product is devoted to the health service."

We ask you, *Fightback* readers, are these the kind of remarks you expect from a sane man who calls himself a socialist, in charge of the Health and Social Services?

Gazing into the sunny tomorrow, Mr Ennals is happy to "look forward to

the day when more resources can be made available. But until then, all of us working in the NHS must get on with the job as best we can."

### WHOSE LIFE?

Well, Mr Ennals, we've got a bit of stark reality for you. It's *our* life and death you're talking about. And the thing is, we *can't* get on with the job if you've decided to close our hospital.

And pulling out a telephone plug on personal calls, or refusing to work on wards where staffing levels are dangerously low is a humane response to the *violence* you are doing to staff, patients every day through intolerable pressure of work due to deliberate staff shortage and run-down of facilities.

It's clear that you think we are mindless morons who cheerfully put patients' lives at risk for our own self-interest. Well, you're wrong. It's you who is putting the financial interests of the IMF before the welfare of staff and patients.

It's *you* who have spat in the faces of those of us who have devoted years to the well-being of sick people and denied any democratic say to the working people who have fought for and who pay for every penny of the NHS out of our taxes.

It's all very well to talk about grievance procedures. At Hounslow, Hemel Hempstead, Birmingham, Bethnal Green, Hull and many other places, we have exhausted *all* grievance procedure and *you just take no notice*.

So now we are getting organised. Make all the cheap remarks you like. It's *we* who care about real health care and decent working conditions.

It's *we* who care about what kind of Health Service we have in the future. And we will continue to put pressure on you by getting *more* organised and taking the kind of action we think fit to force you and the Government to reverse your disastrous and inhuman policies.

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Once upon a time, there was a happy nursery school... BUT one day the children heard a terrible noise CLUMP, CLUMP CLUMP... And Brigadier Streetfield the terrible giant came stamping in ... HO, HO, HO!  
I'm going to cut this nursery he said... (see page 4)



"I used to think cuts simply meant a direct closure . . . until I nearly cracked up through nervous strain, blood pressure, ulcers, sheer exhaustion . . ." . . .

"Sisters and charge nurses in a big Croydon hospital [Mayday] will begin closing down a number of beds on Monday in protest over low staffing levels. The step is unprecedented within the Royal College of Nursing to which the staff belong." (London Evening Standard, 3.2.78)

## highlight on STAFF SHORTAGES



One area of cuts which often gets forgotten is staff shortages. About 70% of the NHS budget is spent on wages. So restrictions will always have to be met from wages and jobs somewhere along the line. In industry, this means shut-downs, lay-offs and large scale redundancies (think of Leylands, Steel and the Shipbuilding industry). In the public sector, jobs are under attack as managements cut back in each department, the strain on staff increases and sickness levels shoot up due to pressure of work. Departments or wards are closed through lack of staff, and management "save" money using the excuse that they can't recruit new workers.

This vicious circle is highlighted by a nurse from West Middlesex Hospital, Hounslow:

"Many *trained* nurses are leaving because of dissatisfaction with working conditions. This allowed management to close the male surgical ward. But now things have got so bad that they are going to close the female orthopaedic ward. This is very frightening. Already they are not doing "cold" (non-emergency) female surgery (hip replacements, knee joints etc). And now even our ability to do emergencies will be severely restricted.

Orthopaedic care is being really hit by cuts. The beds are becoming blocked. What happens is this. An older woman fractures her femur [thigh bone] and comes into hospital. As people get older their bones become brittle and take much longer to mend. An older woman, especially if she lives on her own, needs a longer period of rehabilitation and

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**"The maternity unit at a major hospital has warned that admissions will have to be cut unless it gets more nurses. Doctors at Whipps Cross Hospital in East London have told the management that they can no longer accept responsibility if any 'mishaps' occur. They say if staffing is not improved by June 1st, they feel the number of patients booked for delivery will have to be reduced."** (Morning Star, 7.4.78)

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convalescence. We used to use Hounslow Hospital for this. But now it's closed for nursing care, so we have to keep them here.

There should be 11 trained staff on the orthopaedic ward. In fact there are only 4! We can't give the patients enough time and care. So they stay in bed too long. This means they risk getting deep vein thrombosis, chest infections, pressure sores or suffer from muscular wastage. Some get severely depressed and some become senile.

It's a nightmare. Many nurses work through their coffee and lunch breaks or get pressurised into doing a split shift. The workload is intolerable. Several nurses are cracking up under the strain. No one wants to work there and it's hard to transfer. People are resigning as a form of protest, but that's no answer."

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**"More than 200 nurses at the Royal Cornwall Hospital, Truro, and its associated hospitals have signed a letter to be sent today to Mr David Ennals, protesting that they are no longer able to give quality care to patients because of lack of money."** (The Times, 20.3.78)

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### ORGANISING AGAINST STAFF SHORTAGES

At Claybury hospital in Essex, the COHSE branch has had enough of nursing shortage, cutbacks in domestic staff and cuts in patient food. Earlier this month, they called an open staff meeting attended by 250. This called for an end to the intolerable strain being put on staff; criticised Reorganisation and called for the accountability of administrators and demanded more money for their hospital.

All sections of staff supported the basic demands, including some consultants. After exhausting the grievance procedure up to Area level, on April 8th, they decided to ban all admissions. They won support from COHSE branches at two other local hospitals, from Redbridge and Waltham Forest Trades Council and from local railway workers (NUR). Within 4 days, the AHA had agreed to meet them and their demands are now under negotiation.

Meanwhile, in the AHA building nearby, the administrators have got £300 desks, Parker Knoll chairs and flashy modern kitchens. Whereas in the wards, patients—to whom for many the hospital is home—don't even have a bedside wardrobe.

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**IF YOU ARE SUFFERING THE STRAINS OF STAFF SHORTAGE, OR IF YOU ARE TAKING ACTION . . . WRITE TO FIGHTBACK OR PHONE WITH DETAILS. MORE NEXT ISSUE.**

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The fight against the cuts in Oxfordshire has now reached a new level of intensity with the occupation of the South Oxford Nursery Class. The County Council has mounted a particularly vicious attack against educational provision throughout the county, a case of an almost uniformly Tory Council using the Labour government's infamous cuts policy as an excuse for scaling down state provision.

## South Oxford Nursery Stays OK



...the children, mothers and fathers occupied the nursery...

The Oxford City Nursery Campaign was formed a year ago and has consistently carried out a principled struggle to protect nursery education in Oxford. This has mainly centred on the fight to save 30 places in the South Oxford Nursery Class.

This class was due for closure on Thursday 23rd March so parents and members of the Campaign occupied the building at 3pm on Tuesday 21st. The occupation was effected by fifteen parents and nursery campaigners supported by a demonstration of about 60 people outside.

### STILL OPEN

The class is being kept open by trained staff and the building is occupied round the clock. The Oxford Trades Council had twice pledged support for the campaign policies, including occupation, and NUPE immediately instructed their members to black orders to cut off essential services. Local branches have been passing resolutions of support, sending donations and providing manning help for the occupation rota.

A deputation is being sent to the council comprising representatives of the Campaign, the NUT, NUPE and NALGO. The purpose of this is to demand the maintenance of the 30 places, and the jobs cut by the closure. The other demands are for the extension of the nursery provision as a basic social right for all. The right to take up a full-time nursery place should be open to all parents, women who would otherwise be forced to stay at home, single parents etc.

### OPEN THE BOOKS

Another essential Campaign policy raised

sharply by this occupation is the demand for public access to all information about council expenditure. The County Council has reduced all its arguments to the basic line — "We don't have the money."

The sum needed to maintain these thirty places is (on their own admission) £5,500 per year. We want to know where the money goes in the education budget and who profits from lucrative supply contracts. We advocate the setting up of committees of trade unionists, parents and teachers to investigate educational



needs and spending.

During the long battle between the NUT and Oxford County Council last year, huge sums of money kept appearing at crucial moments—£6¼m 'contingency' funds and £2¼m 'reserve' funds. The money is here in Oxfordshire and it is here nationally. Only direct action against such cuts can seriously challenge the whole policy of hacking away at public spending.

### NATIONAL SIGNIFICANCE

The occupation was greatly strengthened on the second day when delegates from Hounslow Hospital and the Campaign Against a Criminal Trespass Law came to the first public meeting after the occupation. We know that this nursery occupation is of national significance and we are anxious to establish as many contacts as possible. We would welcome visits from existing occupations and from any groups about to take direct action. We would also like to send speakers to such groups and occupations.

