

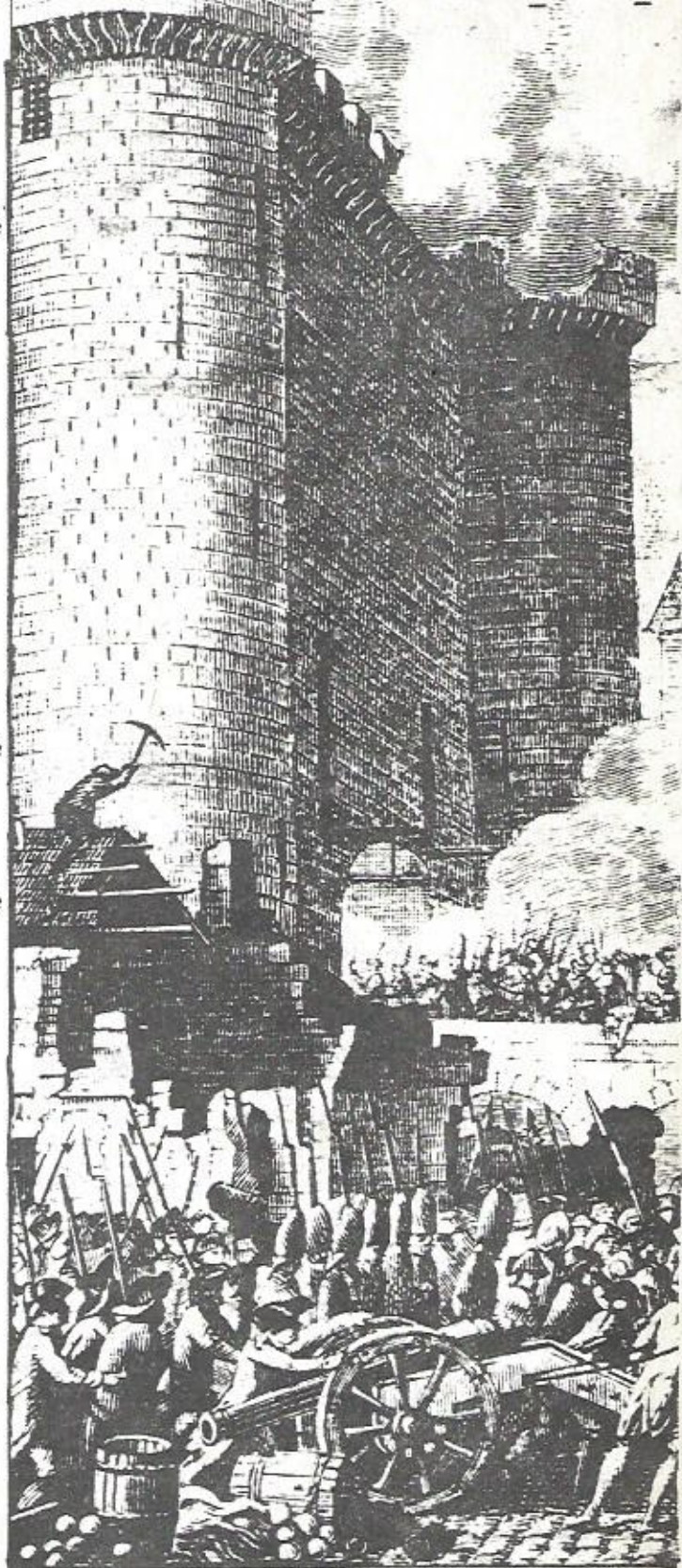
SHEFFIELD HEALTHWORKER

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There are no prizes for forecasting rising temperatures this summer, but it's not only the weather that's hotting up. Workers in major industries are rolling up their sleeves and flexing militant muscle in what is becoming a 'Summer of Discontent' as far as the Tories and bosses are concerned. But these are not the only groups feeling the heat, for union bureaucrats are equally becoming hot under the collar with the prospect of having to contain the waves of industrial action which are now spreading.

April and May have seen strikes on the docks, London Transport, the BBC and disputes in Local Government. Railworkers are bringing the rail networks to a standstill with a series of 24 hour stoppages which may last indeffinately. Dockers are now being balloted for an official nationwide strike on 8 July, following sabotage of the wild-cat strikes by DaDooRon Todd, who crawled off to the House of Lords to gain permission. Disputes in Local Government, on the oil rigs and at the BBC are also continuing into the summer, alongside opposition to Health Service reforms and community resistance to the Poll Tax.

