

LONDON - HOSPITAL REPORT

ANALYSIS AND PROPOSALS

(BACKGROUND DOCUMENT FOR BF CONFERENCE '76)

Introduction

This is a long and detailed report and critical assessment of BF base work in a hospital in London. Although it was written for the pre-conference debate, it is rather more than a simple background report. It is a bird's eye view of BF's organising work in a waged work place of predominantly women workers in the public sector. Hopefully it will serve the following purposes:

1. To draw attention of all comrades to the often forgotten day to day hard organising that we are engaged in (or as Agnes Thompson says - taking us back to the grass roots).
2. To focus on this current situation of crisis and what it means in terms of lower wages, cuts, increased work, the tactics of management, the response of the unions and the struggle of working class people.
3. To begin to draw the lessons for building a clearer perspective for the coming period of struggle, both in the hospital and for all of us in Big Flame.
4. To force me to battle against my doubts, fears, weariness and sense of isolation and throw open the question of organising in a waged workplace and organising for a working class offensive against the crisis to the rest of BF in a collective and revolutionary way.
5. To serve as a basis of ideas and work to be used for our forthcoming worker's pamphlet on hospitals.

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1. The General Situation
Everyone knows by now that the fight of hospital workers made itself felt in a general and conscious way after the strikes of ancillary workers in Spring '73, the nurses and technicians struggles of summer '74 and the ongoing battles over pay-beds and the junior doctor's pay.

Hospital workers were relative newcomers to the working class movement. They have certain strengths - weak "flexible" unions prone to pressure from the base; no rigid procedure so struggles tend to flare up in all sorts of places over things like overalls, heat of kitchens, fights over suspension of individuals for nicking, or the strike at Teddington in Middlesex demanding the sacking of an "arrogant and intimidating" consultant. This as well as a growing number of fragmented fights against the

cuts, natural wastage, non-employment of qualified nurses, health and safety etc.

The other side of the coin is the tremendous weakness of hospital workers which stems from a general lack of experience of working class organising, the hierarchy and fragmentation within the NHS the myth of professionalism which is still strong; the feeling that people's lives and health are at stake if you strike; the fact that the unions represent the only national organised force for hospital workers so that workers who get disillusioned with unions get disillusioned with organising too, the fact that most hospital workers are women and so have to fight 3 battles at once - against bosses, against sexism and against housework. There is the lack of a generalised focus for struggle, lack of a worker's communication and organisation and no clear perspective for fighting the cuts without attacking working class people as patients and everyone who pays their stamps to keep the health service going.

There are plenty of examples from all over the country which illustrate what we mean, which show all the strengths and weaknesses. Here are some from the union newspapers. For more see BF newspaper, Womens Struggle Notes and other base group reports.

"A mass meeting attended by 500 staff at Leavesden psychiatric hospital and Abbots Langley geriatric hospital voted unanimously for strike action if management fails to respond to three proposals put forward by the meeting. These called for all newly qualified nurses to be given posts; cuts in administration; and establishment figures to be provided for each department." (They are considering a half-day or one-day stoppage throughout the region.)

"A month's work to rule against drastic staff cuts at Parkside psychiatric hospital in Macclesfield began on 17 May after 200 staff took part in a ballot on how the cuts should be resisted. Over 70 nurses have left the hospital since the beginning of the year and have not been replaced. In the ballot, 46% voted for a work to rule; 37% wanted selective strike action; and 17% considered that no action should be taken at all. The branch has already organised pickets and a demonstration, but management is still determined to run down "excess staff". The work to rule includes: all wards to be staffed at all times; qualified staff to accept responsibility for one ward; nurses should not take blood samples or do domestic duties; no overtime work unless it is paid for... Action is designed to get management to start an immediate recruitment campaign while ensuring that the highest standard of patient care is maintained with available resources."

"A fire in a linen cupboard initiated the campaign for more staff at the Forest Hospital for the mentally subnormal at Horsham in Sussex... Now parents and relatives of patients are taking up the battle by lobbying MPs. The COHSE branch will take industrial action and organise demonstrations if more posts are not speedily advertised... The branch is backing one of the three consultant psychiatrists who has refused to allow any more admissions to his wards until there are more nurses."

"A meeting of 120 COHSE members from hospitals and hostels in the Lancaster area unanimously passed 2 resolutions seeking the support of local trades councils and community health councils against staff cuts... 'The care of the patient is suffering'... resolutions call for a stop to the cuts, an end to management policy of not employing untrained staff, and a halt to the recruitment of administrators."

"Night staff at Queen Mary's General Hospital, Sidcup want a cook, so in April they staged a three-hour walk-out to back up their demand for freshly cooked meals. Since the night cook was made redundant a year ago, staff have had to purchase their meals from a vending machine which frequently breaks down." ..(Management offered a part-time cook for tea and snacks, this was turned down,... Now staff are planning to refuse to serve meals to management during the day to back up their claim."

"Staff at Cefn Coed Hospital, Swansea are boycotting the canteen in protest at sharply increased food prices and smaller quantities. The boycott will continue until the AHA agrees to negotiate cheaper and more substantial meals."

"The imminent closure of Plympton ambulance station could well make a life or death difference to emergency cases in South Devon villages. Union members are protesting to the AHA."

"More than 5,000 people marched through Abroath last month in protest at a plan to downgrade the town's only general hospital and 2,000 more joined the protesters when they reached Arbroath Infirmary to hold a rally... Over half the adult population have signed a petition against the closure... 'We are absolutely against it (staff said) because it will mean worse patient care and staff redundancies'."