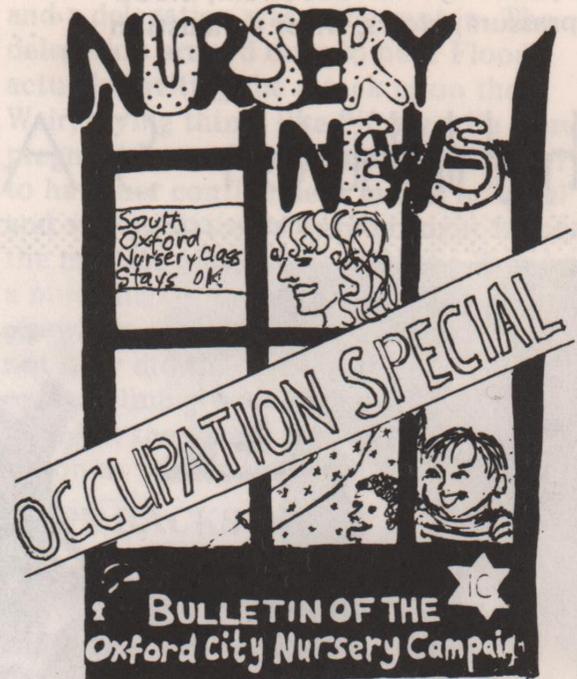
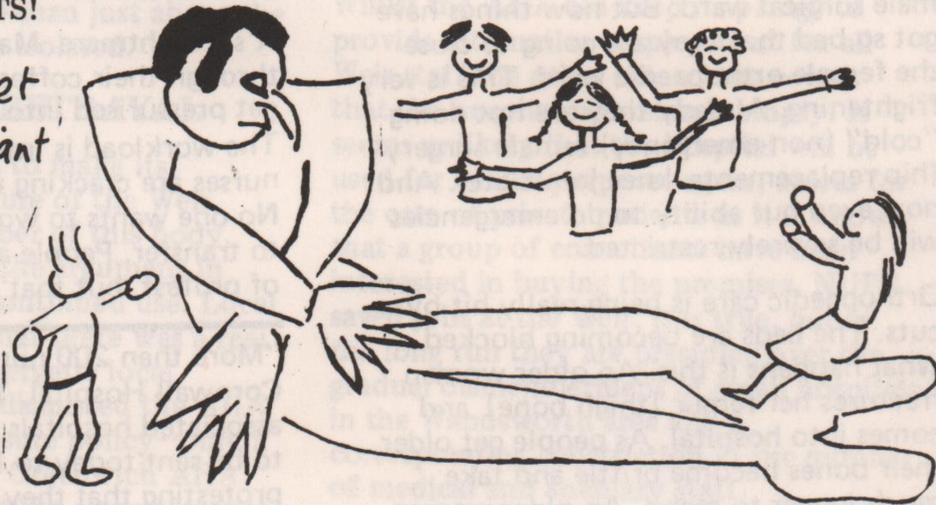
Our contact address is c/o Ted Eames, 7 East Street, Osney, Oxford. (Tel: Oxford (0865) 43412). We have produced three Campaign Bulletins including an Occupation Special issue of the campaign's own publication *Nursery News* (price 10p).

- \* For South Oxford Nursery Class!
- \* For opening local authority books!
- \* For the rights of parents and children!
- \* For ACTION AGAINST THE CUTS ON ALL FRONTS!

...We can't get rid of the giant by ourselves.

But if you help us, we ALL can.

(From 'How to Kill Giants' by Oxford City Nursery Campaign)



DAY ONE (Tuesday 21 March)

PARENTS of children at the Nursery Class were asked to collect them by ten to three—it seemed someone was apprehensive about the demonstration at three o'clock. And rightly so!

We brought our plans forward. At five to three a small band of parents and children feeling nervous, foolish and determined in equal parts sallied into the school cloakroom.

We padlocked the two sets of double doors into the hall—but, panic!—our key to the back door didn't fit. Worse, it looked as if the teacher might not be going to leave, and as we had no wish to fall foul of the law we began to think perhaps we'd better retire in good order. Just as we were wondering what to do, the teacher picked up her handbag and vacated the classroom.

Taken from the occupation diary in the Oxford Nursery Campaign Bulletin

# WOMEN against cuts

How many times have you gone to the doctor and come away with the feeling that there's nothing that can be done, so you'll just have to put up with it? Or that the doctor thought it really wasn't important enough for you to have wasted his or her time? Women are often made to feel like this when they need to use the health service. Women involved in the campaign to stop the Elizabeth Garrett Anderson hospital for women from closing, have been fighting for more health care that caters for women's needs, rather than ignoring or dismissing them.

## menopause

Recently, a series of discussion evenings at the hospital have been started, to give local women a chance to meet with EGA staff and other women, to ask questions and discuss the causes of different health problems, and how best to avoid them. The first one was about the menopause, and these are some of the things that were discussed.

### What is the Menopause?

In their middle or late forties, most women begin to experience the menopause. Their ovaries no longer release an egg every month because of a change in body chemicals at this age. This in turn means that the lining of the womb does not build up ready to receive an egg, if it is fertilised. It is the lining of the womb which breaks down and gets shed when a woman has a period. So, obviously, no more eggs, no more periods.

### Do all women suffer?

For many women, the only difference they notice is the end of their periods. However, many others do get distressing physical and emotional sensations at this time, and for about one in ten, these can be very severe. They include hot flushes, dizziness and palpitations, headaches and other physical complaints, and also feeling "nervy" or depressed.

### What causes these symptoms?

Hormones can affect our moods, as well as the physical functioning of our body. Oestrogen is a hormone, which amongst other things controls whether or not the ovary releases eggs, and during the menopause, the amount of oestrogen in the blood stream goes down. So, it may be that this partly causes some of the physical and emotional sensations. It is also possible that some of the symptoms of the menopause, such as irregular or excessive bleeding *may* be the signs of some disease, such as fibroids (lumps in the womb) or even cancer, and these need careful checking.

Women at this age also have to face a number of other problems. Since women in our society still tend to be looked on as sex-objects and breeding machines, getting older and no longer being able to have children makes us feel less wanted and valuable. A woman's sex drive may stay the same or even increase, but she may feel that it is wrong to have sex any more. The name '*change of life*' itself suggests that women *ought* to feel different, and finding ways of coping with and challenging these attitudes may be one of the problems.

### What about cures?

One treatment is by Hormone Replacement Therapy, where

women are given a daily dose of oestrogen. This can help with hot flushes, headaches, tiredness and moodiness, but it can also have uncomfortable side effects.

Hormone replacement *may* be the answer in some cases, but not until the causes of the women's symptoms have been fully investigated. This means careful, regular examination and screening for any other physical disorders. It also means trying to sort out the chemical from the psychological and social reasons for any problems. This can be difficult, but many doctors do not have enough knowledge, interest or sympathy to be bothered with it. Discussion with other women in a similar situation can be useful in helping a woman herself, to sort out what is happening to her body and in the rest of her life. And careful sympathetic treatment would not only be of individual benefit, but would allow us to investigate a great deal more about the way the body works during this time.



## EGA - well woman

The EGA is fighting for the money to open a Well Woman Clinic at the hospital. There have been discussions between EGA doctors, nurses and other staff at EGA and local women, womens groups, community organisations and the Community Health Council about how such a clinic could be run, and also about other ways that the EGA's services could be extended. The clinic could not only provide a general health check up, including screening for breast and cervical cancer, but could also give women the opportunity to discuss any health problems, without needing a GP's referral letter. Although a clinic is not yet open, and the hospital is under threat, the EGA Action Committee are having a survey done into how the hospital could be expanded, and the Well Woman Clinic Committee, part of the Save the EGA Campaign, are now planning a "women's health fair" locally.

For further information contact: Jane Barker, EGA Well Woman Clinic Committee, 89 Northdown St, London N1. 01-387 4646

## Birmingham

### CLOSURE POSTPONED

The Birmingham Action Committee against Hospital Closures and Cuts is growing in strength and numbers. A mass picket of 300 demonstrated outside the Birmingham AHA meeting in January, and a public meeting held in March was supported by health workers, industrial workers, the Trades Council, and the Community Health Council. Three Action Committees have been formed inside the following threatened hospitals: *Romsley Hill* (geriatric); *Sorrento* (maternity); and the *Ear and Throat Hospital*.

The following extracts on the struggle to save Romsley are taken from the Bulletin No 2 of the Birmingham Action Committee:

#### Why we oppose the closure

- No Redundancies.*
- Protect Birmingham's Old People* — Birmingham is already short of 250 geriatric beds and at least 500 psychogeriatric beds.
- No Consultation* — We have been disgusted by the attitude of the Birmingham AHA, who have produced some deliberately misleading figures and denied us access to others. The first workers at Romsley knew about the closure of their hospital was in the columns of the local press.

#### Devious tactics

On the evening of December 19th, two ambulances turned up at Romsley with instructions to move patients out, apparently on the pretext on inadequate fire cover. At no time during the recent strike was there a shortage of volunteers for fire cover at the hospital—**THIS WAS A BLATANT ATTEMPT TO VACATE THE HOSPITAL WITHOUT PROPER AUTHORISATION.** Fortunately, our members stood their ground and refused to release patients.

#### Romsley workers pledge to fight

The Committee has been active in getting local MPs to visit the minister, finding out details of the closure plans, lobbying the AHA, and examining the effect of closure on facilities for old people. And the workers at the hospital have voted unanimously:

- To support the Action Committee in any attempt to save the hospital.
- To refuse talks on redeployment, redundancies etc.
- To refuse access to anyone seeking to transfer patients from the hospital for the purpose only of emptying beds.
- To decry the underhand tactics of the AHA, when on December 19th they made the attempt to vacate beds under the pretext of limited fire cover.

