

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

CH 1993 S No. 7701

IN THE HIGH COURT OF JUSTICE

QUEEN'S BENCH DIVISION

B E T W E E N :

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

Plaintiffs

-and-

PERSONS UNKNOWN

Defendants

THE OCCUPIERS

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Solicitors for the Plaintiffs

NOW'S YOUR CHANCE TO.....

GIVE BOTTOMLEY A LOBOTOMY

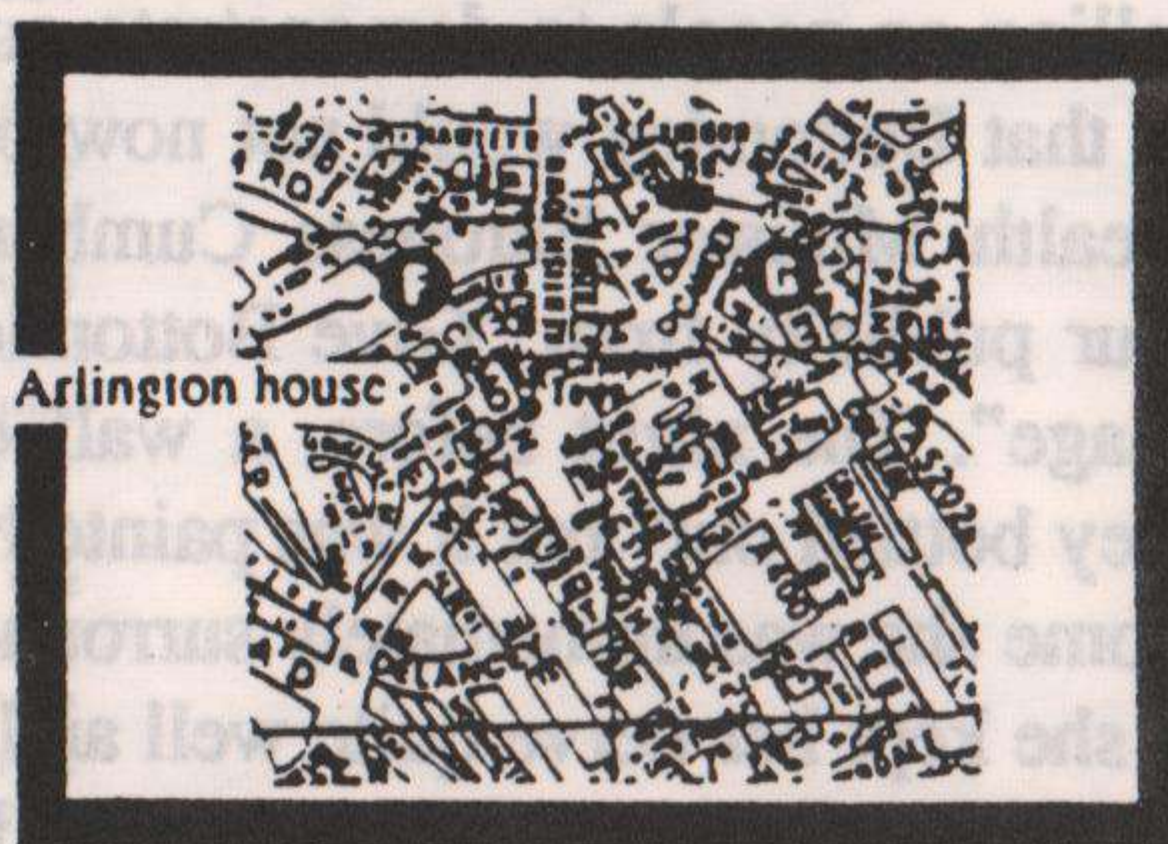
On December 7th, at 11am, Virginia Bottomley, Minister of Disease and closed hospitals, will be visiting Arlington house in Camden, to present a video for the homeless on how to keep healthy. What next? Count Dracula giving a lecture on anaemia? Re-opening closed hospitals or getting the homeless to squat empty buildings will not be on her list of generous recommendations. Surprise surprise.