(All examples from COHSE newspaper June '76. In the same issue are 3 interviews with women workers who are branch officers. They said things like, "So many women can't get out because of their families. We should babysit for them and also involve those women with very young children who have to leave hospital work for a time. Nursery provision, which is completely inadequate, is very important."; "It would certainly be revolutionary for branches to provide baby sitters during meetings." One woman said she had three jobs: branch secretary, nursing auxiliary and housewife. She has a family of three and works nights so that she can be with them during the day.)

3 AREAS FOR ATTENTION

I think we are trying to draw together the following main areas:

1. An understanding of the main components of these fragmented struggles of hospital workers...
2. A clear understanding of the nature of the Crisis, particularly in the State service sector. (This means understanding that the Cuts are two-pronged:
 - Against Workers (principally through the wage
 - Social Contract; Unemployment; Increased Workload.)
 - Against working class real needs (through deteriorating conditions; fewer hospitals and clinics; more production line health care; less return on the Social Wage.)

3. a perspective which includes a political overview of the current period linked to what we want to build in the coming period and concrete suggestions for how working class organisation can be developed.

This perspective must:

- a) reflect the class content of the struggles;
- b) work to overcome their fragmentation and isolation;
- c) act as a strong alternative to the predatory reformism of the unions;
- d) begin to build a base for a working class and eventually revolutionary alternative to the crisis.

This base report plus the main Hospital Report, address themselves to these fundamental problems.

The Strategy of the Bosses

(Capital's system and the working class's system)

In the BF Journal No 2, we pointed out how the increased level of wages of public sector workers was one of the main elements which forced the Government to introduce the current form of a phased Social Contract. (see article "Hospitals: Our Health is not for Sale"). This Social Contract, which began after the balance of class forces shifted in favour of the right-wing of the Labour Party in June '75, is aimed to damp down the fiery elements inside the working class with a superficial concession (the £6) and then start nailing it to the tree (with the 4½%).

The £6 represents a way of quieting down the struggles of the low-paid in general, struggles which had been so volatile in 1974. It did not seem like a wage-cut for some because for people like hospital workers it was still a 20% increase on the basic (more than we got after the strikes of 1973!) Also, because there was a let-out clause for Equal Pay, the government saw it as a way of keeping the lid on the struggles of women which had been so widespread previously. (For more details of all struggles in 1974, see Dossier '74)

Capital's strategy of wage-control plus cutbacks in public spending with the help and agreement of the unions represents the front line of the way the ruling class is seeking to regain control at a higher level over ALL areas of the working class. This means the squeezing of all aspects of the wage: the pay-wage; the social-wage; and the non-wage. (I have used these 3 aspects of the wage descriptively to convey the components of the wage. This means not only the money you get in your pay packet (the pay-wage); but also the other things we pay for like hospitals, transport, housing, education (the social-wage); as well as the other unwaged work we do - housework, looking after children etc (the non-wage).

In ALL these areas, they want us to work harder for less return.

This effort to regain control is linked to the idea of the restructuring of capital which has been talked about a lot in Big Flame. (see "The Capitalist Crisis and the working class" in BF Journal No 2; "The Keynesian State: Perspectives and Analysis" in Internal Bulletin, June '76; original "Hospital Perspectives Document" Feb '75; also "A Battle for Power - The

Motor Industry Crisis in Britain 1975/6" produced by Red Notes).

Restructuring refers to the way the ruling class is forced to constantly renew and regenerate its profit's system to increase the rate of profit. This has been understood most clearly in reaction to industry. Firms say that they must cut-down or reorganise the work-force, speed-up the production process as well as all the time trying to get control over worker's organisation.

The bosses say they must do this to be more productive. What they mean is to be more productive only of the goods which will sell at a profit, and more productive of workers, which means increasing the rate of exploitation. (see later section 'Production for them or us')

The process of restructuring and control is happening throughout capitalism. But here we want to talk about it especially in relation to the Public Sector.

Capital's System

The most important thing about this phase of the bosses' strategy for the crisis is that it is clear and public how capitalism operates as a system. It functions not just as a collection of individual private enterprises competing with each other against the working class with the Government and the State somehow in the middle. No. It is an interdependent and interlocking system. (so that, for example, when chancellor Denis Healey talks about cutting back on school meals and the housing programme to give extra money - our money - to private industry, you get an idea how this system works).

The crisis has put capital's system on display. Capital's system is the relationship between private enterprise and the State. It is the exploitation of the whole working class at work and at home, by the private sector, the public sector, through the wage, the social-wage and the non-wage.

Exploitation for profit on a grand scale cannot work without ways of controlling the supply and demand of goods, without controlling the amount that is produced and consumed, or the amount of waged workers there are at any one time, or the circulation of money and the direction of investments or the necessary continuation of the division of labour.

The main mechanisms that capitalism has used since the 2nd World War to maintain and renew itself has been through the use of the State (Keynesianism): public finance for particular enterprises; Government Acts controlling the flows of the labour market (controlling or extending immigration, raising the school leaving age, lifting the restrictions on women working); the yearly Budget controlling what kind of production and what kind of consumption (putting VAT, HP or taxes up or down on certain goods, making subsidies on, say, food products); currency and monetary controls; the National Economic Development Council deciding which industries will get a boost; international monetary agreements; the use of the public sector and public corporations by private industry (building companies building schools, hospitals, police stations, Town Halls, housing; drug companies making a packet out of the NHS, medical and school equipment; plus cheap rates of gas and electricity for industry). All this as well as the fact that public services like the HNS, Social Security and Education contribute to profits by maintaining and reproducing capital's most important commodity - working class people.