**THE RESULT OF THE ACTION? . . .**  
Closure has been postponed. We must see that it is cancelled!

For further information: Chris Adamson, BACHCCS, c/o NUPE, Monaco House, Bristol Street, Birmingham B5 7AS. Tel 021-622 6221.

## Sheffield

The fight continues against the plans to rationalise the paediatric services in Sheffield, which would mean the closure of Thornbury Annexe, the main medical hospital for children in Sheffield and the surrounding area. The Sheffield Area Health Authority's Consultative document on children's services has been rejected by the Community Health Council.

Now, even before the end of the consultation period, the AHA have stepped down and said that Thornbury will not be closed immediately. This is now becoming a familiar tactic used by the AHAs—if they meet opposition to a closure, they postpone final decisions as at EGA and Bethnal Green hospitals in London, hoping that in the meantime the hospitals can be run down, and the resistance from the staff and the community can be diffused.

However, Sheffield Campaign Against Cuts in the Health Service is determined to finish these plans off once and for all, and to fight other cuts in children's facilities and in the rest of the health service in Sheffield. They have called a lobby and picket of the Area Health Authority meeting on May 8th.

Further information from: Sheffield Campaign Against Cuts in the Health Service c/o 179 Sandford Grove Road, Sheffield 7.



## London

The defence of Paddington Green Children's Hospital started on March 29 when the staff voted not to take part in closure plans, not to assist in the running down of the hospital and not to transfer to other jobs being offered by management.

The hospital, with 33 beds, an extensive operating department and physiotherapy etc., was to have its in-patient facilities cut as a "matter of urgency".

The staff have not been well unionised but are now joining NUPE who have given official support to their action. Since the hospital became defended, management are now climbing down and are suggesting that only one ward—surgical—be closed, leaving the medical ward open.

Anaesthetists have tended to agree with management that the surgical ward should close as conditions for recovery are not as good as they could be. However the majority of staff would like to continue to make use of a second ward even if it were for other purposes and have put forward various proposals (after agreement with the CHC) to the Area Health Authority.

But here comes the crunch. Area have said they are willing to keep the second ward open for other purposes as long as the transfer of use incurred no extra cost. Now staff are having to fight this Catch 22.

Support Paddington Green Children's Hospital Action Committee. Contact Sister Kerry O'Sullivan, Geoff Pattini, or Sister Lil Wilson at the hospital on 01-723 1081.

## ROUND THE

## Liverpool

### FIGHTING LIKE HELL!

Liverpool has good news to report on the fight against cuts. After "fighting like hell", a Committee of Enquiry was set up under Professor Dyson to look into local conditions of health care in Liverpool. The Dyson Committee took written and spoken evidence from local health workers and organisations. The final report came out *against* the closure of both the Casualty department at Sefton General, and the Maternity department. Both were meant to close early this year, but the decisions have now been delayed until further notice. Staff at Sefton are in no doubt that this is in direct response to the fierce organised resistance that was mounted in the hospital and the local area.

But staffing levels in Liverpool hospitals are still dangerously low, and only show slight signs of improvement. The fightback has only just begun!

# Telephonists

Telephonists in the Health Service do not often make their presence felt. But as extra duties have been piled up on them without any increase in wages, they felt it was time to do something. So for nearly two months they staged a work-to-rule. Contrary to many disgusting press reports, patients were in no way put at risk. Telephonists operated their work-to-rule by *only* dealing with calls related to patient care or the operation of machinery or equipment related to patients. They refused to put through personal calls, or calls relating purely to administration.

## The telephonists' demands

The telephonists calculate that they have

63 extra duties which have gradually been added on to their normal work. In particular, this includes extra alarms for cardiac arrests, fire alarms. And also the nitrous oxide alarms from theatre, blood bank alarm calls as well as the working out of rotas for doctors on call.

Because of this extra responsibility, they are asking for upgrading which would add 10% onto their normal rate of pay. This would be in line with GPO telephonists who have just been given a 10% responsibility rise on top of their normal rate.

For the present time, the telephonists have agreed to call off their work-to-rule while the Whitley Council does a job evaluation with the GPO telephonists. A mass meeting of telephonists on June 3rd will decide the on the proposals arising from this.



Hackney Flashers

# Edinburgh

## SCOTTISH CUTS COMING — EDINBURGH HOSPITAL WORKERS PREPARE FOR FIGHT

The decimation of the Health Service that we've seen in England and Wales in the last two years is just about to begin in Scotland. In England and Wales there was RAWP (Resources Allocation Working Party), which under the pretext of fair shares for all gave the go-ahead for cuts by levelling down the richer areas to the standard of the poorer ones. A process of robbing Peter but not even bothering to pay Paul. Now the Scottish health bosses have brought out their own model which they have the cheek to call SHARE (Scottish Health Authority Resource Equalisation). The label is different but the recipe is the same, — CUTS.

But the signs are that these cuts will be strongly resisted by people in Scotland. In Edinburgh, a so-called rich area and therefore one earmarked for the most cuts, the Authorities had plans to close Leith hospital. Leith is the area around the docks and has been run down for many years. The proposed closure of the hospital was seen as the last straw. A public meeting was called and three hundred angry local people turned up. The Authorities backed down.

It now looks as if the attack will be on hospitals with less public support. The planners claim there are too many maternity beds in Edinburgh and not enough geriatric ones, so this is likely to be used as a pretext for rationalisation and cutbacks. The Elsie Ingles, a small maternity hospital, looks likely to be the first in the firing line, although the Authorities haven't made their plans known yet.

Because cuts in the Scottish Health Service are a couple of years behind those in England and Wales, Scottish health workers have the advantage of being able to learn from struggles south of the border. A meeting in Edinburgh on March 19th organised by *Hospital Worker* heard a speaker from London talk about the fight against cuts and closures there—what tactics have been used and to what extent they have succeeded. The tactic of working-in aroused particular interest.

The meeting went on to discuss the situation in Edinburgh. It was agreed to seek out and disseminate the latest information to hospital workers and the public. Also to lay the groundwork for the coming fight by building up union organisation—getting stewards elected in each hospital, increasing union membership where possible, and pushing for the setting up of an Area Joint Stewards Committee.

If the Health Authorities in Edinburgh are looking for a fight, it looks like they've got one coming.

# COUNTRY

## Hull

### WOMEN'S HOSPITALS THREATENED

*Townend Maternity Hospital* in Hull is a smashing little place, with beautiful, well kept gardens and a warm atmosphere inside. On the same site is a *Women's Hospital*. The buildings are only 40 years old and in extremely good condition, but within a year they could be closed down completely. Hull Health District wants to 'rationalise' the local health service, making local women bear the personal burden of the consequences.

If *Townend* closes, pregnant women and women in labour, will have to travel much further for maternity services. It will mean a loss of personal care and contact that smaller hospitals can give. Some doctors and midwives have expressed concern that the closure will result in an irretrievable loss of skill if

GPs and midwives are not allowed to practice maternity care in units like that provided at *Townend*. If the women's hospital closes, all gynaecological work will be transferred to the *Hull Royal Infirmary Sutton* annexe. There is already a long waiting list for gynaecological care, and the closure would inevitably mean even longer waiting lists and increased suffering and danger.

Many staff do not want to move, and will be forced to leave the health service altogether if the facilities close. There are already 240 NHS vacancies locally which management can't 'afford' to fill. So yet again staff cope with intolerable pressure, while patients suffer,

A very active local campaign to fight the closures has started in the Hull area. The Committee comprises trade unionists, representatives from women's groups, AIMS (Association for the Improvement of Maternity Services) and the National Childbirth Trust, as well as others from the local community.

The Campaign needs support and money. Contact: Tony Martin, NUPE, 413 Beverly Road, Hull. Tel. Hull 442233/4.

# We're keeping BETHNAL GREEN Open

A woman from the Save Bethnal Green Hospital Campaign talked to workers from the hospital, and other people involved about the campaign, what is going to happen now, and what the problems are in trying to keep the hospital open.

Bethnal Green Hospital has been threatened with change of use to a geriatric hospital since last October. The consultation period ended in March, when the AHA decided that unless more money was forthcoming from the Regional Health Authority, the hospital would have to close at the end of June. Despite this three month reprieve won by local protest, the Tower Hamlets District Management Team has been given the go ahead to continue plans to change the hospital when the reprieve ends.

The hospital in East London provides 300 beds in an area which has amongst the worst health conditions in the country. It has nearly a third of the acute beds in the Tower Hamlets health district. Already, health services in the City and East London are stretched to breaking point. Many hospitals have been on "Yellow Alert" over the winter, unable to take patients off the waiting list because they just cannot cope.

The fight to save Bethnal Green is not a fight to save just one hospital, but is also part of the struggle to stop the health services in East London collapsing over our heads. If the Green closes, all the other hospitals in the area will come under unbearable strain, trying to cope with the extra patients, and the fight against more hospitals being closed or rationalised in the area will be weakened.