For the short-term economic demands of workers to be met, and to protect us from further attacks in the future, it is essential that we fight back on our own terms, beyond the control of union bosses who will seek to calm our anger, shouting ballots and fear of sequestration of funds. These lackeys of the ruling classes will predictably sell us out time and time again. Workers in one workplace must form their own strike committees mandated by the workforce which must be kept informed through regular meetings and newsletters/bulletins etc. Delegates must be unpaid, accountable and recallable. Local groups must federate with others in the same industry and between industries and community groups on a similar basis to spread action and solidarity. We must prevent action from falling back into the hands of union bureaucrats and Labour Party apologists, or from being hijacked by elitist Left groups (SWP, RCP, Militant etc) who are only interested in selling papers and recruiting working class activists to build their own 'revolutionary' parties.



WITH THE TORIES PLANNING FURTHER ATTACKS ON OUR CLASS SUCH AS CRIMINALISING STRIKERS AND NON UNION/NO-STRIKE DEALS IN PUBLIC SECTOR INDUSTRIES EG TRANSPORT, HEALTH SERVICE ETC, NOW IS THE TIME TO ACT BY OURSELVES, FOR OURSELVES !!

WASTE CRASH POLL TAX *MUCH MORE!

IN BRIEF

SCAB

It came as no surprise to learn that City Council leader, Clive Betts, crossed the picket line during the 24 hr strike by his own union NALGO on 4 July.

Infuriating the strikers outside the town hall, Betts used the warped logic of a class enemy to justify scabbing: "I crossed the line in Sheffield as an employer. I most certainly would not do so in Rotherham as an employee .." retorted Betts, who works as a personnel officer for R'ham Borough Council. Once a scab ...



MARY EVANS



KEETONS STRIKE

Now entering its fourth year and talks with the boss Doyle have again reached a standstill. Yorkshire Terrier Bus Company were successfully boycotted and have now pulled out of Keetons, though other strike-breaking companies continue to trade with them (see address below for details).

The third anniversary of the dispute was marked by a demonstration and rally in Sheffield on 15 July. Meanwhile the 24 hour picket line continues. Messages of support donations etc can be sent to:

KEETONS STRIKE COMMITTEE
AEU HOUSE
FURNIVAL GATE
SHEFFIELD S1 3HE

CLOSURES

Recent reports that Nether Edge Maternity Unit was to close within 3 months were met with denials by Mapplebeck, District General Manager, who reassured us to the contrary that it would be shut by next year (phew !)

Despite opposition to the plans from health-workers and the community, the excuses are that there is an 'acute shortage of junior doctors' coupled with the 'increased survival rate of premature babies'. So instead of employing more staff at Nether Edge, the health authority plan to shut both this unit and Jessops to pay for a shiny new one behind the Royal Hallamshire by 1995. And, of course, the 'closures are not financially motivated'.

The Nether Edge unit is extremely popular with local people, concentrating on a woman-centered active/natural approach to childbirth. We must resist these further attempts to centralise maternity care, reducing the choice, accessibility and quality even more.

MERGER

The issue of one health service union was again debated at this year's COHSE National Conference in Bridlington. This time however, saw few dissenting examples of the COHSE Patriotic Front, and resolutions to commence talks with the other health unions (NUPE, NALGO etc) were passed unanimously (308 Christie Branch probably excepted - see S.H. no.1, PLONKER !).

Of course, union mergers are a response to falling memberships and the new realist/soft capitalist policies of the Labour Party and the TUC. As such they can only lead to the increasing bureaucracy and irrelevance of the reformist unions to workers' struggles. It is real rank and file unity that we want, not consumer unionism offering financial services and cheap holidays.

TOWARD REVOLUTIONARY HEALTH CARE

The following is a document which is a first attempt to analyse the NHS today and come up with ways of changing it. It is not a very deep analysis nor does it cover as many aspects of health care as could be dealt with. We'd very much appreciate any comments or criticisms anyone has of it.

WHY A NATIONAL HEALTH SERVICE ?

After WW II there was a large wave of discontent throughout the working class in Britain. This led to a series of long running strikes and occupations in major industries. People felt they had fought and died in the war for a 'better world' free of the poverty and unemployment of the 30's. The election of a Labour government by a huge majority showed the ruling class that workers wanted change. This allied with the inevitable reconstruction after the war and the need for a large healthy workforce allowed the government to set up a minimal welfare state encompassing comprehensive education, social security and the National Health Service. The NHS bill (the Beveridge Report) was the work of a Liberal Lord, but it was still presented as the work of the 'caring' Labour party even though they were the first to introduce health cuts in 1976.