How much longer are going to have to put with this insulting, patronising bullshit?

Let's give this piece of scum a little of the pain she's meting out to the rest of us.

Stop Bottomley- minister of mass murder.

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



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

B.M. CRL WCIN 3XX

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

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

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

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

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

Pi 553

news

The Provost Makes Us Sick

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

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

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

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

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

But the struggle against the closure isn't over despite the ending of the strike. In protest at Roberts' activities members of UCH Community Action Committee - a

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

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

Guy Debord

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

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

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

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

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

Footnotes

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

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

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

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

'Save UCH' hero injured in protest

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

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

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

When the protesters refused three guards returned and tore the banners down, smashing the support poles. 71-year-old Mrs Luby of Hawkshead Camden

she attempted to stop the guards she was grabbed and thrown aside sustaining a cut hand, a sore arm and bruised ribs.

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

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

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

Charles Marshall, the UCH chief executive, met Mrs Luby in casualty where she lodged a formal complaint which is being

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

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

C.M.N.

Anger in occupied ward

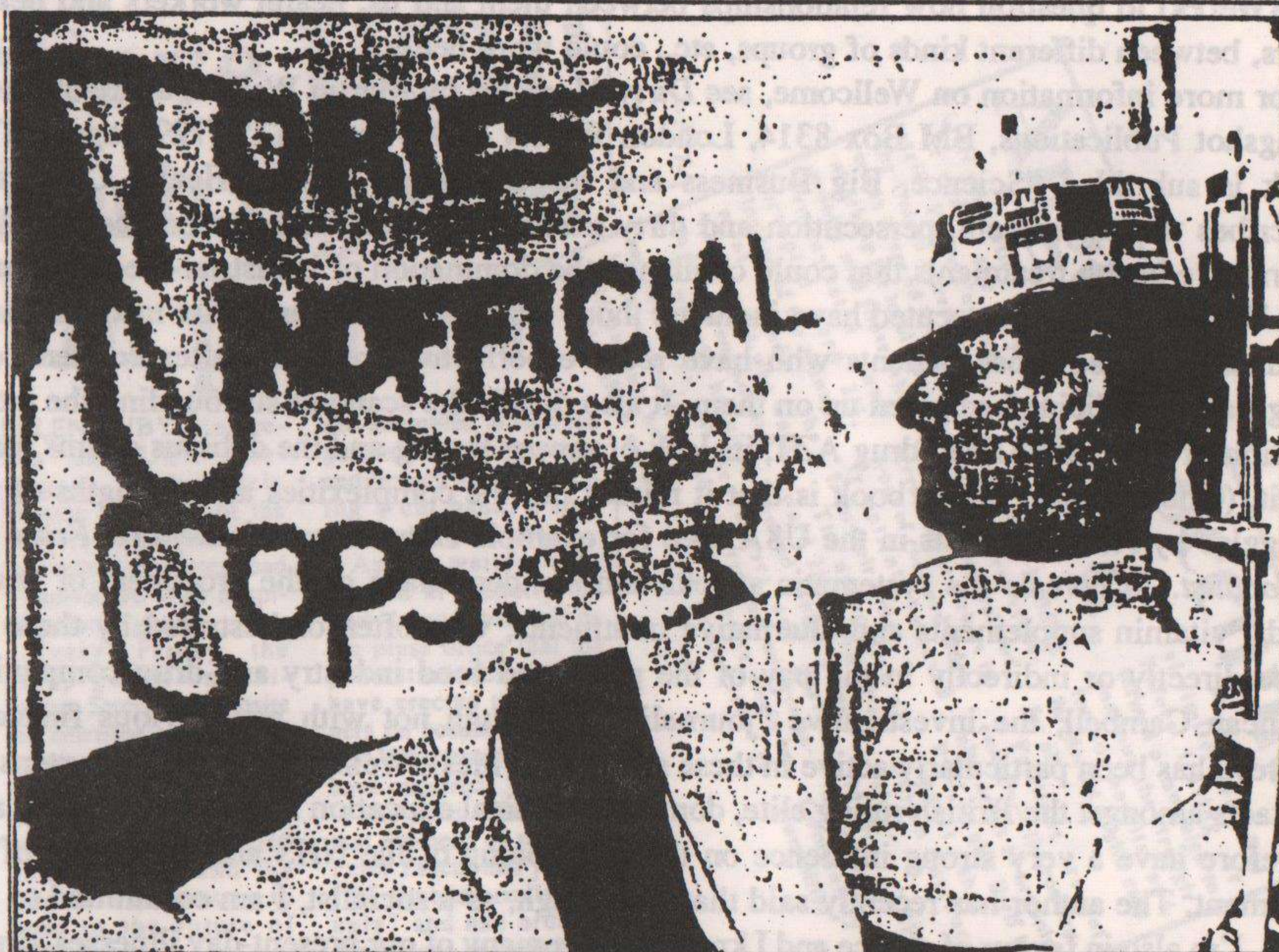
IN your article about the end of the UCH strike Eddie Coulson, the Union bureaucrat, seems to spend his time attacking the local community and those who demonstrated and occupied the ward 2/3. Instead of the management and Government who want to destroy our hospital. It was the hospital management, not the local community, who held patients hostage, sneaking them around and out of the building when they were recovering from operations, screaming at pickets in front of confused elderly patients removed from their beds. The occupation of ward 2/3 ended after heated debate, because nurses and porters feared that our confined presence would be used as an excuse to victimise them. But before leaving we formed a campaign to continue the struggle for our hospital and for decent health care for all. Petitions are not enough — the community needs to organise itself, to give itself the support that the Union bureaucrats refuse. ZEPH.L.N. UCH Secretary. Myk Community Action Committee