## A local GP talks:

We first found out that the hospital was under threat at the end of September last year. A staff committee was formed in October, and we had a public meeting in November which was attended by 700 people. From this a Campaign Committee was organised which consisted of local people, trade unionists and staff from the hospital. Now there is an Action Committee in the hospital which has representatives from all sections of staff, and Supporters meetings are held to mobilise support from outside.

The Community Health Council didn't give us any support and did not oppose the change of use, until after the end of the consultation period. Now it's opposing all cuts in acute services in Tower Hamlets.

## A NUPE Steward from the laundry:

The campaign started slowly, not many of the staff were involved, but now there's a lot more since we got a new Action Committee in the hospital. We went along to the AHA consultation meeting (this happened on March 9th). They weren't talking about people—just about facts and figures. I sat through two hours listening to a load of rubbish, we weren't allowed to open our mouths. The AHA were just going through the motions.

We've been fighting to keep the laundry for four years. Now they are trying to close it again, but there is no way we'll let them move the machinery out, and the other hospitals that use it have promised to keep sending their laundry to us.



There was low union membership in this hospital, but since the campaign started a lot more people are joining. I might have 10 people a day asking to join now. If this hospital closes you will have to be half dead to get into somewhere like the London [hospital]. That's why we have got to get more militant. We've got to start putting our words into actions.

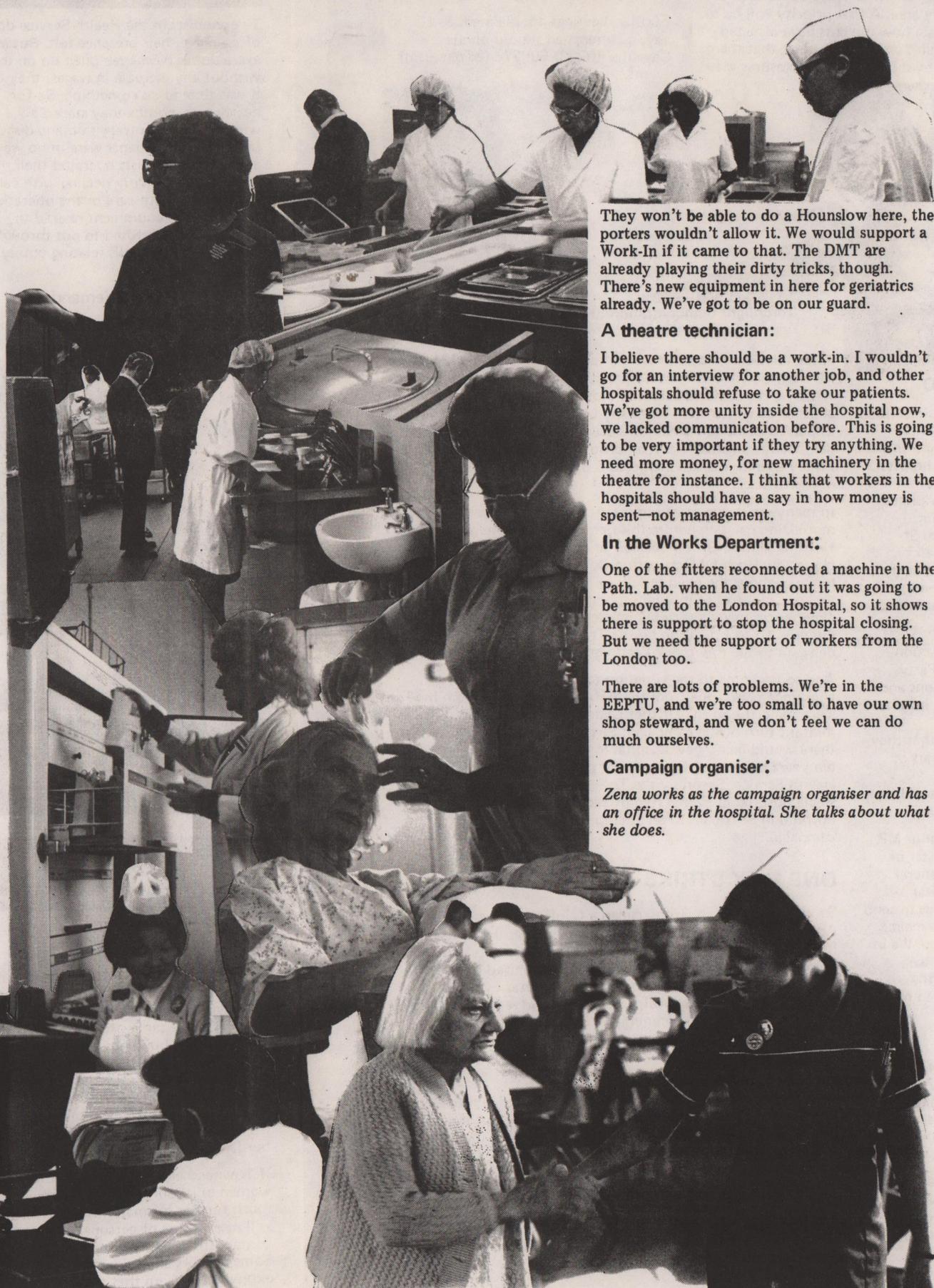
## A nursing sister from Casualty:

I honestly think the DMT thought they could just come and put a padlock on our doors, it would be so easy to close the Green. In the beginning, everyone was saying "Why don't we do something?", but no one was. A lot of nurses were afraid, but I've been here too long for that [15 years]. There are patients who have been coming for years, because it's a friendly hospital and we don't just treat people like machines.

Three wards have been shut because there is not enough nursing staff. This is the way they are trying to run us down, but we are advertising for staff ourselves now. Control of casualty admissions is not now solely in the hands of management. We have some say in it, so that management can't close the casualty over our heads. We've also got the co-operation of the unions that no work will start on converting the wards for geriatric patients.

## A porter:

This hospital isn't for geriatrics—it would just be a geriatrics workhouse. They can give Leyland £200 million, so why can't they give money to us. All this about there not being not enough money is rubbish.



They won't be able to do a Hounslow here, the porters wouldn't allow it. We would support a Work-In if it came to that. The DMT are already playing their dirty tricks, though. There's new equipment in here for geriatrics already. We've got to be on our guard.

## A theatre technician:

I believe there should be a work-in. I wouldn't go for an interview for another job, and other hospitals should refuse to take our patients. We've got more unity inside the hospital now, we lacked communication before. This is going to be very important if they try anything. We need more money, for new machinery in the theatre for instance. I think that workers in the hospitals should have a say in how money is spent—not management.

## In the Works Department:

One of the fitters reconnected a machine in the Path. Lab. when he found out it was going to be moved to the London Hospital, so it shows there is support to stop the hospital closing. But we need the support of workers from the London too.

There are lots of problems. We're in the EPTU, and we're too small to have our own shop steward, and we don't feel we can do much ourselves.

## Campaign organiser:

Zena works as the campaign organiser and has an office in the hospital. She talks about what she does.

I've been active locally, and they needed someone to organise the campaign, because if you work in the hospital you just don't have time to do it all yourself. I arrange for all the publicity, make some of the trade union and local contacts, and try to get people in the hospital and outside more involved. I act as a sort of link person, everyone knows I'm here, and I can pass on information and talk to people who phone up and want to support us.

One of the problems of having a full time organiser is that people can tend to lean on you too much, and expect you to do everything. We've been trying to share out the responsibility more, recently, like having different people responsible for arranging speakers, contacting other workplaces, getting the video tape shown, and organising the picket outside the hospital.

## PROTECTED HOSPITAL

Since the end of the consultation period, the campaign has now moved into a new stage. The workers have declared it a *protected hospital*. Inside the hospital, they are on the look out for dirty tricks, and pickets have been set up to tell people what is going on and to urge them to continue using the hospital. The aim is to build towards a 24 hour picket by the end of the reprieve period, when the DMT may try and close it. Casualty is open 24 hours a day, and the ambulance services are committed to bringing patients. Local GPs are being urged to keep sending them.

A new pledge sheet has already been signed by hundreds of local people and trade unionists, committing themselves to supporting the campaign to keep the hospital open. Many workers in the hospital have said they are prepared to work-in if necessary, and local trade union support, from NALGO and NUPE in particular is growing.

On May 10th there will be a lunch time stoppage and march to show the authorities we mean it. Meet outside Bethnal Green Hospital, Cambridge Heath Road, London E2, at 12.30pm. We need to unite across London to save our health service, and we are asking all local workplaces and other health workers to support us. Please be there!

For a speaker from the hospital phone Mrs Cox (laundry) 01-480 9926.  
To show the Video film phone Barbara Millhouse 01-981 2131.  
If you can help on the picket from 4pm-6pm or 6pm-8pm phone Jane 01-515 5835, or come to the picket room opposite the main entrance.

## STOP PRESS:

**EGA Threatened with Complete Closure**  
The report to the North East Thames RHA on April 24 recommended to Mr Ennalls that the EGA Hospital should be closed 'as rapidly as possible'. The EGA work-in needs urgent commitments of support in the event of an attempt to close it, and any financial donations.