SOME COMMON MYTHS

People talk about the understaffing and underfunding of the NHS as if it were a new thing invented in the last 10 years. This is rubbish as the NHS has always been underfunded and understaffed. There has always been waiting lists for treatment and inadequate resources. It's only since the mid 70's that the economic recession has forced the ruling class to squeeze even harder than before. One of the reasons our hospitals are crumbling now is because of long term investment in buildings and maintenance since the NHS was formed. Nowadays new developments in health care due to technological advance such as body and CAT scans are presented as a luxury rather than as a basic tool. This is another example of twisted priorities.

Another common misconception is that at some point in the past we had enough nursing and ancillary staff to do our job properly. We never did. The recent cuts in staffing levels have turned a minimal staff into a skeleton staff. This, and the contracting out of ancillary services such as catering and laundry, has helped to reduce the status and pay of health workers even though this has always been low status because of healthcare's traditional role as 'women's work'.



"It's an emergency, Doc... They need the drill right away..."

CAN'T WORK CAN'T LIVE

In the forefront of the attacks on health provision is the conscious reduction of care services for the mentally ill and handicapped and the chronically ill, elderly and disabled. This can be seen in the constant pushing of the concept of 'community care', that is, closing down psychiatric and other institutions and relocating the patients in a 'community' setting. While we agree in the merits of community care as a form of healing we are realistic about this and see this as yet another cynical cost-cutting exercise disguised by fancy ideas about 'community'.

The Griffith's Report of 1983 by Thatcher's personal advisor on health, Sir Robert Griffiths, introduced the concept of 'General Managers'. Prior to this each field of health care had its own management made up of people who had worked in that field. The new system uses outside managers from business who are very good at keeping within spending limits and being 'efficient', but not too hot at doing what's best for the patients, not surprising when you

think about what they were brought in for. The management structure was an inflexible hierarchy before 1983 but now it is even worse with people with no contact with the area deciding what's best for it. So this is what they mean by efficiency ...!

PRIMARY VS SECONDARY HEALTHCARE

One thing we haven't mentioned so far is that the NHS is based on the ideas of 'secondary healthcare', ie, treating things that have 'gone wrong' by treating the individual symptoms that the person has. This method doesn't take into account most of the social causes of ill health nor does it treat the person as a whole, but rather as a series of symptoms, one of which has gone wrong when illness appears. If government were interested in efficiency, then they'd develop a primary health care system based on preventative methods. Talk of CAT scans and laser surgery is all well and good but useless if illness is caused by or aggravated by poor housing, poor nutrition, pollution etc.

Private health care is also run along these lines but added to that is that it is run to make a profit, not be a service. This is why you have to pay to use the facilities and it puts the profit motive before human needs. Basically, private hospitals are hotels with a health facility built on. Often this leads to an inability to provide good general healthcare. If a patients' treatment involves a great deal of personal care over a long period they are dumped back on the NHS (if they manage to receive private care at all: private insurance companies are notorious for rejecting people with such long-term problems as diabetes, schizophrenia etc). Private health care is a massive drain on the NHS with a lot of good staff poached from the NHS after being trained by it and chronically ill patients rejected by private hospitals having to be looked after.

WHAT WE WANT

Obviously any real change in healthcare can only happen alongside profound changes in the way society as a whole is structured and run. This is because our interests as a class are in conflict with those of the bosses and the state.

We see the basis for a public health service stemming from the creation of a

socialised economy, ie an economy run collectively by and for the working class. This health service should have an open and democratic structure controlled by worker's organisations. In a society organised this way the emphasis is obviously going to be on primary healthcare, that is, removing the conditions that make people ill (bad housing, poor diet, meaningless work, social stress etc).

We would like to see a decent health and sex education programme with the aims of demystifying people's bodies and illnesses as ignorance and fear are major reasons why people become ill or don't seek help. A population which is educated about these things will have real control over their bodies and will be able to take responsibility for their health away from the so-called experts. We believe in getting rid of the idea that only doctors and nurses can deal with illness. Rather, we'd like to see highly trained health workers assume a role of 'helper' or 'guide' in the healing processes of the individual, working with the patient, not just dictating to him or her.

continued ...