ing been assaulted by hospital security staff. When striking nurses and porters went to lobby a meeting of the executive committee of Camden and Islington District Health Authority there was six mini-buses and a coach load of police already present in the area. It seemed patently obvious that the Health Authority and the hospital management of UCH wanted confrontation and were looking for an excuse to inflict harm on peaceful protesters and have innocent people arrested. I would respectfully request that in future you get both sides of the story before going into print. Perhaps you may like to ask Mr Charles Marshall if it is hospital practice to assault members of the public for no reason. ADDRESS SUPPLIED

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

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

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



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

Hospital protesters fight eviction order

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

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

Almost 30 former patients



Protesters claim the closure will affect local people who will have to travel further for medical treatment in 'cheaper' hospitals

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

They are seeking a judicial review on the grounds that the building was illegally closed as no consultation with the public took place, and claiming that hospital authorities are sacrificing the needs of the local community to improve ties with business and commerce.

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

Protesters claim the closure will affect local people who will have to travel further for medical treatment in 'cheaper' hospitals and that closure of other



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

services, such as the Accident and Emergency department, could follow.

The group which controls UCH has been battling to rid itself of crippling financial problems. It is making £2.3 million savings in 1984 which, combined with a subsidy of £2.2 million and a loan of £1.1 million to cover last year's debts, should enable it to break even. Next year, it plans to break even with no subsidy.

The protesters claim the Wellcome Foundation, a multinational drug company, is negotiating to buy the Cruciform

as a clinical research centre for the University of Central London.

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

Terry Hat, 58, another protester and former patient, said: "We need beds in this area and we are prepared to

fight our case. If it was not for the NHS I would not be alive."

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

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

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

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

UCH — SAVAGED NOT SAVED

THE SWP doing Bottomley's dirty work for her:

Q: What have Virginia Bottomley and the SWP got in common?

A: Among other things, they both claim that University College Hospital (UCH) has been saved.

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

What's left of UCH?