The current policy of "export-led growth" is no exception. The Government tries to keep down wages at home and gives concessions to those industries which export a lot (certain manufacturing industries like commercial vehicles, spares, diesel engines, cars; petro-chemicals, shipbuilding, machine tools, whiskey) and which earn a lot of foreign currency either directly (like tourism) or through invisible earnings (like banking insurance and financial services).

But capitalists have refused to invest unless there is some guarantee that money for their industries will be forthcoming and that the working class will be kept down. So Healy tries to "make" money by cutting Public Spending and tries to lock up the working class with the Social Contract.

So far, neither of these measures have led to the level of investment needed if the capitalists are going to get on their feet again. And, in fact, although no one has actually broken the voluntary Social Contract to any extent yet and the number of days won in strikes is down, nevertheless, the working class is restless and has been agitating for wages through the fight against Cuts, against rising fares and for equal pay.

Because the real nature of capital's system (private and public sector exploiting the whole working class) is laid bare during this period of crisis, we cannot pose sectionalised or oppositional demands from the different arenas of working class struggle. This is why I believe that the Right to Work or Fight the Cuts are fundamentally wrong. They are limited to an entrenched and defensive view of the crisis, instead of understanding why we must be developing a working class view of how society could function differently to the mess we're in now. (Although at the same time, the Right to Work has been much more successful than anything BF has done about unemployment, particularly in its orientation to the working class).

Our perspective and demands must be class demands, rooted in the particular experience of each arena of struggle, but capable of grasping and developing the essence of a working class offensive against capital's use of the crisis.

And we should recognise in certain struggles which are developing a push for order and organisation against the anarchy of capitalism. Its up to us to consolidate this as "proletarian order against capitalist disruption.

Productive for them or us?

There has been a lot of talk in the papers and on TV over the last year since the Social Contract has been in force about "productive" work in industry and "non-productive" work in the service and public sector. Every newspaper from the Sunday Times to the Daily Mirror has had long articles about how the nation's wealth is in manufacturing and how the the Public Sector has drained the country's resources. (tory Keith Joseph uses these exact words).

What we have to remember is that when capitalists say "productive" they mean "productive of profits". When the economy was expanding, the State sector grew too and profits were made by nearly everyone from the drug companies, bus manufacturers, road building firms etc. And the bosses directly benefitted

from a healthier, better educated, more mobile work-force.

But capital's system is in crisis because working class people have lived and worked for a different logic, a working class logic based on a different system of needs, of social relationships, of organisation and struggle. This is the fundamental contradiction which has pushed capital's system based on a need for accumulation of profit for the few by the exploitation of the many, into crisis.

From these points of view, we have to realise that there is capitalist logic and there is working class logic. There is a capitalist idea of what is productive and a working class idea of what is productive.

The capitalists are fighting to maintain their system of profit where human beings are employed or unemployed, speeded-up or don't get equal pay depending on whether its good for business. The working class, on the other hand, is fighting for its own system of needs, against wage labour, for working to make the things we all think are useful, for education and health to suit the needs of the majority of people, fighting for a different life, for communism.

Within this setting, the struggle of hospital workers is an extremely important one, capable of expressing and organising against the essence of what capital is trying to do.

IN THE HOSPITAL

In the hospital, the strategy of the bosses can be seen in all its revolting detail. There have been 2 stages of the cuts, the first one hidden and "mythical", the second public but overwhelming.

For a long time, management did not announce any cuts in the hospital. But 9 months ago, the Joint Union Committee (which is extremely weak) got hold of a document outlining money cut-backs in various departments. The JUC calculated how many jobs this would mean and published the cuts in a leaflet to all the workers (the first of its kind). The reaction was a mixture of shock and disbelief. A common reaction was "The cuts are a con. We still have to work don't we? I can't see any difference in what's happening". But the leaflet made people think. They couldn't see any immediate results, but they started thinking about them.

The crisis is big

One of the principal reasons why people did not take the cuts seriously, is that the cuts are a direct part of the "Crisis of the Economy" or "The Recession". It is hard to translate the hard facts of headline news like the fall in the £, Healy meeting union leaders, The Budget with the fact that we can't get bleach any more, or that the sheets are not changed so often, or no one covers for you when you are sick.

In fact it is only recently that people have begun to say "They're only giving us half the amount of coffee on wards because of the cut-backs" or "they've never replaced Mrs so-and-so because of the cuts."

The current period is a kind of transition period where The Cuts

have moved from being a "bogey" to being visible and tangible but so massive that there is a danger that people will feel too isolated and too few to do anything.

The Cuts

The cuts in the NHS are not uniform throughout the country. (For details of cuts nationally, see Hospital Report to Public Sector Commission report for Conference). London and Liverpool are the 2 regions hardest hit, and regions like Trent have been given more money.

As was said in the main hospital report, it is up to local hospital managements (usually the District Management Team)* to implement the cuts in whatever way they can.

In our hospital, management have decided to "consult" with the unions over the cuts. Since we have refused to sit on the District Staff Consultative Committee (set up by DHSS as a way of containing the growth of Joint Union and Shop Steward Committees in hospitals), management was forced to call the unions to a special meeting in June to inform us about the cuts in the budget and to ask us for our "advice".

The hospital Budget

The way in which hospital budgets will function in the future has changed as follows:

- Each District (see chart below) has been allocated a fixed sum of money to last from April to April. Previously, if a district overspent by the time it got to March, the DHSS would pay off the debts and hospitals would still get their next budget in full. But now, any district which overspends, that money will come out of their next year's budget.