Contact EGA Joint Shop Stewards Committee, c/o Elizabeth Garrett Anderson Hospital, Euston Road, London NW1 (tel: 01-397 2501)

Photos by Liz Heron

## Coventry

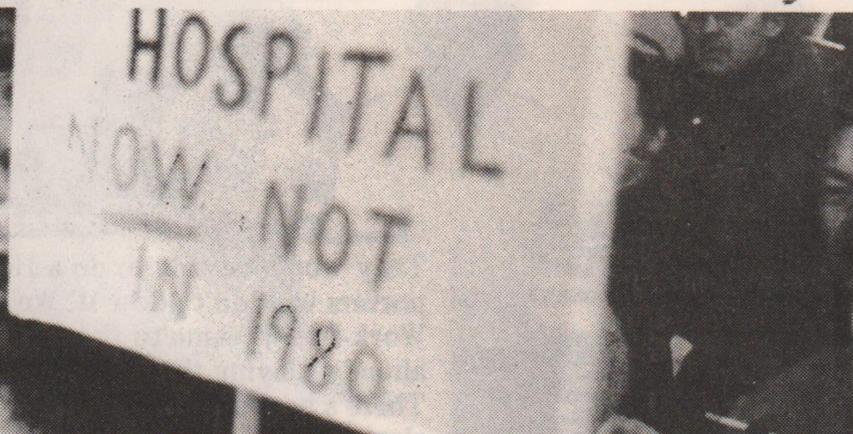
### SOCIALISTS FOR HEALTH

In Coventry trade unionists, members of women's groups and others recently held a meeting to launch *Socialists for Health*,

formed to campaign on health issues in the town. Guest speakers from Hounslow and the EGA hospitals joined in the discussion on what could be done in the Coventry area. A first priority will be to investigate how the cuts have affected local health services. The fact that there have not yet been hospital closures may

have encouraged a sense of complacency. Yet waiting lists are long, abortion and sterilisation facilities are abysmal, and staffing levels are progressively worsening.

Further meetings are planned, and anyone interested should phone Coventry (0203) 305276 for details of events.



Laurence Sparham (Report)

## Hemel Hempstead

### INDUSTRIAL WORKERS TAKE THE LEAD

Over 25 years ago, Hemel Hempstead New Town was promised a new general hospital. The need was obvious, the rapid expansion of the town was already placing great strains on the existing facilities. Today we are still waiting for that hospital, though not passively. Two years ago, the Area Health Authority announced proposals for a new general hospital in the neighbouring St Albans to serve both the Dacorum District (Hemel Hempstead and surrounding area) and St Albans, with a cottage hospital in Hemel. There was an immediate outcry against this plan as medical opinion in the area was unanimous that the size of population (approx 250,000) demanded the existence of a major hospital in each town to meet the basic health needs of the people.

This led to the setting up of the Dacorum Hospital Action group involving the local Labour Party, Communist Party, IMG, IS, Trades Council and various other organisations and individuals. The aims of the campaign were simple, a hospital for each town, but proposals to broaden the fight to opposition to the cuts were rejected on the grounds that they would split the campaign. During much of its first years of existence, the group focussed around the AHA and Community Health Council, lobbying, writing letters and then launching a mass petition in the Dacorum District.

The turning point came early last year. The local Labour MP, Robin Corbett, arranged for Roland Moyle, the Minister of Health, to come a visit the two wings of Dacorum General Hospital to see for himself the conditions. The Hospital Action group came to the Trades Council and asked us to send representatives from the various unions in the area to meet Moyle and assure him of our backing for the campaign. We in SOGAT argued that it would have far more impact if we organised walkouts from the factories and leafleted the housing estates in order to get a mass demonstration to meet him.

### TEN THOUSAND DEMONSTRATE

The results far exceeded the most optimistic expectations. Approximately 10,000 adults, children and pets converged on the hospital in three marches and gave Mr Moyle an extremely rough ride. They came not only from the well organised workplaces, but also non-union workshops, schools and housing estates.

Because of the militancy and mass character of the campaign, and the lack of a complementary campaign in St Albans, Moyle openly hinted that the new general hospital would be built in Hemel. We refused to be fobbed off, however, and continued to demand a hospital for each town. This also encouraged a group of people in St Albans to set up an action group which has from the beginning worked closely with ours.

Torchlight demonstration of 5000 in Hemel Hempstead, 20 January 1978

After this demonstration the campaign became fairly low key for a period with a return to pressure on the AHA and CHC. When no results were achieved, however, plans were made for another demonstration when the Labour Party persuaded Ennals to come to Hemel in February this year. Though this demonstration was held at an unfortunate time—6.30 on a Friday evening—it still attracted 5-6,000 people (see last issue of *Fightback*).

In many ways, the most important development came at the mobilizing meeting before this demonstration when the Hospital Action Group decided to invite a speaker from the Hounslow Hospital Occupation Committee. The brother's remarks about the need to link up the various struggles going on both in terms of mutual support and the pooling of experiences made a very big impact at the meeting and directly led to a decision by the Trades Council to send a delegate to the *Fightback* Conference.

And so we come to the situation today. Two recent announcements, one from the AHA and the other from the Tory majority on the District Council, have accelerated the militant turn of the campaign. Firstly, the AHA announced there would be no new hospital in either town for at least *ten years* because of Government policy on resources for the Health Service. Secondly the Tories came out in support for a single hospital in Hemel Hempstead with a backup cottage hospital in St Albans in an attempt to wreck the unity of the campaign.

### ONE DAY STRIKE

So when the Action Group called a Conference for Monday April 17th, my union, SOGAT, submitted a resolution calling for three things: 1) a one-day strike against the cuts and for an immediate start to both hospitals, to be organised by a meeting of the full Trades Council, the secretaries and chairpersons of all the local trade unions and representatives from the shop stewards committees; 2) a mass lobby of Parliament on the day of the strike to seek national publicity; and 3) affiliation of the Action Group to the *Fightback* National Steering Committee.

The resolution has received substantial support from the Hospital Action Group and the Trades Council, but the final decision will be taken by a special Trades Council meeting to be held in the next week.

The lessons are clear, though involvement in a mass campaign, SOGAT members (representing about 1/3 of the trade unionists in the town) are backing the fight against cuts and for a new hospital, which could lead to widespread strike action against Government policies. We will report on the results in the next bulletin.

Fred Carpenter, Hemel Hempstead SOGAT

# INFORMATION EXCHANGE

## KEEPING HOSPITALS OPEN

### Pamphlet on how do do a Work-In

Written in a straightforward, clear style by health workers at Hounslow, Plaistow and EGA. The pamphlet provides answers to all basic questions like: How do we get started? Will we get paid? How do we get outside support? Copies available from Arthur Churchley, EGA Hospital, or Hounslow Hospital Occupation (address on back page). Price 10p. Postage 7p per copy, or 25 p for every 5 copies.

## One-day Workshop for Threatened Hospitals

Fightback is holding a special one-day working meeting open to all hospital workers and campaigners who want to resist closure of threatened hospitals.

**Saturday June 3 in Birmingham**

for exact time and place write or phone **FIGHTBACK** 01-570 4448 (address on back cover)

## UNION CONFERENCES

**FIGHTBACK** will be going to the following Union National Conferences  
NUPE, ASTMS, COHSE, NALGO

Fightback would like to hold fringe meetings. If you are a delegate to Conference this year and would like to help, please contact **FIGHTBACK** c/o Hounslow Hospital Occupation as soon as possible

**Ealing, Hammersmith and Hounslow campaign against the cuts.** Next meeting 11 May, Acton Town Hall, 7.30 pm. Delegation fee £1. Any interested local organisations contact **Chris Potter** c/o Finance Department, West Middlesex Hospital, Twickenham Road, Isleworth. phone 01 560 3431.

## SPECIAL HEALTH ISSUE OF SCIENCE FOR PEOPLE

The new *Science for People* is a special issue devoted to Health and includes articles on Women and Self Help groups, the Medical Profession, People with Disabilities, the State and the NHS, the Elizabeth Garrett Anderson Women's Hospital, Electric Shock Therapy and Alternative Medicine plus reviews of recent books/pamphlets on health and a contact list of health organisations.

A follow up conference on health is being organised. The *Science for People* Health Issue costs 30p + pp and is available from the British Society for Social Responsibility in Science (BSSRS), 9 Poland Street, London W1 (01-407 2728).

## INVACAR PROTECTION GROUP

The Government recently announced their intention to phase out the Invacar (for disabled motorists). This has brought great distress to the many disabled drivers throughout the country. Our committee has been formed to persuade the Government to look again at their decision. To contact the group or make a donation to aid the disabled in their fight for freedom, contact **Mrs Pat Wells** (Hon Sec), 81 Glanville Avenue, Scunthorpe, South Humberside. Phone 50091.

## Primary Health Care Conference

**Primary Health Care in East London — Cuts or Care?** to review the present situation and to agree priorities for a programme of future action.