Well — now-merged with the Middlesex, there's the administration — really useful if you've had a heart attack. And there's the Accident & Emergency — but that was never planned for closure in the first place. Instead, as with all A & E's without a hospital attached, it's been left without adequate back-up, giving most patients just 48 hours to stay before being moved on. There are, however, 40 or so extra beds for those who need intensive care, who can now stay on a bit longer. Nevertheless, staff are now complaining that whereas before it used to take just a couple of minutes to move such pa-

tients to a specialist ward in the old Cruciform building, now it takes up to half an hour to get to the Middlesex because of heavy traffic. What's more the recent death of a six-month-old baby at UCH A & E shows how dangerous it is to have an A & E separate from the specialists (now based in Middlesex) who were previously on site; at the same time the cuts ensured that the equipment for monitoring the baby wasn't working. It looks like the parents are going to sue the over-worked nurses involved, using the Patients' Charter. The much-lauded Charter is used intentionally to blame individual health workers in order to fend off attacks on the real murderers: the managers and accountants who push through the cuts demanded by Bottomley and her genocidal government.

Apart from this, there's a private wing (great!). Also "saved" (we're not sure they were planning it for closure originally anyway) are the Urology department (much reduced), the clap clinic and Obstetrics. And there's a new children's ward: however, at the Middlesex there used to be two children's wards, and now there's only one — which means that between them, one children's ward has been lost, even though on paper UCH's has been "saved". Similarly, by classifying some beds which were previously the Middlesex's, and by count-

ing the beds existing towards the end of the run-down of the UCH, the health authorities can claim that UCH has lost "only" 70 beds instead of the 300+ that have really been lost. Lies, damned lies and statistics. Moreover, three weeks after Bottomley said the UCH had been saved, it was announced that the latest plan being considered was to sell off the whole UCH site (the land fetching millions on the property market) and to move parts of the UCH to various other hospitals. If this comes about UCH will merely be an administrative label on some bureaucrat's door.

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

With saviours like these who needs grave-diggers?

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

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

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

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

The struggles at UCH

During the struggles at UCH the SWP did everything

to minimise the efforts of non-SWP members. During the work-in aimed at stopping the closure of Ward 2/1 in Nov-Dec 92, SWP members played as much a part as anyone else involved in the struggle — though it was probably the support of junior doctors which really won this battle, admittedly only a temporary reprieve. In the strike of Aug-Sept '93 they played a more significant part — not all of it helpful by any means. For instance they did much to ensure that the cheerful demos which had previously disrupted traffic got turned into boring routine affairs. And in the occupation of Ward 2/3 in September, admittedly suggested by an SWP member, though broken into by a non-party hospital campaigner, they did much to dampen the high-spirited atmosphere. When occupiers met with a few SWP union stewards to discuss the occupation, the occupiers were told the stewards represented the decisions of the strike committee, and these decisions were: vetting to decide who should be allowed into the occupation, to be carried out by the branch secretary and chair, both SWP members. People would have to book themselves onto a formalised rota days in advance just to be able to spend a night there, reducing the occupation to a chore and duty, killing off the social dynamic going on. The effect of these changes was miserable: a lot of people, particularly locals who visited regularly, were put off from coming. And there seemed little point in giving out leaflets encouraging people to come, if they had to be vetted first. People now felt they were only there with

the tolerance of certain officials, and no longer joint partners in the struggle.