- Previously, the DHSS reimbursed the actual cost of pay awards. This has now been abandoned. Instead, districts have been given a block allocation for pay and prices (current expenditure) with no further money available. This will have the effect of trying to rouse public opinion against hospital workers on the basis that if we fight for a higher pay increase, management will say,

 * Chart showing the organisation of the National Health Service since re-organisation

DHSS Minister - David Emalls
 (Dept. Health and Social Security)

RHA

RHA

RHA

(Regional Health Authority)

13 regions e.g. Northern,
 West Midlands, South-East Thames etc

AHA

AHA

AHA

(Area Health Authority - usually
 2 or 3 boroughs)

DMT DMT DMT

(District Management Teams -

usually $\frac{1}{2}$ borough or so, including at

least one major general hospital. DMT usually based

in this hospital.) Community Health Councils (CHCs) are

one per District, and are meant to be the link between the

public and the DMT.

NB. The organisation of the NHS is now completely independent of local boroughs etc. But local DMTs govern local clinics, district nursing etc. GPs have their own organisation through Family Practitioner Committees, funded directly through the DHSS.

that we are taking money out of a new clinic, or we will have to cut workers elsewhere. Obviously we will still be fighting the Government, because hospital workers have national agreements (the Whitley Council system), but now local managements will have to juggle with smaller amounts of restricted money so they will try and blackmail workers even more by saying that if either we get higher wages, patient care will suffer.

Our Area (AHA) has had £1.2million cut off its budget. Our District must reduce its expenditure by £500,000.

At the same time, the Area as a whole (and probably this goes for most of the NHS) has said that they are:

- Opposed to redundancy
- Concerned that the level of patient care should be maintained at existing levels.

(What they mean is that natural wastage and freezing of posts will reduce the work-force, and that if it means that certain jobs can't be done, then that's too bad).

Management are therefore proposing the following:

- That Overtime should be drastically cut, especially of engineers, domestics, catering and porters (estimated at £25,699 monthly. Yearly total of £300,000 odd).
- That sick-cover and other absences be reduced. (£4,000 per month).
- That holiday locum (cover) should be reduced for doctors and admin. and clerical staff. (Usually, GPs are brought in to cover for doctors on holiday).
- That Rest-Day working should be reduced. (Meaning if they want you to work overtime you will only get it on time-and-a-half (off-day) not double time (rest-day)).
- Greater control over use of disposables. (This really is a joke in a place like ours which is the ultimate in mod-cons and throw-away health care. Jobs have been timed around throw-away cups, paper rolls, syringes, paper sheets, and often when the linen and kitchen system totally fails - paper gowns, nighties, plates, plastic knives and forks... have you ever tried to eat hospital roast beef with plastic knives and forks?)

In between these major cuts are the "little" ones, like asking residents to replace their own light bulbs; deducting 10p a week off everyone's pay to pay for tea and coffee of workers on the ward; downgrading equipment and stores (i.e. using cheaper brands of everything from bleach to surgical equipment).

The main thrust of the cuts is to:

1. Attack workers, by cutting back on jobs, wages, job structure. This is being attempted through the 4½% wage ceiling, through cutting overtime, stopping holiday and sick cover, changing Rest-day working to Off-day working, natural wastage, raising the pass-mark for nurses so fewer qualify, closing nurseries (forcing workers to leave), increase the work-load.
2. Attacking the working class through lowering standards of health care. Through cutting buildings facilities, equipment etc
(see main hospital report)

Unless these cuts are made, management says that it can't open the new block in the hospital (which is already built). This would house a new day-surgery unit (including out-patient abortion), a new waitress service canteen, a new geriatric ward, more physiotherapy and a post-graduate centre.

It is a clear case of management trying to rob Peter to pay Paul, in the meantime, they are trying to put the onus on us to sort out their problems. They want the workers to be rational. They are asking us to sacrifice our wages and work harder so that they can provide better health care (presumably to look after us as we're dropping dead from exhaustion!)

Yet the argument about "no money" is still a powerful one. And we must replace it with workers rationality and logic.

The union response

The unions reply to this in the hospital is varied. The position of the Joint Union Committee which represents half the unions but is very weak has taken a position as follows:

1. Negotiation NOT consultation
2. Monitoring work-loads. Getting representatives in each department to check what is happening and check for unfilled vacancies.
3. Monitoring lowering standards of health-care. (We have also begun to have Area steward meetings which have only just started).

The engineers have proposed some drastic measures for

1. Agreeing to cut overtime (which the engineering stewards have been pushing for for years), providing more staff are employed. In fact the engineers presented management with a costing which showed how they could save £4,200 by recruiting more labour, cutting overtime and not increasing the work load.
2. Doing away with private contractors rights to service (which they do at extortionate prices) their own equipment. For example, at the moment, "Otis" (lifts) and "Honeywell" (heating) can only be service by their own engineers brought in from outside. Our blokes are proposing that all these contracts be scrapped and that they take on the work if management employs more workers. This has very far-reaching implications as contract work is one of the main way that capitalists make profits out of places like hospitals. And the engineers are actually attacking the process by which these profits are made.