Along with these changes we would like to reclaim many traditional working class methods of healthcare, such as herbalism, from middle class hippy fadists. We would like to promote the ideas of holistic treatment rather than the 'medical model/symptomatic treatment' and, for instance, to deinstitutionalise psychiatry by a psychotherapeutic/anti-psychiatry approach to the problems of personal growth.

We want to see all women able to knowledgeably choose the ways in which their babies are born, with the emphasis on natural childbirth and forceps and monitors used only if absolutely necessary. We'd like to see non-invasive methods of treatment at least experimented with before such drastic measures as chemotherapy and surgery are used. In short, we'd like to see the integrity of the patient - and the staff too, in terms of working conditions etc - **respected**. We want an end to production-line 'health care', both in terms of patient care and working conditions.

OUR STRATEGY

For now, our aim is to produce propaganda and spread our ideas. We must stop hiding behind leftist demands to save the NHS - which is, as we've stated, in dire need of complete change - and work toward a totally new system of real health care. We want, for the time being, to concentrate our efforts on building up a network of like-minded health workers (domestics, doctors, nurses, porters, etc) in Sheffield and eventually in other parts of the country. These networks/groups will initially be for discussion of different issues that effect us as healthworkers and work toward forming strategies to respond to attacks on us. Eventually, we hope to build networksthroughout the country that will federate together and become the basis of one single healthworkers union - but not just another hierarchical beauracrat trade union. Together with people in the community, such a union could begin to forge a revolutionary health care system, one where neither patient nor worker is exploited, but where both work together toward real health.



THIS ARTICLE IS BASED UPON A DOCUMENT PRODUCED BY BRISTOL CLASS
HAR HEALTHWORKERS. MANY THANKS TO THEM!

The Golden Bedpan award this month must certainly go to N. McKay (NGH Unit General Manager) for his unfailing patriotism in the wake of the appalling Hillsborough slaughter.

Prior to the predictable patronising visits by MPs, Royals, etc domestic staff had been ordered to wash the walls and floors of the hospital walkabout route. Presumably being so over-staffed and under-worked, the domestics couldn't wait to get down on their hands and knees and grovel for Queen and Country.

McKay also had the gall to complain that nurses had not shown enough enthusiasm introducing the royal puppets to those patients on the intensive care unit. What nauseating feudal garbage! I know a few healthworkers who'd like to put McKay in an intensive care bed himself, and it certainly wouldn't be for mutual pleasure!



The truth is Hillsborough produced only a relatively small number of injured requiring intensive care facilities (over 90 fans were already dead). Many admissions were walking wounded. If many more had sustained serious injuries and been admitted to general wards then we would not have coped because there would not have been enough beds, enough staff or enough equipment (there isn't on normal weekdays in most areas).

And McKay and his cronies would now be shitting themselves rather than rubbing their hands in expectation of honours.

PS If YOU are desperate to blow the lid off POWER, CORRUPTION and LIES and expose the ENEMIES WITHIN and WITHOUT, why not send us a nominee for the Golden Bedpan award? Correspondence will of course be treated with the utmost confidentiality.

GRASP

Over the next few months we will see in Sheffield hospitals the introduction of a system of measuring nursing workload on the wards. 'GRASP' is essentially a system developed for the American health service which enables hospitals to cost and bill each patient down to the last tablet, by directly relating this to the number of nursing care hours each patient receives.

The whole thing was initiated by Emily Dargue, District Nursing Officer in 1984 who secretly sent various nurse managers to the United States for free holidays. Easily conned they came back singing the praises of GRASP. Sheffield Health Authority subsequently bought the package, costing many thousands of pounds.

After a protracted dispute with the unions it was agreed to set up pilot studies on 2 wards. These completed, the health authority and unions evaluated the pilot studies, the health authority ignoring the unions' Leeds University research team which had serious misgivings.

Nurses will have special charts to fill in for each patient, on which are listed nursing 'tasks'. Each task will be assigned an average time needed to do the job and thus the total represents the number of nurses that will be allowed per shift. There's even an allotted time given for emotional support/conversation etc!

The whole concept is abhorrent to those of us who believe that you cannot place artificial time limits on caring for people, and who see GRASP re-creating a task system of nursing for further privatisation.

Some nurses have been fooled into thinking that we will be able to use GRASP to prove to management that we are understaffed. As if they didn't know! They will ignore us as they have done in the past. The health authority stated long ago that they could not guarantee extra nurses if GRASP showed up deficiencies. With existing staffing levels being so low, nurses will just be moved around more 'flexibly' depleting one area to prop up another temporarily.