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

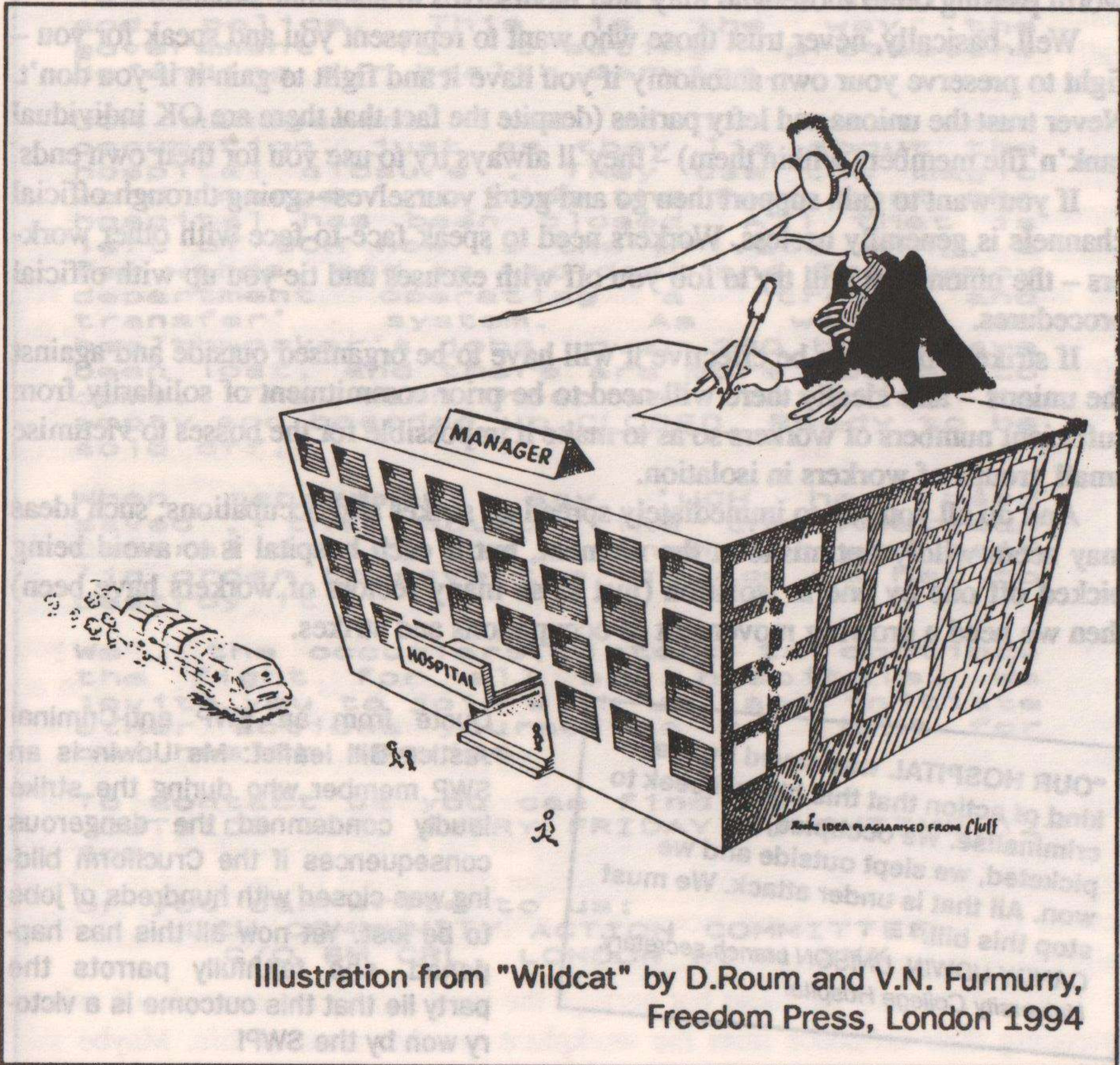
The second occupation of Ward 2/3 was organised by us — UCH Community Action Committee — without, unfortunately, a strike at UCH, and completely independently of any political party. We had hoped to extend the occupation of one ward by getting loads of people back from a TUC Health Service demo on November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

where the SWP and Bottomley have so much in common.

If a fight is to develop to save the hospitals or to stop the horrific attacks on the poor, it will not only have to bypass the parties and unions, but attack them as enemies and obstacles to our struggle. Our health and our lives can not be "saved" by the professional liars of the Left,

Right or Centre, but only by ourselves organising not just an organisation with a name on a banner or logo on a leaflet, which is just an image, but organising specific actions and critiques, correcting our failures and weaknesses.

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



Victory prepared by a series of defeats?