**Day Conference**

**Saturday May 6 9.30 am - 4pm.**

**Lansbury Adult Education Institute, 4 Smithy Street, London E1.**

**Sponsored by Trades Councils, Community Health Councils and Health Service Unions in the area**

## Community Action

**Community Action** is an independent magazine full of news from Tenants and action groups, community campaigns and the Labour Movement. It also carries regular features on how to fight for your rights against the Council, landlords and private companies. Price 25p.

**Community Action, P. O. Box 665, London SW1X 8DZ**  
(on sale in bookshops)

A full report of the Fightback Recall Conference held on February 18th 1978 will be available from the Fightback Office.

## HOW "EBS" CAN HELP

The Emergency Bed Service is a centralized bureau for emergency admission of acute medical and surgical patients (not geriatric, psychiatric or maternity) within the Greater London Area. Those who work at EBS have been able to follow the increasing difficulties of the health service in London, and the winter of 1977/78 has made it obvious that cuts in hospital beds have already led to severe strain on acute services. The COHSE Branch of EBS is completely opposed to cuts in public expenditure and can give direct support to those opposing cuts in the NHS by continuing to refer patients to hospitals ordered closed by Regional, Area, District or Hospital administrators.

What we require, for the continued referral of patients, is the following:

- 1) A statement from the medical representatives on your staff/occupation committee that Consultant medical cover continues to be available and that, in the opinion of medical staff, the hospital can cope with acute medical and/or surgical and/or gynae. and/or paediatric etc. cases.
- 2) The titles of those who may accept patients for admission.
- 3) The titles of those who may order restrictions on admissions.
- 4) A 24 hour rota of telephone numbers of those who may be contacted on the hospital medical committee in the event of any difficulty in arranging an admission.

On this basis we can over-ride bureaucratic attempts to block admissions where there is both the will and the ability to continue treating patients. Admissions policy should not be an extension of government policy on public expenditure but the responsibility of those who provide the patient services.

If acute services of your hospital are under threat from politically motivated restrictions on admissions of patients then contact **Sandra Mead** (Branch Secretary) or **Andrea Campbell** (Branch Chairperson) at 01-407 3036. If they are not available *do not* leave a message but ask for any other Branch officer or steward.

COHSE Branch EBS

## YOUNG SOCIALIST MEDICAL ASSOCIATION

The Young SMA is holding its first meeting on Tuesday May 9th in the House of Commons (room booked by Neil Kinnock MP). **Carl Brecker** will speak on "Can the Unions Save the NHS?". Open to all students and workers under 35.

Dear *Fightback*,

Task Force is a voluntary agency which works with the elderly in 12 London Boroughs. The workers in Task Force have become increasingly concerned about the strains placed upon services for the elderly. The level of domiciliary services has not been increased to match the expanding pensioner population; nor can these services meet the increasing demands caused by cut-backs in the Health Service.

As Trade Unionists we are worried that local authorities may ask us to do jobs that belong to council workers. For example, where there are shortages of Home Helps, we may be asked to

provide volunteers to do shopping and housework.

Faced with this situation, Task Force has committed itself to opposing the cut-backs in the social services and seeks to build links with all those affected by the cuts. We hope to offer an effective service to both local and national Cuts Campaigns.

If you wish either to give or gain information on cut-backs in services for the elderly, or if you have any further inquiries, please contact us.

• Write to: Campaign Support Working Group, Task Force, 1 Thorpe Close, London W10 5XL.

# BATTLE GOES ON FOR COMMUNITY HOSPITAL SCHEME

HEALTH campaigners in Brent are to press on with their fight to get a community hospital on the Willesden General site in Harlesden Road. It would work along the lines of a cottage hospital where family doctors treat their own patients.

And a spokesman for Brent Community Health Council claimed this week that a survey of general practitioners in the area

that they would be prepared to admit and care for patients in such a unit. Now the CHC have challenged Brent's health administrators, the Area Health Authority.

is that no more beds can be provided and that any new unit would have to take beds from elsewhere. The CHC wants more beds provided for the community hospital and they think the

## the case for COMMUNITY HOSPITALS

Recently a number of closure campaigns have argued that they would like to see their hospital re-opened as a Community Hospital. But what is a Community Hospital? Is it just a second rate District General Hospital? Are Community Hospitals worth fighting for?

Community Hospitals are a relatively recent idea introduced by the government in 1973, following an experimental project at Wallingford in Oxford. A Community Hospital is a hospital for people who are in need of nursing care, but who do not need the specialised services of a District General Hospital. It accommodates short-term cases (patients with illness who cannot be nursed at home and patients recovering after a long stay in a bigger hospital) as well as long-term patients like the elderly and chronic sick. Patients are looked after by their own GPs and a Health Centre often forms the focal point, including space for several GPs to practice as well as a whole range of clinics and other services.

For people who need physiotherapy or

occupational therapy there should be a "day ward". The hospital should also provide facilities for an out-patients department. Community Hospitals are not suitable for patients needing the services of a specialist department or for children. They should normally have between 50 and 150 beds and serve a population of between 10 and 100,000.

There are no government guidelines about how many GPs should be involved, but at Wallingford Community Hospital there are 11 GPs for 17 acute (average length of stay 14 days) and 38 long-stay beds. These doctors estimate that the Community Hospital involves them in two or three hours extra work a week, but stress that being more able to care for their own patients in hospital and co-operate much more closely with specialists, makes for a much more satisfactory form of general practice.

### LESS ALIEN

Some of the immediate advantages of Community Hospitals are obvious.

Patients can be cared for nearer their homes in a more informal atmosphere, looked after by their own GPs. Health visitors, consultants, nurses and other health workers are able to work with the patient as a team both inside and outside the hospital. And, because it is local and connected with far more routine and straightforward health care, it is less likely to seem as intimidating and alien as the big new glass and concrete District General Hospitals.

But many people involved in fighting for better health care are suspicious of the idea of Community Hospitals. When the Secretary of State introduced the concept he freely admitted that he was responding to the wave of protest that had met the plans to close many local hospitals. He also thought that Community Hospitals would be cheap to run because they are not to be staffed by hospital doctors and mainly look after patients who would otherwise be taking up beds in more specialised hospitals.

### BRENT

Despite the Secretary of State's apparent initial enthusiasm, however, only a handful of Community Hospitals have been established since 1947 and there are still none in urban areas.

In Willesden, where the Area Health Authority has recently closed a 120 bed hospital with a nine year old Accident and Emergency Department, Brent Community Health Council, together with the local Trades Council, Borough Council and local community organisations opposed the closure and argued that the hospital should be re-opened as a Community Hospital. After two years of argument the Minister has rejected the idea, although, paradoxically, he says that "services should be developed towards a Community Hospital".

Whereas a couple of years ago the fear was that Community Hospitals would impose a lower standard of care on the cheap for the NHS, it is now clear that if we want to see Community Hospitals



Willessden General Hospital's closed Casualty Department

Willessden and Brent Chronicle

established we will have to fight for them.

### WHOSE PRIORITIES?

While in our campaigns against closure it is always important to "defend the NHS", most people involved realise that the NHS has often been less than perfect. Whether as workers or consumers, all of us at some time must have complained about the strict hierarchy, the emphasis put on high technology "crisis" medicine, the lack of concern with preventive medicine or the failure of many doctors to take seriously the everyday health problems women face.

Because the people making cuts always talk about "priorities", people concerned with fighting the cuts often rejected the idea of even discussing the kind of health care we would like to see. In Brent we feel that by campaigning for a Community Hospital we can begin to make arguments about the kind of health facilities Willesden needs.

### WHAT WE NEED

In our proposal for a Community

Hospital at Willesden we argue for instance that a Health Centre would provide the physical conditions in which GPs, nurses, and other health workers could operate as a team which would be able to tackle the health problems of local people in a more co-ordinated and thorough way. We argue that the provision of more beds and nursing care would relieve a situation in which, as a result of the cuts, people are being discharged from hospital earlier and earlier into bad housing conditions where many families are already under stress.

A minor casualty service is needed for children who need sewing up after a fall who are obliged to travel further and further to Accident and Emergency Departments where they must often wait several hours. An outpatients department as an integral part of a Community Hospital, would also allow GPs and consultants to work much more closely together.

A day-care abortion unit might meet the pressing need for more facilities in a

District in which 72.6% of women seeking a termination in 1976 had to obtain it privately. A Health Education and Information Unit is needed to advise people on their health rights.

A Community Hospital should have a community worker too, to help "self-help" groups (from weight watchers to tenants campaigning for the implementation of the Public Health Acts and from women who want to learn about self-examination to groups of workers concerned about Health and Safety) to get going.

We argue that we don't want a Community Hospital as a second rate substitute for a District General Hospital, but as a new kind of development in the basic health care services.

### BETTER NHS

On paper the Department of Health and Social Security is committed to putting more resources into preventive medicine and community care and has recently been putting special emphasis on both these policies. Many people take a cynical view of these developments seeing them as a way of saving money.

But eradicating the environmental cause of illness, from bad housing to inadequate food, and ensuring that as many people as possible are cared for outside alien institutions is also important for us. Deciding what kind of a Community Hospital is needed in our local areas is perhaps one way of making concrete our commitment not only to a better resourced Health Service but one which more closely meets our needs.