The position in our COHSE is more cautious. This is because we have not really tested our strength against management yet, and also because we simply haven't worked out a clear strategy. So far, the branch as a whole has discussed and agreed the following things:

1. We refuse to deal with these proposals as "consultation" only as negotiation. (On this basis we have not refused to go to meetings with management. But we have only agreed certain things after full discussion in the branch.
2. We have agreed to cut overtime, but ONLY on the basis that more staff are employed (a thing that was demanded by the majority of COHSE workers). "managements proposals were vague about the interim period following the stopping of overtime

and before more workers would be employed. However, we have said that we will only agree to overtime cuts in any department if new people are employed immediately. We have demanded staffing figures for every area in our departments, so that we control the process ourselves. We know have about half the figures we demanded.

3. We have not agreed to management interviewing workers as to reasons for casual sickness (proposed by the local NUPE branch) in order to stop it. So far, management has not proposed any other way of getting casual sickness down

4. We have not agreed for any overtime worked to be on the Off-day instead of the Rest-day. (The problem with this though is that you sometimes get more in your hand for the Off-day because you don't get taxed so much).

5. We have agreed to all look out for any extra work being doled out, any vacancies unfilled, any shortages or lack of sick cover.

(In my experience it is very hard to get people to do this. Because it is a hospital, people are used to "helping out" and doing extra when times are bad. Its a very common attitude among women and people who work in hospitals because they think its useful. In many ways, its a very social attitude but obviously what we have to do is differentiate between "helping out" the bosses and helping the patients and other workers. Official NUPE policy is not to cover for known absence (people on holiday, or known sickness) only for unknown absence, which seems to be a good idea. Another thing is to make more conscious the fight against housework and shit-work, that we don't do it out of love and sacrifice).

The position of ASTMS has been fairly strong in terms of monitoring the cuts, and recording hazards which exist because of the cuts.

The NUPE branch in the hospital has mouthed resistance to the cuts through their secretary (in between swopping holiday experiences with management) and have agreed that we need more workers. But they have also recommended that people on long term sick should be reviewed, and that people who take a lot of time off should be replaced by new workers! (Fortunately they can't force this, as it is part of our national agreements).

NALGO workers have taken no clear position, likewise the porters, most of whom are in the GNMU. The RCN, which still represents most of the nurses never say anything in meetings, and basically identify with management.

Are we doing enough?

With so many different unions in so big a hospital, our problems are enormous. Basically, the only union branches with any workers involvement and class consciousness is COHSE and ASTMS. (Please note: I am speaking about local branches in my hospital. Elsewhere workers will have tried to express their resistance in other ways and in other union branches. Everything depends on what spaces there are locally for organising).

I do not feel that the level of struggle in the hospital allows me as a militant to simply say NO to the cuts or

even to refuse to go to these meetings with management without their being some clearer strategy and political idea of how we are tackling the cuts. On the question of the overtime the response from workers in the branch was very strong and clear: "Why should anyone have to work more than 40 hours?", "More people should be working here, The way to solve unemployment is to get more workers here."

I believe that in the coming months, a decrease in overtime could lead people to fight harder against the 4½% and for a higher basic rate and a 35 hour week. But I think that this is only part of the cut-backs. In general, I feel that what we are doing in a period like this is laying the groundwork for a more unified offensive whether its against the Social Contract and wage control, or in preparation for any wage-boom following the lifting of controls. And the main part of this groundwork will be supporting and generalising from the resistance that exists, especially the struggles that can be understood by other sections, and in other areas. (For example: refusing to cover for known absence; cutting overtime only if more staff are employed; publicising the lowering standards of health care; fighting against increased work; refusing to cover for vacancies; arguing and fighting for the involvement of other working class people - housewives, NAC, Womens Aid, health workers in the area, other sections in the hospital, other strikers etc).

Within a few weeks, we will be starting our COHSE branch bulletin. We have decided to duplicate well over the number of branch members in order to get it round the whole hospital and so establish a workers voice against the cuts.

In spite of all this, management is perfectly capable of pulling the wool over our eyes. Of agreeing to one thing in public and then doing something else behind our backs. And at the moment we cannot do much about it. Nor do I think that our situation is uniquely weak. Working class power does not merely exist at some subterranean level to pop up when it is needed, (which is not to say that explosions don't sometimes happen). But basically, in a period like this, POWER MUST BE BUILT, and built up from the responses which already exist however feebly.

It is this whole area which often distances us from the approach of comrades of other left organisations. Locally, we have been accused of ~~taking~~ not taking a tougher line of No to the Cuts, or for not introducing enough politics into the union. It is said we are compromising with management by going to these management/union meetings because we are weak. The fact that the unions (mostly COHSE, ASTMS and the AUEW) have made several suggestions to management on what could be cut including the private-wing, waitress service to doctors, compulsory retirement at 60 is seen as trucking with the devil.

Personally, I feel as though I am operating in the twilight (not completely in the dark). Because I am a steward, I must represent what the workers think, even if I spend half my life arguing, discussing and standing up for what I think. On the other hand, I think there is a growing consciousness, a sort of "working class logic" growing out of the situation

or crisis in the NHS. I hope the basis of this will be something like "National Health at the service of the people" meaning a fight for working class control of health both by workers and patients and community. Workers do not want to see the hospital simply collapse. We want to fight for something useful to the working class and organised and controlled by the working class. I hope that the COHSE bulletin will strengthen these ideas in the hospital, as well as the whole way we try to run our meetings as discussions. (Women from the NAC have spoken at our union meetings and we hope to get a woman from Tricos as well).

One of the biggest battles is at the level of worker's communication. The vast majority of workers know nothing about the details of the cuts, either in our hospital or elsewhere.

