Hospitals: Our health is not for sale

There are more than one million hospital workers throughout the country. The majority of them are women. We work in a low paid service job, under conditions of bad shiftwork, long overtime, and in an oppressive hierarchical situation.

Workers in hospitals know their job is useful, yet they get penalised for doing it, even though some could get a higher paid job in a factory or office (if they have the choice, which many don't, especially immigrant workers on a fixed work contract). In fact, work in a hospital is more and more the same as work anywhere else, with bonus schemes, more supervisors, union negotiating, etc. For women, it's even harder. After one job in the hospital – cleaning, serving meals, washing up, looking after people – we go back to the same thing all over again at home: a *second* shift.

The following article is a look at the reasons why many hospital workers are getting more militant; how the crisis is affecting us, and how we are trying to fight it.

'I work on an orthopaedic ward (bones). I've only been here six months. During that time there have been six nurses in here with back trouble. I talked to all of them and every single one of them did their backs in from lifting patients. When I asked why they hadn't called for a porter to help, some said they were too busy to wait. But generally they said that lifting patients was part of the job. Many nurses try and lift someone on their own because everyone else is so busy.'

In May 1975 Harold Wilson admitted publicly in an interview on BBC Television that what was needed to make up the profit margins of those 'poor, unfortunate' bosses in this time of crisis was to attack *public sector wage claims*. In other words, the wages of workers in hospitals, local authorities, nationalised industries, teachers, etc.

For the first time since the Second World War, wages in the public sector have actually been setting the pace for wage demands in private industry. Now this is not to say that hospital workers, bin-men, power workers, or even miners are suddenly getting basic wages of, say, £60 or £70 a week. Far from it! Hospital ancillary workers (domestics, porters, kitchen staff), nurses, council workers are still among the *lowest paid workers in the country* with a *basic* wage of only £30 a week. But since 1972 public sector workers (including workers in the nationalised industries and public corporations (gas, electricity) have been fighting against low wages and poor conditions and the run-down of services like the National Health Service, transport and schools.

Last year wages in the public sector went up by about 28-34%, *breaking right through* the Social Contract (although no-one made much of a song and dance about it at the time and the bosses pretended not to notice). Meanwhile, wages in the private sector went up by an average of only 15-20% (figures taken from *The Financial Times*, 24.3.75).

You can't put dedication in the bank . . .

In 1972 the miners organised the most powerful and united working class strike that there has been in recent years and which eventually led to the downfall of Heath. This helped to knock a huge hole in the idea that public sector workers have no power. After that, in Spring 1973, hospital ancillary workers had their *first ever* national strike, and the nurses, technicians and clerical workers were not far behind with their strikes last year.

Since then the fight of hospital workers has spread. Hardly a week goes by without there being reports in the papers about the struggles of hospital workers. This was particularly true in the first six months of 1975. The pay claim settled in December for a £30 basic did nothing to stop all sorts of local disputes continuing unabated.

For instance, if we take just one month – February – we get the following:

February 1

Hospital workers and militants marched through Islington to protest the closing down of *Liverpool Road and Elizabeth Garrett Anderson Women's Hospital.*

February 6

200 ancillary workers at *Newsham Hospital in Liverpool,* who were on strike for a week demanding the reinstatement of two sacked stewards went back to work pending the outcome of arbitration talks. (The stewards had been sacked for organising a meeting during work time for both ancillaries *and* nurses over a nursing steward who had been victimised.)

February 7

120,000 women hospital ancillary workers got equal pay £30 basic from today. This follows 600,000 local authority women workers who got equal pay in January. (Note: the majority of women hospital workers are on the bottom two grades; the majority of men *start* on the third grade.)

February 12

Nurses and ancillary staff (about 400 altogether) came out on strike at *Morriston Hospital, Swansea.* They were demanding the abolition of private beds in the hospital. Other workers from at least four other hospitals struck in support. (100 ancillaries at *Mount Pleasant*; 300 ancillaries at *Singleton*, and workers from *Neath* hospitals). They claimed the consultants were blatantly provoking the staff by allowing a private patient in. The workers returned to work only when the private patient had been discharged and they warned against future use of the private bed.

February 13

Domestic staff in the psychiatric wing of *Basingstoke District General Hospital*, Hampshire, went on strike yesterday for higher bonus and more staff.