Jeanette Mitchell, Brent Community Health Council

## BRENT AND HARROW A.H.A.

## WILLESDEN HOSPITAL

THE CASUALTY DEPARTMENT  
AT THIS HOSPITAL IS CLOSED.  
NEAREST AVAILABLE CASUALTY  
SERVICES ARE AT:-

- CENTRAL MIDDLESEX HOSPITAL, ACTON LANE, N.W.10
- ST. CHARLES HOSPITAL, LADBROKE GROVE.
- NORTHWICK PARK HOSPITAL.

Willesden and Brent Chronicle

*"And even the mightiest shall be humbled. . ."*

# NALGO ~ Hounslow raiders expelled

NALGO is a union which recruits both management and nonmanagement staff. This can cause problems, as in the case of Hounslow. Members of NALGO were among the management who raided Hounslow Hospital last October, while other NALGO members participated in the official work-in and subsequent occupation.

The West London Health branch of NALGO have charged the ten NALGO members who took part in the raid with:

1. Crossing a picket line
2. Breaking an official dispute
3. Bringing the union into disrepute with other unions.

These charges have been laid against the District Administrator, Sector Administrator, the Personnel Officer, the Area Treasurer, the Area Administrator, the Area Nursing Officer and four others.

In particular, branch members are angry that these NALGO members planned and executed the raid using their authority to instruct NHS employees like porters to do work outside their normal duties. They also negotiated for the hire of private ambulances. Having been charged by the branch executive, the ten were given ample opportunity to state their case. Their justification has been that they saw the raid as being in the interests of patient care and that they were "only doing their job" (that is, they must carry out the policy of closures of the AHA, which has to carry out the policies of the DHSS, who carry out the policies of the Government . . .).

NALGO National Executive has warned of the serious implications for NALGO if the 10 are expelled, but branch members refused to retract their accusations, saying that to do so would make a mock of NALGO's stated policy of fighting cuts, especially since NALGO had made the Hounslow work-in an official dispute.

The current situation is that the ten had a constitutional right to appeal to the branch within 21 days, which they refused to do. Instead they appealed to the General Secretary, Geoffrey Drain, who has now referred it back to the branch. The matter has now been referred to the National Executive Committee.

Management members of NALGO up and down the country are watching this case closely. Meanwhile it demonstrates yet again the need for white collar unions to have separate sections for management, when they are influenced by such fundamentally different interests.

**We still** have a long way to go in fighting cuts. It's hard going and we are not always successful. But the important thing is to learn from our mistakes. Here, a member of the Weir Support Campaign talks about what went wrong at the Weir.

## WEIR—what went wrong

You will probably remember that during the early summer last year there was an occupation at the Weir Maternity Hospital in Wandsworth, in fact it was the third hospital to try this tactic—after the EGA and Hounslow. The AHA continually denied that they had any definite intention of closure, they stressed that things were only at the “consultation stage”, etc.

### RUN DOWN

Although the Weir was a large hospital at one time, it had been run down over a long period of time so that at the beginning of 1977 on average just over 30 beds a week were in maternity use. The number of domestic and ancillary staff employed was therefore quite small—there were in fact just 3 stewards to cover the organized employees. Whilst



Inside the Weir Maternity Hospital before it closed

the occupation itself was taken largely through the initiative of the hospital workers themselves, once the occupation was under way the initiative to some extent passed to NUPE officers. The local branch secretary and area officer were undoubtedly conscientious trade union militants, but no more than this. It soon became clear that this approach was going to be dangerous, whilst the workers at the Weir and the public outside saw the struggle as being one both to save jobs and the hospital, the local officials were clearly only interested in saving jobs.

There was another obstacle confronting the occupying workers at the Weir: none of the medical staff at the hospital were unionised before the occupation. In March 1977, before any of the so called “consultation procedures” had been entered into, the District Nurse (whose offices were unfortunately on the hospital premises) had called a meeting of all the nursing staff at the Weir and told them that they had no future at the hospital and that they should start looking for posts elsewhere. Lacking organisation, the nursing staff became very demoralised, several nurses had left before the occupation began, thus resulting in the closure of yet another ward. It became clear that this was an actual tactic of the AHA—ie, to run down the hospital so that it would effectively close itself.

### PUBLIC SUPPORT

Public support for the occupation was impressive. A “public support campaign” was established with representatives from Wandsworth Trades Council, Labour parties, community health council, womens groups etc. From the outset NUPE adopted a parochial outlook, seeing it as “their dispute”, the public support groups were willingly used by NUPE but quite unable to have any influence upon the direction of the struggle itself. The one steward within the hospital who was wary of the tactics of NUPE’s officials, who did see the struggle as being more than just about the saving of jobs, became isolated.

### CONSULTANT’S BETRAYAL

In July the AHA met to make its decision upon the future of the Weir. Flood himself a member of this body, was expected to lead the argument in favour of the Weir’s continued use. Local activists were aware that there was a real possibility that the energetic local campaign could have dismissed the AHA from pursuing the closure policy—only a few weeks before the Greenwich AHA had been forced in similar circumstances to change their policy on the closure of St Nicholas’s Hospital. NUPE organized

an orderly march on the AHA meeting which drew about 600 supporters. The march was to stop at the gates of the hospital where the AHA were meeting and a delegation was to be sent in. The delegation arrived only to hear Flood actually inviting the attack upon the Weir, saying things like “if my wife were pregnant I certainly wouldn’t advise her to have her confinement in this hospital” and so on. Statistics were brought before the meeting which suggested the Weir had a much higher perinatal mortality than elsewhere etc. The outcome was that not only did the AHA vote overwhelmingly for the closure of the Weir but they were able to portray their action as “doing the public a favour”.

### NUPE BACKS DOWN

Local trade unionists and community activists reacted with a mixture of despair and anger. Whilst most people saw this as the moment to step up the campaign, NUPE saw it as the moment to back down! The AHA gave NUPE a guarantee of no redundancies and comparable work for all workers (medical and non-medical) in the area in return for closure of the Weir as a maternity hospital. The one steward who was against this deal, Ernie Taylor, was barred from speaking at the meeting that NUPE convened to discuss the AHA “offer”—a local doctor and a member of the community health council who were members of the public support group were not even allowed to attend the meeting as observers. Not surprisingly, NUPE got its way and the occupation was called off—just 5 days after the AHA vote.

There were in fact no real grounds for NUPE calling off the occupation. The medical evidence when scrutinised revealed that there was no greater incidence of postnatal deaths at the Weir than elsewhere, there was a greater number of still-births, but as local doctors pointed out, this is influenced by ante-natal care and had nothing to do with conditions at the Weir itself (the ante-natal clinic was located at another hospital). Solidarity from other hospital workers, trade unionists and the public had never been stronger; indeed, at the moment the occupation was called off COHSE members at Tooting Bec were preparing sympathetic strike action.

### STILL EMPTY

Whilst the AHA did keep its pledge to provide alternative employment for all Weir staff the other side of the coin is that the hospital now stands empty. It seems unlikely that the hospital will be used for health purposes again, unless for the care of private patients as it is known that a group of consultants have been interested in buying the premises. NUPE saved jobs at the Weir, it is true, but in the long run they are presiding over the gradual dismemberment of small hospitals in the Wandsworth area and a corresponding constriction in the number of medical and ancillary staff.

Paul Hoggett, former Convenor “Weir Support Campaign”



Nurse Stella Rowe speaking from the public gallery at the Ealing, Hammersmith and Hounslow AHA meeting on 9th February 1977

ANDREW WIARD (REPORT)

1. hospitals and their upgrading, by direct labour to help cut waiting lists.
2. The immediate hiring of all unemployed health workers to improve staffing levels.
3. The immediate replacement of all jobs lost through 'natural wastage' i.e. the cuts.
4. An immediate start to the building of new hospitals, health centres and clinics according to plans worked out by committees made up of delegates from local occupation and/or cuts committees, NHS JSSCs, SMAs, CHCs, the Trade Union and Labour movement and the local community. These plans to be budgeted for nationally.
5. The resulting NHS budget to be protected against inflation by an automatic sliding scale.
6. The raising of all NHS workers' wages to a minimum equivalent to the national industrial wage—protected by an automatic sliding scale against inflation—to attract and keep the necessary staff.
7. The abolition of all private practice inside and outside the NHS, and the immediate integration of all private clinics into the NHS.
8. The nationalisation of the whole pharmaceutical and medical supply industry.

The fight for these demands rejects as useless the idea of 'mass pressure politics' as illustrated by the 80,000 strong march against the cuts in November 1976 organised by the Public Sector Trade Union leaders. That demonstration and lobby, like all such demonstrations and lobbies which 'plead' with governments to 'change their minds', never stopped a single hospital shutting.

Obeying government policy, the management of the NHS from the DHSS, through the RHAs and the AHAs, down to the District and Sector administrators have pushed through the cuts in order to 'manage' the NHS within the cash limits imposed by the bosses' plan to beat the crisis. The practical results of this plan—hundreds of hospitals closed, thousands of trained health workers in the NHS directly affected, and all the workers in this country, whose health needs are served by the NHS. A successful defence of the NHS therefore directly involves the need for the replacement of those who have managed the NHS in the interests of the bosses—by administering the cuts—with those who have defended it in the interests of every worker in the country—the workers themselves. This element of control will grow out of the need to defend and then fight for the expansion of the service through committees of the whole Labour movement and the communities.