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

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

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

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

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

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

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

**CANDY UDWIN, UNISON branch secretary,
University College Hospital**

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

**FROM THE OCCUPIERS OF
UNIVERSITY COLLEGE HOSPITAL**

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

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

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

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

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

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

Life in the Void

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

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

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

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

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

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Life in the Void

Alongside other attacks, the Health Service is being torn apart around our ears - where is the resistance? The last 10 years of accelerating decline...



Make mine a UNISON

Members now really can raise their glasses to UNISON. The Nene Valley Brewery has brought out UNISON bitter, and it's now available for clubs and pubs to buy.

"It's a real ale brewed in the traditional way," says local UNISON officer Pete Weston.

Pictured here are UNISON members enjoying a drop in the Lincolnshire Poacher in Nottingham.



UNISON BITTER

A.B.V.
3.6%

UNISON

FROM
NENE VALLEY BREWERY

A
LANDMARK IN BREWING!

UNISON MAKES YOU BITTER

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

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

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

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

Derailing a runaway train

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The increasingly precarious nature of NHS schemes needs to be situated against the multi-nationalisation of the global economy and the reduced significance of the nation State as a pro-active economic force. Globalisation is, however, fraught with competing interests and in this present phase the flow of capital vastly outweighs the flow of trade. Private insurance ties in with the contemporary dominance of finance capital so different from that described by Hilferding (basically as banker to indus-

try). Its short-termism, money making money, detracts from the goals of industrial capitalism whose relationship with the nation State is somewhat less ambivalent, needing the State as a consumer, an enactor of labour legislation and as an educator. The whole issue however remains highly complex: e.g. money markets eagerly snap up treasury auctions in credit worthy countries and therefore have a vested interest in maintaining a manageable level of government overspend which includes expenditure of health and social security.

THE GUARDIAN
Tuesday June 14 1994



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

14/11/93
LDS/REUDENT ON SUNDAY

Shake-up aims to cut costs to industry

Heseltine to scrap safety laws

A RAFT of safety legislation will be scrapped in a Bill that the Government is to announce this week in the name of minimising costs to commerce and industry. It will be the biggest shake-up of health and safety law in 20 years.

Ministers will argue that safety rules impose an unacceptable burden on small businesses, but Labour and the unions are already saying the Bill will give employers a licence to kill.

Details of the reforms contained in the Deregulation Bill to be announced in the Queen's Speech to Parliament have emerged in a Department of Trade and Industry document leaked to the *Independents* on Sunday. The Bill will cover a huge area, ranging from a proposal to remove the obligation on employers to provide trolleys and soap in workplace lavatories to the partial ending of controls over industrial hazards. The release of "non-persistent and non-accumulating substances" will be ignored.

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'PAY WATER' HEALTH SOS

DOMESTIC water meters are blamed today for outbreaks of dysentery and other health problems.

A study by the children's charity Barnardo's found that families with water meters washed less and cut down on flushing toilets to try to reduce bills.

Children of parents who ration water have developed scabies and head lice as well as dysentery, says the study's report. And BBC-TV's Panorama will claim tonight that trials of the meters were a "sham" which hid higher costs.

Barnardo's found an estate in York.

The house

PORTER

Ronald

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Sex-change fish clue to human infertility

By PETER CRUMER

SEX-CHANGE fish have been found in a London river separating fears that they are caused by complex chemicals in the water.

The revelation, in an Agriculture Ministry report acquired by Friends of the Earth, is being linked to a possible cause of infertility in men.

In the study, along the River Lea between Bishop Cleeve and the Limehouse Basin, scientists found male fish had turned hermaphrodites, gaining sterile and becoming sterile.

The river is the source of drinking water for hundreds of thousands of Londoners. Small quantities of sex-change fish have been reported at 31 rivers in Britain, near treatment works.

When the *Evening Standard* published the story last February the Agriculture Ministry and the Environment Department refused to identify locations in case it spread alarm.

A Channel 4 documentary, *Dispatches*, reveals that Thames Water launched an investigation into whether a drug company had dumped its effluent into the water.