Workers Survival

Of course, most workers find all sorts of ways to avoid being ground down. In BF, although we've always recognised absenteeism etc, in relation to car workers, we've never done much about it in relation to the hospitals. In fact, because of being paid sick for even 1 day, the rate of "casual sickness" is high. The hospital is actually a leader in the local area with a 20-25% sickness rate! On top of this is pilfering. Recently an engineer was caught who'd got away with £6,000 worth of gear. This was only the tip of a huge racket which included his wife, the catering manager, the security etc. Most people said it was going too far cos he was in it for profit. They, however, do it to survive. For instance, one domestic who lives in a residence never cooks there. She eats and even cooks on the ward. Cups, knives and forks, roller towels, plugs, lights, polish, washing up liquid, ashtrays, soap etc go pretty fast. Then if you're a domestic or kitchen or canteen worker, you can usually get a meal or two during the day, or bread and cheese at the least. It is also quite hard to get sacked although people that eventually do (I have known only 2) had made themselves so unpopular with the workers that they could get no support.

There have been several instances where worker's organisation has achieved far more far quicker than the union. The best example was when they tried to get the housekeepers (domestics in charge of ward kitchens - not ~~house~~ supervisors) to take menu cards round to patients and help them fill them in. The housekeepers refused on the grounds that there was no one to do it on their days off. So they asked the ward clerks to do it for these days off, but they complained that it was more than what they were supposed to do. So management decided that the housekeepers and other domestics should do it. As soon as word of this got round, a group of women went together to management and said they refused to do this extra work. After this management had to create a new job of "hostess" - women who are employed solely to take round the menu cards!

Another very successful method of resistance is to argue working class logic against the bosses logic. There is not one boss in the hospital who can win an argument against an angry black woman sticking up for her rights. When I represent people the boss often appeals to me to make sense of the situation. But I say as little as possible and simply back up everything the workers say which works even better if we've worked out a case beforehand.

In the same way, many domestics are quite good at refusing extra work on the wards. And again, we repeat that there are many, many small struggles going on every day like this in hospitals. However, none of these things is enough in the light of the current massive offensive against the working class. Our proposals for how we build and widen our perspective are given later.

The unions nationally

NUPE, COHSE, NALGO and ASTMS have all made militant noises nationally against the cuts, although all have accepted part 2 of the Social Contract - the $4\frac{1}{2}\%$. Although this offers certain useful spaces for public sector workers and a certain reference inside the working class movement, nevertheless, it is also dangerous. The Manchester BF base report clearly shows the similarity between now and the ancillary workers strike in 1973. The union mouth shouts, but the body does nothing. Organising is a crucial question here and the test of grass roots militancy is not whether it can push the leadership to take a stand (like the Yorkshire miners over early retirement). This is an area where we might have a few disagreements with Arthur Scargill. He sees it in terms of forcing the union to serve the needs of the working class, of the miners. Whereas we in Big Flame see it in terms of the working class actually making concrete gains, forcing things out of the bosses, regardless of what the union leadership says or does.

In other words, making use of union structures, of branches, even of Trades Councils, but only insofar as they are strengthening and spreading the gains of the working class.

History of our base work

There were four main reasons for looking to hospitals as places to organise in:

1. After discontinuing our food-co-op, we were looking for a way to develop in an ongoing way the struggle of women. Hospitals as a large employer of local women seemed a good place.
2. There were obvious and open struggles in hospitals in which we'd already had some experience from the '73 strikes.
3. There is a strong possibility of generalisation and spreading the struggle in hospitals as there are thousands of us throughout the country in broadly similar conditions and paid on a national scale, with national agreements on conditions of service.
4. Hospitals are a focus in an area. We hoped that eventually they would focus on links with the area, the question of who controls the state services we pay for; health and capitalism.

Base work - one crisis after another

BF's base group model broke down very quickly in relation to hospitals and up til now has never been replaced with a satisfactory alternative. Our work at the moment is maintained through sheer bloody mindedness and the fact that there is a very strong struggle going on at the moment.

Our group changed from being external to being one militant working inside through a tortuous process that shouldn't be repeated elsewhere. Fortunately we are more experienced now and hopefully will avoid the pitfalls. In particular, our intervention

was not helped by the number of people who simply "passed-through" the group. No Big Flame group should be used as a staging post. It is too demoralising for the people left with all the work.

Given our lack of resources, we have been able to do some good work. After leafletting for a year, the struggle against an extremely reactionary union secretary came to a head last summer. Workers were demanding that the union be controlled by the workers that it be democratic and that supervisors grades should not hold office. At this time, these demands were linked to the question of changes in uniform (which the reactionaries wanted, but the workers didn't). After repeated failures to get this resolved at stewards meetings (there were no branch meetings) the workers called the full time official to a mass meeting to hear their complaints, thinking he would reprimand the secretary and make her change the union. (A pipe dream of course).

A lafet was done to coincide with this meeting which had an electrifying effect. This was only the 2nd workers meeting that there had been for a year. However, the full-time official completely took the secretaries side. We called for a vote of "no confidence" in the secretary, and narrowly lost it. (Partly because many people had not bothered to show up for the meeting).

For several days everyone discussed what to do. Many people voted with their feet and simply left the union. Most people felt we were not strong enough to change the union from within. Then suddenly, our 2 stewards announced that they had left NUPE and were setting up a branch of COHSE. We discussed it, and then we joined. At first there were about 20 of us. Now there are over 100.

We quickly established the branch on a good working class basis: Regular monthly meetings in work time; half the meeting given over to any member raising any problem they wish; very strong emphasis on workers participating throughout the meeting, open democracy, no secret decisions; proper election of all stewards and secretary; no supervisors to hold office. However, we underestimated the backlash from the NUPE secretary, who managed to stop COHSE being recognised for 3 months, and the secretary for 9 months. We have now got full recognition, although it set us back a bit, and for these reasons we don't necessarily recommend this tactic except in the most extreme cases.