February 22

Hospital workers and militants marched to the Royal College of Surgeons to protest against the consultants' 'work to rule' for more pay and privileges. The march was organised by MCAPP (the Medical Committee Against Private Practice).

At the same time a ban on private patients was continuing in the following hospitals: London Hospital, Sutton General, Whittingdon, Royal Northern, Hammersmith, Westminster, St Georges, Atkinson Morley, Tooting (all in London), the United Liverpool Group, St Helens Group, United Manchester Group, Mansfield Group, and all hospitals in the following towns: Basingstoke, Winchester, Southamption, Portsmouth. The North East Region which operated a ban on private patients during the nurses' dispute has never let them back in. (Information from *Women's Struggle Notes No. 3* by Big Flame Women)

These struggles, although localised and often isolated, reflect a growing agitation among hospital workers who are not prepared to be low-waged and shoved into a corner any more. Nor have hospital workers been conned by the threats to public sector wages and by the cuts in public spending. The nurses were sure enough about what they were fighting for when they said: 'You can't but dedication in the bank', and 'Gratitude won't pay the rent'.

The effect of the crisis in the NHS on us

The crisis in the NUS is another aspect of the general crisis the bosses and the working class are faced with. It is a crisis of productivity for the bosses. They are not making the profits they want because the working class has been too powerful. For us, our lives and health and sanity come before anything else.

When we talk about the crisis in the NHS it sounds abstract. But when you ask hospital workers about it, it's very clear what it means:

A domestic: 'Last week the supervisor asked me to do the floor extra well because there was no floorman. So I got real mad and I said, 'It's not my job, it's not my problem. I don't have to do that – it's you. You're lazy in your skin, you do nothing except drink cups of tea'. . . . 'Another thing you notice is the amount of sickness there is among hospital workers. On nearly every ward there's a member of the staff that's sick too. At the moment, half of the people that work on Geriatric have got diahorrhea and sickness in the stomach. And there's a girl on my ward now who caught thrush *after* she came into hospital.'

A technician: 'Things happen, like you send for a patient to do a test but they don't arrive because there's not enough porters. So the patient is one or two hours late for the test, so then they're late for the operation.'

What has caused the breakdown of the NHS?

The NHS (National Health Service) was set up in 1948 with the aim of providing a free health service for everybody. It was implemented by the Labour Government as a result of great working class pressure. But in the negotiating with doctors and the boss class, the government made concessions that have made it impossible to carry out all the aims of the NHS.

(i) Doctors (consultants, surgeons, dentists, general practitioners) were allowed to remain private or to work only part-time for the NHS (and to do private practice as well). This has meant that (a) surgeons are allowed to use NHS equipment and beds reserved for private patients in NHS hospitals to do 'private' operations for which they can charge their private patients as much as they want. Since there are long waiting lists for NHS operations (three years for a hernia), surgeons often suggest to their NHS patients that they will operate on them immediately *if they become a private patient.*

Also, general doctors are *not* state employees. They get 'per capita' money from the state for every person they have on their list. This encourages doctors to have lists of thousands of people and means long queues at surgeries, which are often in poor condition as the doctor has to pay for them him/herself. Since doctors are middle class, they prefer to work in middle class areas so that there are too many doctors in the rich areas of London, Bath, etc., and very few doctors in the working class districts.

The situation is even worse in relation to dentists. Now that everyone has to pay fifty percent of their bill, dentists are moving out of working class districts very fast. In some cases, dentists are advising people to have all their teeth pulled out and replaced with false ones because it is cheaper in the long run.

(ii) The Labour Government did not nationalise the drug industry so the fantastic growth in the profits of the drug companies since the war have been at the expense of building a decent NHS. It has also been an important way of channelling the contributions of tax-payers into private industry. (A large amount of this money invested in this new growth industry of drugs and chemicals – pharmaceuticals – came from the millions paid out as compensation to the mine-owners when the nationalised coal.)

(iii) The Labour Government did not nationalise the building industry and building contracts from the government to build schools, hospitals, courts, prisons, police stations, colleges, town halls, civic centres, tax offices, telephone exchanges, post offices, etc. etc., continue to be a source of enormous profits for the building industry bosses. The corruption of local councillors and building contractors like Poulson and T. Dan Smith are just the tip of the iceberg. (The North-East, where these two crooks were operating, has one of the best records for grand civic centres, town halls and motorways; and one of the *worst* for housing conditions and pollution.) Central and local government spending are the biggest source of 'jobs for the boys' – meaning the MacAlpines, Laings and Taylor Woodrows of this world (may they not last much longer).