However, the company found no evidence of this and the theory is passed by a chemical is passed by women on the Pill. It can also be caused by a mixture of steroids and detergents.

The programme, to be shown tomorrow, will examine evidence that artificial hormones are recycled through treated sewage. In dry summers 80 per cent of an English river can consist of treated sewage effluent, and 30 per cent of Britain's recycled drinking water.

At the same time sperm counts have halved during the past 30 years and the quality of the male sperm has declined in six out of every 10 infertile couples. There is some problem with the male partner.

But the water industry maintains there is no problem.

Thames Water spokesman John Seston said: "There is absolutely no risk to health from the minute levels of nestrigen found in the water."

Dr Victor Howard, a biologist at Liverpool University, disagreed. "The appearance of hermaphrodite fish in rivers is of consequence to mankind and other animals. I don't think we should make any mistake about that," he said. "If it is affecting those species it will be affecting us."

Guy Linley Adams, water campaigner with FNE, said: "It shows we must be very concerned about the biologically active chemicals we allow into the environment. This may explain the increase in testicular and prostate cancer."

"There must be a full investigation into the possible effects these chemicals are having on wildlife."

Some Further Reflections...

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CAMDEN NEW JOURNAL

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

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

Health watchdogs at Islington Community Health Council and three were clear breaches of the Parasol (James) standards covering infant emergencies.

It took an hour and a half to see the consultant named in the C.P. emergency referral letter – it should have taken half an hour.

It took three hours for Cheva to be admitted to the children's ward –

EXCLUSIVE
by CRAIG KENNY

not been longer than the Chester maximum.

Life saving machinery apparently broke down in the flat hospital during treatment.

Cheva's distraught father, Michael Palmer, said the New Journal: "I feel it frightening that in the UK we can take a mildly sick child into hospital and see her deteriorate and for while the equipment goes wrong and the staff apparently lack a sense of urgency."

I felt like I was in a third world country.

Mr Palmer and his wife

CAMDEN NEW JOURNAL
21/5/94

Dad slams hospital

Continued from page 1

he believed I never should have been put into intensive care and on a heart monitor.

I missed the life of my child in that hospital but I was appalled by what I saw. There even had to be someone to remind the staff they had work.

The human element seems to have gone out of medicine – now it's all about profits and statistics. I am determined that no other family should go through

Appendix

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

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

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

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

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

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

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

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

EVENING STANDARD

16 TUESDAY, 16 FEBRUARY 1984

Angry Guy's nurses set for strike ballot

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

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

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

Nursing staff have threatened a

by JO REVELL, Health Correspondent

series of one-day strikes and occupation of hospital buildings.

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

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

£5million-a-year breast cancer research programme”.

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

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

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

**FUCK THE
UNION SELL-OUTS**

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

DEFEND FREE HEALTHCARE

T.ories'
U.nofficial
C.ops

**THE MARKET
MAKES US SICK**

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

DEFEND FREE HEALTHCARE

**PASSIVE DEMOS
AREN'T ENOUGH**

**MONEY TERRORISM =
LEGALISED MASS MURDER**

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

DEFEND FREE HEALTHCARE

**FUCK THE
UNION SELL-OUTS**

**OCCUPY
THE HOSPITALS**

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

DEFEND FREE HEALTHCARE

**MONEY TERRORISM =
LEGALISED MASS MURDER**

Songs

To the tune of "John Brown's Body"