There is one BF member in the hospital and no one else outside. This person is now a steward and taking on a lot of internal organising making it impossible to continue external leaflets. It was also felt that a new step was needed in terms of building more consistent and practical and public forms of organisation than an external group at this stage could provide. Considering there is a 50% turn-out to branch meetings (and this from people who never go to any other meetings in their lives) we consider that at the moment our concentration on internal organising in a political working class way is correct. For several weeks now, the COHSE branch has been discussing the possibility of doing a branch bulletin which would involve workers more and would have an even greater impact inside in terms of sustaining and being a public presence than our old leaflets. This should begin shortly. It is being produced by 3 workers of different races and sexes and should be quite successful.

Our General perspective for the current period

This is to be found in the Hospitals Commission report in the Public Sector Commission report and will not be repeated here. All we want emphasise is that hospital work is a vital area. It is one of the key areas which expresses all the fundamental contradictions of the current period of crisis and from which new lessons and new vanguards will emerge.

Local Action

Local action has included a strike at Hammersmith hospital over non-disciplining of union members carrying out union policy over the cuts, (see BF newspaper, September); a mass campaign in Hounslow against the cuts which has involved massive banners outside the hospitals to be cut, petitions, local demonstration of 500 hospital workers, a token sit-in and a lobby of the AHA, plus circulation of information by the local Trades Council. The campaign achieved the following (so far): A no redundancy guarantee, for the whole Area, the four districts to be given another year to balance the books, and the AHA is to send a delegation to the Secretary of State to press for more money. Action is continuing with a public meeting in Hounslow and another lobby of the next AHA meeting. (The main thing here will be to make sure that they don't pass the cuts of one militant district on to another which is not so militant.)

In addition an Area stewards committee has been formed to fight the cuts and spread information.

At the moment, comrades of different organisations work quite closely together and support each other as much as possible. This has happened largely due to the tremendous difficulties of organisation that we are faced with. Some of us meet together quite regularly on an informal basis to discuss what should be done. Without this kind of support, it is unlikely that isolated BF militants could survive very long, and the organisation must take this into account. It is a good case where the struggle forces you to be unsectarian, and there has been more than one occasion when we have felt closer to these grass roots militants of other organisations with whom we work every day, than to the leadership of our own organisations.

(For more details of local actions see the latest issue of the national Hospital Worker (I.S.) September edition. Also accounts of the campaign to keep the Elizabeth Garrett Anderson hospital open from BF paper and base reports from North London BF sister).

A WORKERS STRATEGY

Towards a working class offensive against the crisis

At the moment, we are just too small to have the impact we need except in maybe 3 or 4 hospitals. We do not have a clear strategy, and only the barest outline of a political perspective. We simply "get on with our base work" and meet up nationally now and again. This hardly even supports the handful of BF hospital militants, let alone contributing to the class struggle in general. In BF we have somehow got into

a rut of assuming that these are secondary "organisational" problems. I violently disagree with this. I believe that a working class offensive against the crisis is more than the correct programme. We must reassess the form our interventions take. We should be more confident, more out-ward looking. We need a working class strategy, something visible. We must have conscious ways to organise which can be used, improvised and understood at a public and wide level. Something which relates to the needs of the current situation. It means we must reinterpret our mass practice in a more concrete way.

I hope the Hospitals Commission report outlines our basic programme. The following is intended to open the discussion about a workers' strategy

Why we need a workers's strategy

We need a strategy useful to hospital workers, supportive of militants, a focus to consolidate a ~~workxxx~~ hospital workers offensive against the cuts and the crisis.

The Right to Work, or even the Cuts Committees will always appear more attractive to militants, even BF militants, because at least they provide something concrete and on-going. BF at the moment does not provide these things except in the form of joining our organisation. And even this provides very little because we are so few and the burden is pretty heavy.

In this situation, the only way forward is to attempt to build a viable presence of our politics - a working class perspective for fighting the crisis in the NHS. We must be conscious and open that politics does not fall from the sky. One of our major contributions must be not setting up a campaign, but drawing out and consolidating the experiences of struggle that exist (see main hospital report). In other words, supporting articulating and unifying the autonomy of working class people during this phase.

Our strategy means working at 3 levels simultaneously (not one at a time). These are:

1. At the base. At a mass level. The long slow job of building the consciousness confidence and organisation of the people we work with at the widest level.
2. Among the militants. By arguing within our stewards committees, joint union committees, Cuts Committees, the NAC, Hospital Worker, Womens health groups etc for a working class perspective on the crisis, both politically and organisationally as well as uniting the left.
3. As revolutionaries and as BF by organising public meetings, selling the newspaper etc.

Proposals

1. We encourage all militants to do forms of mass work in the form of regular leaflets, branch or Joint Union bulletins, workers newsheets etc. If possible, these should be done by workers as well as the militants involving collective discussion about what to put in it, including as many people as possible, using interviews, as well as all the informal chats needed to get information. Distribution should be done by workers as well as workers learning how to type, write things down and duplicate. These need not be BF newsheets or leaflets.

2. We fight for regular branch or other meeting in work-time, where everyone is allowed to speak. Where there are collective and political discussions, and where collective decisions are taken. Where people get more confident in arguing. Where racism and sexism are fought. In other words, we want to encourage the idea of "workers forums".