GRASP is here and is being forced upon us but we can still say NO!

SABOTAGE ITS IMPLEMENTATION!

Make every patient a high dependency patient!

Delay filling in the time charts!

Take as long as possible to perform nursing jobs!

IN SHORT, TREAT GRASP AND THOSE WHO WISH TO INTRODUCE IT WITH THE CONTEMPT THEY DESERVE.



EVERSURE

Around 140 workers at Eversure Textiles' Meadowhall Road plant are into the 4th week of their strike over union recognition and the reinstatement of sacked warehouse workers. A non-executive director of the firm (ie does sod all for a fat salary) happens to be none other than Irving Patnick, local Tory MP.

About 50 of the strikers went down to the House of Commons recently, hoping to persuade Patnick to do something about the dispute. But appealing to Tory boss scum will get us nowhere fast in this or any other strike. If other unions are unwilling to show real support, workers in the locality and in other industries must show solidarity and organise themselves in blacklisting this firm in any way they feel appropriate, until the textile workers' demands are met.



back page BLURBS

Welcome to the second issue of SHEFFIELD HEALTHWORKER. In case you didn't see the first issue, we repeat that we are very keen to hear what you think about this paper (and we don't mind flattery, nor abuse for that matter!). We would like this paper to be a forum for exchange of ideas between healthworkers so don't feel you have to agree with us to write for the HEALTHWORKER.

We also welcome contributions from outside Sheffield. We are already in touch with healthworkers in Derby, Leicester, Newcastle, Manchester, London and Bristol (Some of whom we originally met through the Anarchist Healthworkers Conference held in Leicester last Summer). It has actually been suggested to us that we make this paper a national one. It would be nice to see, but at the moment we think this would be putting the cart before the horse. But we certainly do want to keep in touch with as many people as possible around the country.



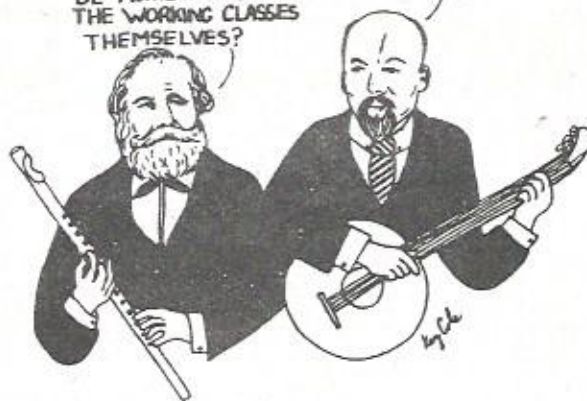
YOU CAN WRITE TO US C/O:
p.o. box 446,
sheffield s1 1ny.

* * * * *

MANY THANKS TO RUTH AND TERRY FOR
THEIR HELP IN PRODUCING THIS PAPER !

DON'T YOU KNOW
THE EMANCIPATION
OF THE WORKING
CLASSES CAN ONLY
BE ACHIEVED BY
THE WORKING CLASSES
THEMSELVES?

NO. BUT IF YOU HUM
A FEW BARS I'LL
TRY AND FAKE IT



Aims & Principles

1. Sheffield Independent Healthworkers Group is open to all healthworkers: ancillaries, nurses, doctors, care assistants, technicians, clerical staff etc., N.H.S. or not.
2. Our aim is a self-managed health care system, run by healthworkers and the community, within a free and classless society, based on the satisfaction of human needs not profits for a few.
3. To this end, we encourage all healthworkers to unite together to fight for their immediate needs and for the transformation of health services and the society within which they operate. Unity needs to be achieved across all the divisions created: departments, skills, grades, unions, workplaces etc.
4. We want to create a truly participatory, non-hierarchical organisation, without elites or committees deciding everything.
5. The union bureaucracies, far from serving the interests of the working class, in fact serve the interests of the ruling class. They attempt to calm the waves of militancy among workers and contain our dissatisfaction and anger in ineffective action such as carrying torches around the country, holding birthday parties for the NHS, one-day strikes etc., effective tools for demoralising us.
6. Calling for action from union leaders or politicians (elected or self-appointed) is a waste of time. Meaningful action comes from grass-roots activity, not the posturing of leaders. This group is open to all healthworkers but we are not prepared to be used as a platform for party-liners (Militant, SWP, etc.).
7. We seek to establish links with other groups with similar aims and principles, within and outside of health care.