Verse 1

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

Chorus

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

Verse 2

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

Chorus 2

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

Verse 3

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

Chorus 3

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

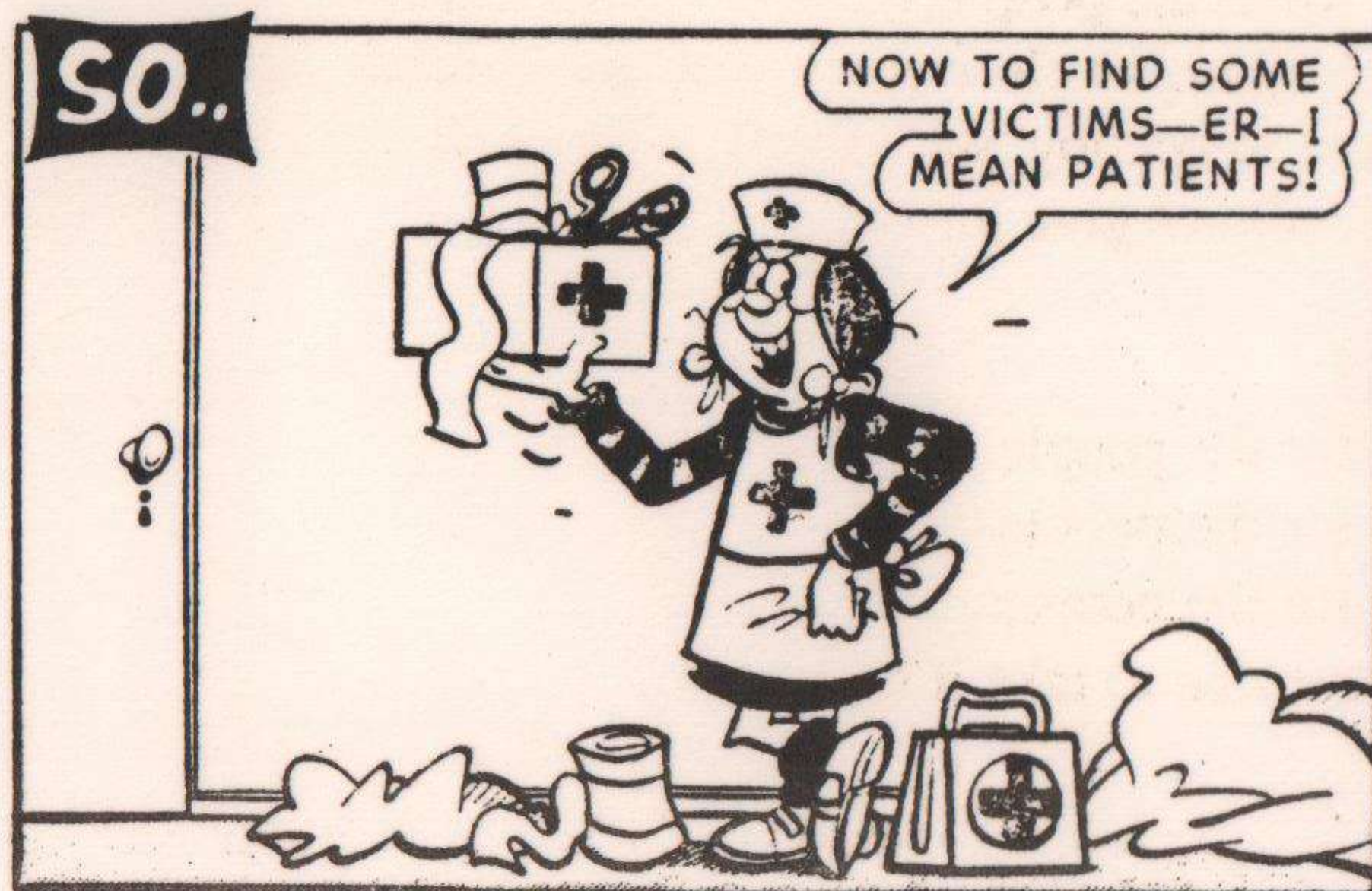
To the tune of "Daisy, Daisy"

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

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

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

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



UCH — Resistance to Hospital Closure

NORTH LONDON OR UNIVERSITY COLLEGE HOSPITAL
GOWER STREET, LONDON, W.C.



Christmas
→ **Appeal,**
1900.

A General Hospital with Separate Departments for Special forms of Disease
SUPPORTED BY VOLUNTARY CONTRIBUTIONS.

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

THE DEBT TO TRADESMEN NOW IS £6,000

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

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

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

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

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