3. BF should do a regular BF national hospital workers bulletin or pamphlet. (The pamphlet on the origin of the cuts which has been discussed among the hospital militants, should be the first one. Produced perhaps quarterly around a loose principled programme of aims. It would be a mixture of news and analysis and figures. A way of building up an idea of what is happening to hospitals in general and encouraging workers to learn the lessons of specific struggles as they occur. A useful workers bulletin. It would contain arguments for militants and workers to use and be a reference for BF hospital workers and sympathisers and would help in forming the ideas for local leaflets and actions.

It would be a forum for discussion around our "workers perspective for the crisis", and a public presence of our tendency as BF and the ideas we represent possibly extending to other parts of the public sector. It should contain ideas about Socialist health care and be a direct link between local leaflets and a wider view of the meaning of the crisis and a working class offensive. The editorial board should be open to those who agree with our perspective and we should always be open about that, that some of us are in BF and some not.

It should be well-laid out and printed. We could use it as the basis of open meeting with hospital workers in different areas. We should be flexible and open about wanting to develop the ideas and suggestions in it.

4. We should work with NAC groups, womens health groups, Cuts Committees, Hospital Workers etc wherever possible but only insofar as there exists some space in them to be used by the working class. The circulation of West London "Hospital worker" is now around 600 and there are many articles written by people not in IS. At the moment it is quite healthy which is why we have written some articles in it. Shop stewards meetings, NAC meetings, Cuts meetings are places where we should be arguing and organising for a working class offensive against the crisis and for mass work. We should emphasise local meetings and bulletins which begin to organise with housewives, bus-workers, council workers, tenants, community workers etc etc.

A Note on Women

Apologies for making this the last section. Good accounts of the relationship between women and the cuts have been written in the Women's Commission Report and all the background documents. Specifically, in relation to hospitals, it is of utmost importance to remember that the vast majority of hospital workers are women, and that some of the main problems connected to organising in hospitals are related to this. For instance, many women are used to "tightening the belt to make ends meet", and to "helping people out". These are current expressions that women workers use when they are asked to do extra work,

or to cover for people who are away. Despite the strides of the women's movement, many, many working class women will simply take on a heavier burden of work to "not cause any fuss" or to "help out". The only way to combat this in our areas of work is to confront the position of women in a public and open way, discussing the question of housework, of women's work, of the need to fit in meetings and activities at a time when women can come, of encouraging women to organise even if they've never done it before, of sticking up for women's rights,

It is also important to have Cuts meetings which include women speakers or NAC speakers and to leaflet shopping centres and nurseries and schools as well as other trade union branches. The majority of hospital 'militants' are men who regard the question of Womens Aid, NAC and women's health as entirely secondary. We on the other hand should be encouraging joint projects with these women.

My own opinion is that the most important contribution BF can make in relation to organising a workers offensive against the crisis in the NHS will be related to developing an understanding of women's work and women's role during the crisis and of organising with women as a priority.

A summary of the most important themes

BF has to make a contribution to the class struggle in 4 major areas:

1. An analysis of the background to the crisis, based on our understanding of the crisis of Keynesianism (capital's system since the 2nd World War) reorganisation and restructuring of capital and of the working class. And the struggle of working class people during the 1950s and 60s.

2. An understanding of the current period of crisis. How it affects all aspects of working class life and all sections of the working class. The reason for the different levels of revolt and resistance among different sectors.

3. A general perspective which aims to build on the new terrain and contents of the current struggles (which is neither a return to the 30s or the sectional demands of the 50s and 60s) but is a new perspective for the situation now. This must be a programme or set of demands and ideas, flexible enough to both grow out of the experience and autonomy of the working class and hard enough to hit at the heart of what capitalism is trying to do.

4. An open and flexible working class organisational framework in which these demands and perspectives can be consolidated and developed as a strong alternative to reformism and to the prevailing very limited left-wing tendencies.

I hope the Hospitals Report and the hospital base group reports will provide a positive expansion to these basic themes on which we can develop our work for the coming period.

(Yet another) Reading ListSHORT ARTICLES

BF

BF Public Sector Commission Report (including hospital report)
 Article on Keynes in Internal Bulletin (June 1976)
 Political Economy of the Cuts (Public Sector Background Document)
 Hospital Base group reports
 Womens Commission report
 Original Hospital Perspectives Document (Feb '75)
 Article on Hospitals in BF Journal No 2
 Article on Working class struggle 69-74 in BF Journal No 1.

General Information

Priorities for Health and Social Services (HMSO £1.60)
 Regional and national issues of Hospital Worker (IS)
 Cuts Bulletins like National Health (National Co-ordinating
 Committee Against the Cuts)
 Articles in BF newspaper, Spare Rib, Womens Struggle Notes.
 Union newspapers
 Articles on the Cuts in The Guardian, the Times, the Economist,
 the Financial Times.
 NAC leaflets and bulletins

LONG ARTICLES

Article on Crisis in BF Journal No 2
Political Economy of Women (CSE pamphlet No 2)
 Related sections in Dossier of Struggles 1974 (Red Notes)
A Battle for Power - The Motor Industry Crisis in Britain 1975-6
 (Red Notes)
Workers Struggles and the development of Ford in Britain (Red Notes)
Class struggle and the Labour Process (CSE pamphlet No 1)
The Crisis of Social Capital: Money, State and the Labour Process
 (Paper produced for CSE conference June 1976)

And for those who would like to go to the horse's mouth, try
 "Capital - A Readable Introduction to Volume 1" (Produced by
 IMG publications). This is a very short and readable version
 of Marx's Capital written by some German students, and
 translated into English.