P.W. Sikorski, E Birmingham COHSE

**This will be an ongoing discussion amongst Fightback supporters during the months ahead. We welcome all other contributions and replies from readers.**

## talkback

What should the Focus for Fightback be?  
Who are we aiming at?  
What do we hope to achieve?

We have received 2 articles for this issue on perspectives for the Fightback Campaign. This follows from our move to make *Fightback*, both the bulletin and the co-ordination, a national focus for fighting cuts.

This time, Patrick Sikorski from East Birmingham COHSE expresses his personal view:

The Fightback organization—the national bulletin and steering committee—is fighting against the savage cuts in the NHS, started by the Tories in 1972 and continued and massively increased by this Labour government since 1974. These cuts have happened under a Labour government which came to power on a tidal wave of big working class struggles which smashed the Heath government. The British Trade Union movement is also organisationally the strongest in the world.

It follows therefore that it was due to the political weakness of the movement that it allowed the cuts in the NHS to take place unopposed. The majority of the movement, and the country, has accepted the arguments of "tightening our belts in the national interest" instead of making the bosses pay for the world-wide crisis of their profit-making system.

By opposing the cuts we are rejecting a set of policies, including the NHS cuts, which were, and still are, absolutely logical, if one accepts that we (the 'nation' that the bosses talk about) and not the bosses themselves must pay for the crisis. This means that we in

Fightback as a present national focus for the fight against NHS cuts, must give a lead and must work out a set of policies for the defence and extension of the NHS in the interests of workers inside and outside the service. It is therefore vital to continue an ongoing debate in the steering committee on political perspectives which can guide the organisational initiatives which have been so promisingly begun.

This debate on perspectives is not a theoretical one. It must be a working out of a series of demands which can, if they are fought for, effectively defend the NHS in the present situation. This is a completely different argument for the necessity of political debate from that so often put forward in committees like Fightback. It is not a method which sets out to propagandise and 'explain' to the workers that the reason they have allowed their hospitals to close is due to their 'reformist' consciousness and that they must change that consciousness before they can effectively fight back.

People will in fact only change their 'consciousness' if they can successfully fight back. It is our job to provide a series of practical demands which, if fought for through the self-organisation of workers locally, will solve the immediate problem of how do we save our hospital and how do we improve the service it offers and prevent that service being threatened ever again in the way it has during the last four years.

These demands are as follows:

1. No more closures or cuts and cash limits—for occupations and work-ins—defended by the whole Labour movement—to prevent any further cuts.
2. The immediate re-opening of all closed and empty wards, clinics and



# LETTERS

## South Glamorgan replies:

Dear *Fightback*,

Congratulations on the first issue. We will be making every effort to sell it in South Glamorgan hospitals especially after the challenge of your centre spread.

Personally I think our 'victories' may be due more to the AHA's inefficiency and confusions rather than our mass mobilisations. Still the local community and workers did act in defence of their hospitals—though the AHA made every effort to put one union against another, one hospital against another.

As you know St Davids (maternity and geriatric hospital—used to have a casualty department, now 'temporarily' closed—a defeat you may not have heard of) is under threat.

Conditions in this hospital are atrocious in parts: elderly patients are wheeled outside in the middle of winter to reach X-Ray; workers have to go outside (often through the raid) to reach the staff canteen; the ante-natal clinic is (literally) disintegrating; one pregnant woman told me how she (and the nurse on duty) huddled round the oven in the ward kitchen for warmth one night . . .

The list is endless. Of course we must fight to save jobs and beds, but we must fight to improve facilities too!

Locally the proposal is to open a new obstetric unit at Llandough Hospital—I'm not sure myself but the answer may be to campaign for union or community control over the move to Llandough rather than for the St Davids obstetric unit to stay open at any cost.

I'd particularly like to get in contact with Sister Cooney or any of the nurses in Hounslow Hospital. I'm a student nurse, involved in helping plan a Wales Socialist

Feminist day conference in June and I wondered if any of the nurses would be interested in speaking on their experience? I feel nurses are one of the hardest groups of workers to get organized, but once they are . . .!

Yours in struggle  
Alex Webber (NUPE)

PS Latest news from the Area Medical Authority is that there are no 'new facilities'—abortions will be done on an out-patient rather than ward admission basis. Sounds like another cut to me!

Dear *Fightback*,

You must think me a most ungrateful person to keep you waiting a month for a reply to the marvellous two page spread you gave us in *Fightback's* first number. I am sorry. Busy. Not so successful in saving steelworks!

Since you went into publication we have, of course, had the wonderful news of the reprieve of the EGA. Coming, as it does, soon after the saving of St. Nicks, shows that victories against the vandals who close hospitals is not confined to South Glamorgan. And if our successes help your struggles, so EGA and St Nicks encourage us in the safeguarding of St Davids.

So your question 'How did you do it?' can be answered better by EGA and St Nicks. In these struggles I believe that carefully garnering the indignation of the most diverse forces in multifarious forms of opposition has been important.

Unlike Hounslow, we never reached a position where we had to use the big brass cannon. The broadness of the participation is the most important factor, I believe, not only in the enlistment of the

support of such as Hospital General Administrators, but also the very top full-time leadership of NUPE, COHSE and GMWU. The augmentation of the Action Committee's work by the private representations of consultants, Physiotherapists, Community Health Councils, Local Authorities and individual Councillors, Wales TUC, the Leagues of Friends of the various hospitals.

The pressure was directed more to the Welsh Office (which is the Government agency responsible for Health, Education and Roads etc) rather than to the AHA. As a result the AHA found itself with fewer and fewer friends as the spirit of the movement gained more and more adherents. The AHA became isolated from almost everyone bar its own members—and some of them were none too happy, either!

I am a Londoner myself, and, unless things are very much changed, I think that one of the main differences up there is snobbery. Once a person gets a 'good job' they all too often become unapproachable and that makes for fencing and protecting the power-holders.

Best of luck,  
and thanks again,

Yours fraternally,  
Charlie Swain  
Secretary, Cardiff Trades Union Council

Dear *Fightback*,

Three years ago Hemel Hempstead's *Evening Post* published a letter from me supporting them in their fight for a hospital, therefore I was surprised to read of Hemel Hempstead's continued fight in the latest issue of *Fightback* but I am not surprised to see that they are still without their hospital.

*Fightback* also states that the NHS will be 30 years old this year. The Minister responsible for forming the NHS was born here in Tredegar, 'Nye' Bevan. We of this group fought for the retention of St James Hospital, Tredegar, because from 1958 to 1970 a fortune was spent in providing extra wards and first class equipment at this hospital including a brand new special Baby Care Unit, in fact 'one of the finest in the country' (so said the Chairman of the Area Health Authority).

Yet the same Chairman and Health Authority fought against us and persuaded the Secretary of State for Wales to close St James in favour of another old hospital in the town which will need another fortune spent on it, no work has yet started on this hospital and for the past four years there has been no Casualty services and no beds available for the sick, the injured, and especially the geriatric patients of the area.

Furthermore I would like to point out that it was at St James Hospital was born a Mr Walter Conway who was to become the founder of the scheme that was to be Britain's NHS. It is common knowledge here that it was from Mr Conway that 'Nye' Bevan gained his experience to present to parliament the Bill that is now Britain's National Health Service.

These are facts that I was honoured and privileged to present on BBC Television on Sunday 25th December 1976.

So it seems to me that if you have a hospital the authorities will fight to make sure you don't get, and in Hemel Hempstead's case, if you haven't got a hospital, you can't have that, either.

Yours faithfully  
Mr C R Hughes  
Tredegar Hospital Rescue Group

## fightback

*Fightback* is a nationally co-ordinated campaign against cuts in the health service. It aims to strengthen the fight against cuts by spreading information and sharing the experience of different struggles, as well as campaigning through the trade union and labour movement and the rest of the community for active and united opposition to all cuts.

The policy of the *Fightback* Bulletin and its other work is determined by the National Steering Committee. This meets monthly and is open to a delegate from each affiliated organisation. The number of organisations affiliated since the national Conference in February is growing fast and currently stands at 44. We are especially seeking to involve active campaigns against the cuts, and any trade union organisation, trades councils, community organisations or womens groups who wish to actively oppose the cuts.

To affiliate to the *Fightback* Steering Committee, please send the name and address of the secretary of your organisation, and of a delegate to the Steering Committee. The fee is £5 per annum.

The *Fightback* Bulletin is produced every 2 months. Please fill in the form if you wish to place a regular order. Phone or write to us to let us know what is happening in your area, and send stories, articles or other contributions.

*Fightback* also needs money, and would welcome any donations.

For further information, speakers, films, etc contact:  
*Fightback*, c/o Hounslow Hospital Occupation, Staines Road, Hounslow, Middlesex. 01-570 4448.

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