(iv) The government did not ban insurance company from offering private patient insurance schemes (companies like BUPA, PPA). Over the last few years, the run-down of the NHS has coincided with the growth of the private health sector. Nowadays, one of the bonuses of a middle class job is membership of a private health insurance plan. This has

meant a lot of money available to finance the development of the private health sector (contributions are paid by bosses and are tax deductible).

(v) It is the big insurance companies and banks which loan the government money to build hospitals, schools and housing and the government has to pay it back at enormous rates of interest.

WE WON'T PAY!

The government and the bosses are trying to make hospital workers and patients alike pay for the crisis in the NHS. They cannot chop the workforce with massive redundancies In the 1920s and 30s the bosses used straight wage cuts, which nowadays are out of the question. Instead, what we are faced with is wage cuts through productivity deals and bonus schemes and redundancies through 'natural wastage'. Schemes like these, which are often pushed by the unions, reduce the workforce, increase the workload, lengthen waiting lists, force canteeen prices and hostel rents to go up, force smaller hospitals to close down, stop new ones being built for lack of money.

In addition, hospitals employ many immigrant workers on fixed work contracts from Portugal, Spain, and the Philippines, who, because of their permits, are more frightened of organising.

How does the bonus scheme affect workers?

A domestic: 'In my ward (twenty-six beds divided into ten rooms) there used to be three full-time domestics and one part-timer who worked 9.30 until 3.30. Then the management offered us a 'bonus' scheme, which seems to boil down to a bonus for them. The union really pushed it and told us we'd get more money. Most of us were against it but it got pushed through in a meeting during the summer when a lot of people were on holiday. It was a trick to cut down the number of workers. Now on a ward we have only two full-timers and one part-timer on a new shift – 9.30 until 1.30 – to do *the same work as before* – just a few quid extra!'

How the bosses attempt to make us pay for the crisis

Some examples:

(i) *The Budget* was a clear example of what the bosses had in mind. Healy proposed a cut of £1,100 million in public spending (public spending covers the current and capital spending of central government and local authorities – i.e. money to keep existing schools, hospitals, transport, administration running – current spending, and also to pay for *new* schools, nurseries, hospitals, etc. – capital spending. It also pays for the 'capital' spending – i.e. new investment – of the nationalised industries) but since then this figure has trebled and *The Guardian* newspaper now estimates it to be £3,000 million! (7 July 1975). At the time of the Budget a lot of publicity was given to Barbara Castle (for Social Services) saying she was keeping £300 millions by especially for hospitals. *But don't be fooled* – most of this money will go to much needed geriatric and psychiatric care and one or two other special cases. But general health care will deterioriate because there will be no new building of general hospitals and many new improvements which had been planned will be dropped.

The January White Paper on Public Spending (what Mr Healy and subsequent Chancellors will use for the next four years to guide their budgets) plans cuts in *current* expenditure of 1½% (for the last three years *current* expenditure increased by 6% a year), this is for things like replacing equipment, wages, keeping existing services going. But *capital* spending has been cut by 10% (fewer new buildings, clinics, nurseries, schools, transport). At the same time, *military spending* is to rise this year to £4.5 million – a rise of about 4%!

(ii) The effects of this on our health is shown in Dr David Owen's (minister for Health) proposals in April for ending a twenty-four hour hospital service for all patients except what he calls 'acute and chronic' cases. This would involve seeing patients as out-patients where possible or sending them home quicker after staying in hospital. His ecuse was that some people do not want to spend a very long time in hospital.

Many nurses and domestics will tell you the effect of this anti-working class policy: 'There's not enough hospitals so the beds are always full. On my ward now we've got three patients who have all come back again because they got sent home before they were really well, but the hospital kicked them out becuase they needed the bed. The next thing you know, they're back worse than before.' . . . 'We had a patient in last summer. Her hip joints were out of place and she needed two steel pins to make them work properly. The first operation was all right. She went home to recover and came back for the second hip. After the op she was unhappy about the continuous pain and felt there was something wrong. But the doctors who saw her afterwards were not the same as the ones who did the op or for the first hip,so they told her not to be so silly and that she was imagining it. She was sent home because the bed was needed. Three weeks later she was back . . . The operation had not taken and she had complications. Eventually the doctor *admitted* he had known something was wrong before she left but he thought it might go away. The patient thought of suing the doctor for negligence but decided against it as she had no money if she lost.'

