

# OCCUPATIONAL THERAPY

Great News! UCH is being transferred to a far better place

Yeah — the morgue

They're stopping operating but keeping the theatre.

Well, the show must go on!

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



# 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 suggestion was 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.<sup>1</sup> 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.<sup>2</sup>

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.<sup>1</sup> 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.<sup>2</sup>

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<sup>3</sup> 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 politicians 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. It's 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 it's 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.).<sup>4</sup>

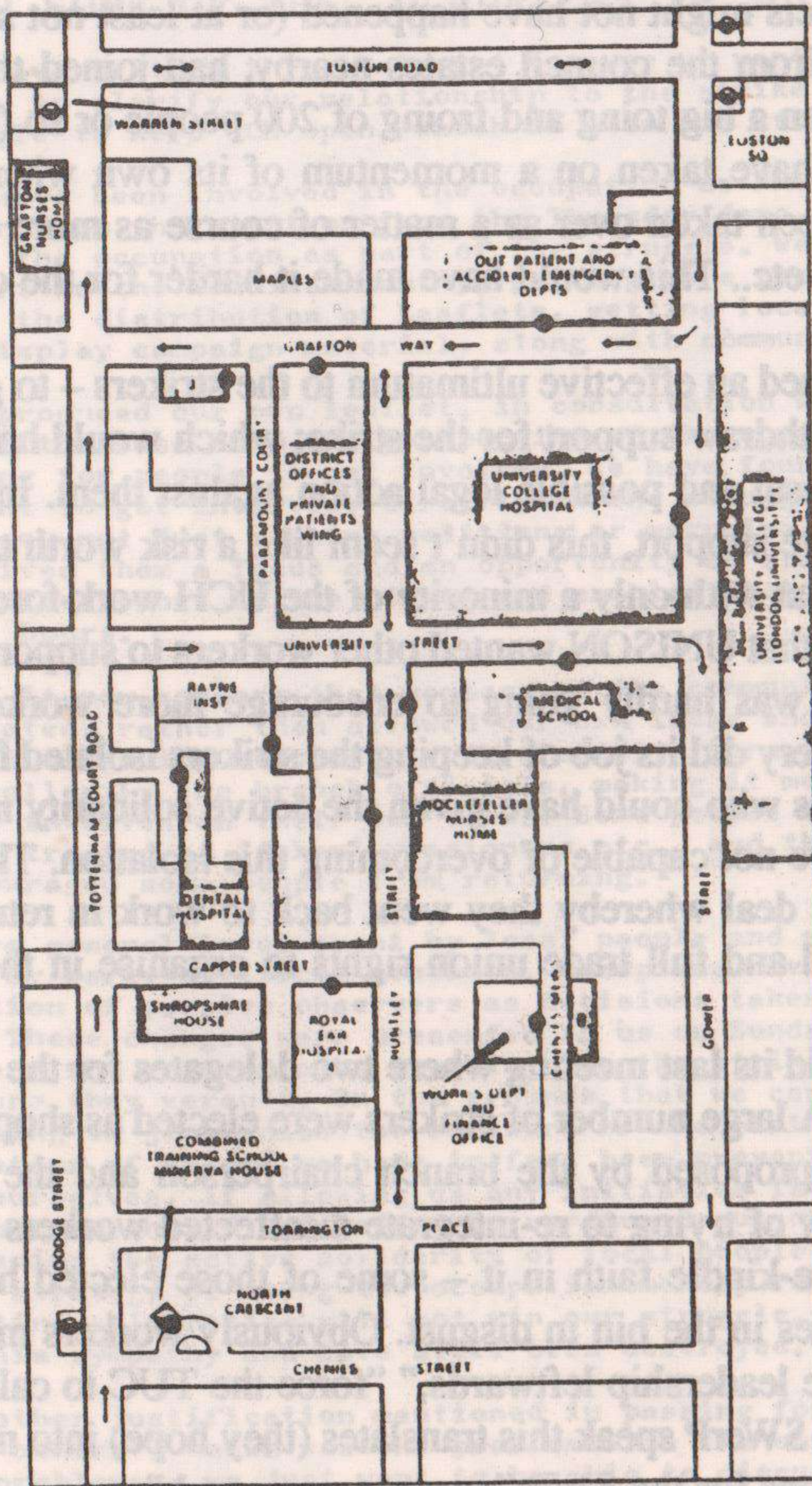
But even in their own terms, none of their own plans for the occupation ever worked well. They could never draft in sufficient numbers for a total coup: very few union officials turned up; and only 3 or 4 'left' Labour MPs turned up, attracting very little press coverage. (It was laughable to later read *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-

**BLOOMSBURY HEALTH AUTHORITY  
PLAN OF UNIVERSITY COLLEGE HOSPITAL BUILDINGS**



- KEY**
- FRONT ENTRANCE TO MAIN BUILDINGS
  - ➔ ONE WAY STREETS
  - 1 PROSTHETICS DEPARTMENT
  - 2 OBSTETRIC HOSPITAL AND CHILD WELFARE DEPARTMENT
  - 3 PERSONNEL DEPARTMENT
  - 4 EAR NOSE AND THROAT OUT PATIENTS
  - 5 OBSTETRIC UNIT

**TUBE STATIONS**

WARREN STREET	VICTORIA AND NORTHERN LINES
EUSTON SQUARE	CIRCLE AND METROPOLITAN LINES
GOODGE STREET	NORTHERN LINE

**LOCAL BUS ROUTES**

14 24 29 73 134 176 N90

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 successfully 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 jeopardise 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 celebrities 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 separate 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 appropriated 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 cheating, isn't it? It's diabolical that they are going to close it."

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

Union 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 Dayt by drawing attention to Health Minister Virginia Bottomley's plans.

"We got the closure of the hospital, the madness of the market, as 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, 20-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 GLENH COPPER

Porter Terry Rutt 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.<sup>5</sup> 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 graffitied 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.<sup>6</sup> 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 where 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 at all, 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 infirmary, 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 empty 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 research centre, with money from the 'charitable' wing of the multinational drugs company, WELLCOME.

UCL is trying to get funding for research through its 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 successful 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

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

## NEW JOURNAL REPORTER

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 an 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 No 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 than 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

6 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 THE STAFF AT  
UCH/MIDDLESEX

# 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 Street, 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 speak 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



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

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. UCH spokesman Sam Ryall warned: "We won't be handing it over occupied."

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

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