And besides this there are hundreds of other situations where our health and living standards and working conditions are being attacked through staff shortages, long waiting lists, hospitals closing down and existing hospitals decaying:

(i) St James Hospital, Tooting, London, recent had to close four wards because of staff shortages (*The Guardian*, 3 April 1975).

(ii) Consultant Heart Surgeon, Geoffrey Smith, said recently that lives were being lost because patients were kept too long on waiting lists before vital operations were carried out. He said the major reason why his waiting list had jumped from 29 to 65 in the past six months was an acute shortage of nurses. (*The Guardian*, 11 December 1974)

(iii) In London alone many local general hospitals are being 'phased out' in favour of centralising health care and to cut costs. In East London: Bethanal Green, the Metropolitan, Poplar Hospital, the Eastern and the German Hospital are all due to close. This will completely overburden the remaining hospitals in the same catchment area: St Bartholomews (renowned for its backward policies but flashy equipment); Hackney and St Leonards (both notorious for long casualty waiting lists and many 'accidental' deaths.

(iv) Hammersmith Hospital, 70-years-old and opened as a workhouse and hospital for 750 people, now caters for 111,000 people in the North Hammersmith District. Planning work on a new hospital began in 1962 but was abandoned in 1965 in favour of patching up existing buildings. After ten years of planning – at a cost of £2.2 million – the rebuilding work has now been postponed for another year. The outpatients department, built to handle 20,000 patients a year, now has to cope with 130,000; the water mains for fire fighting are 70-years-old and unreliable; the electrical distribution system is overloaded; old buildings present a risk of infection and are a fire hazard; the X-ray department, built to cater for 12,000 cases a year, deals with 50,000; 'Patients awaiting procedures have to be left lying on trolleys in narrow corridors without privacy and exposed to bumping and jostling' (from a report in the *Shepherd's Bush Gazette*, 20 February 1975)

These examples can be repeated in every area throughout the country.

The Job of the Union

Most hospital workers have only joined unions in the last two or three years. For most hospital workers, it was like deciding that we were definitely part of the fight of working class people everywhere to put our needs before the needs of the bosses. The job of the bureaucrats in the union is to keep us in the dark; to divide us and demoralise us. That is the reason why NUPE (National Union of Public Employees) has openly pushed for bonus schemes because then they can say that they are fighting for more money no matter what we have to put up with in *extra work* to get it.

Our Fight

It is clear in what Wilson has said about the new Social Contrick that one of the *first sectors* him and his lot in the government will try it out on is *us:* the public sector manual workers. Our pay claim is coming up in November and if the government cannot force its policies *on its own workers* then it will stand little chance of workers in the private sector taking any notice. *But we don't have to play their game.* Our fight is to gain more power and confidence for the workers because our lives and our families and kids come before the needs of any boss.

That's why we shouldn't stick to the £6. The NUPE and COHSE Conferences both passed resolutions calling for £40 basic, and that is what we want: *£40 basic for a 35-hour week and four week's holiday.*

Oppose all productivity and bonus schemes and manning and womanning cuts in the form of 'natural wastage'.

Fight for the abolition of the lowest grades because keeping women in the lowest grades means less money even though we're meant to have equal pay. Part-time workers should have the security of full-time workers.

Force the union to have open branch meetings in work time, at least once a month, so that all the workers control what's going on.

Organise with other workers no matter which unions they are in because it's only when we support each other that we are really strong. This means having meetings with domestics, porters, technicians, nurses, canteen/kitchen/laundry workers, engineers, painters, etc.

Fight against the closures and cutbacks especially with other workers in education, local government, nurseries and with tenants.

Abolish private practice in and out of the National Health Service.

OUR HEALTH IS NOT FOR SALE

At the moment Big Flame is organising in hospitals in Liverpool and London with new base groups beginning in Manchester and Birmingham. We produce regular leaflets and bulletins and have open meetings with hospital workers and militants who are not in Big Flame. The main idea in the way we organise is to work with the *majority* of the workers. In the case of hospitals, with the ancillary workers, nurses and technicians. We aim to build the power and organisation of these workers; building links with different hospitals and linking the hospital to the area. If you are interested in working with us, contact the Big Flame group nearest to you.