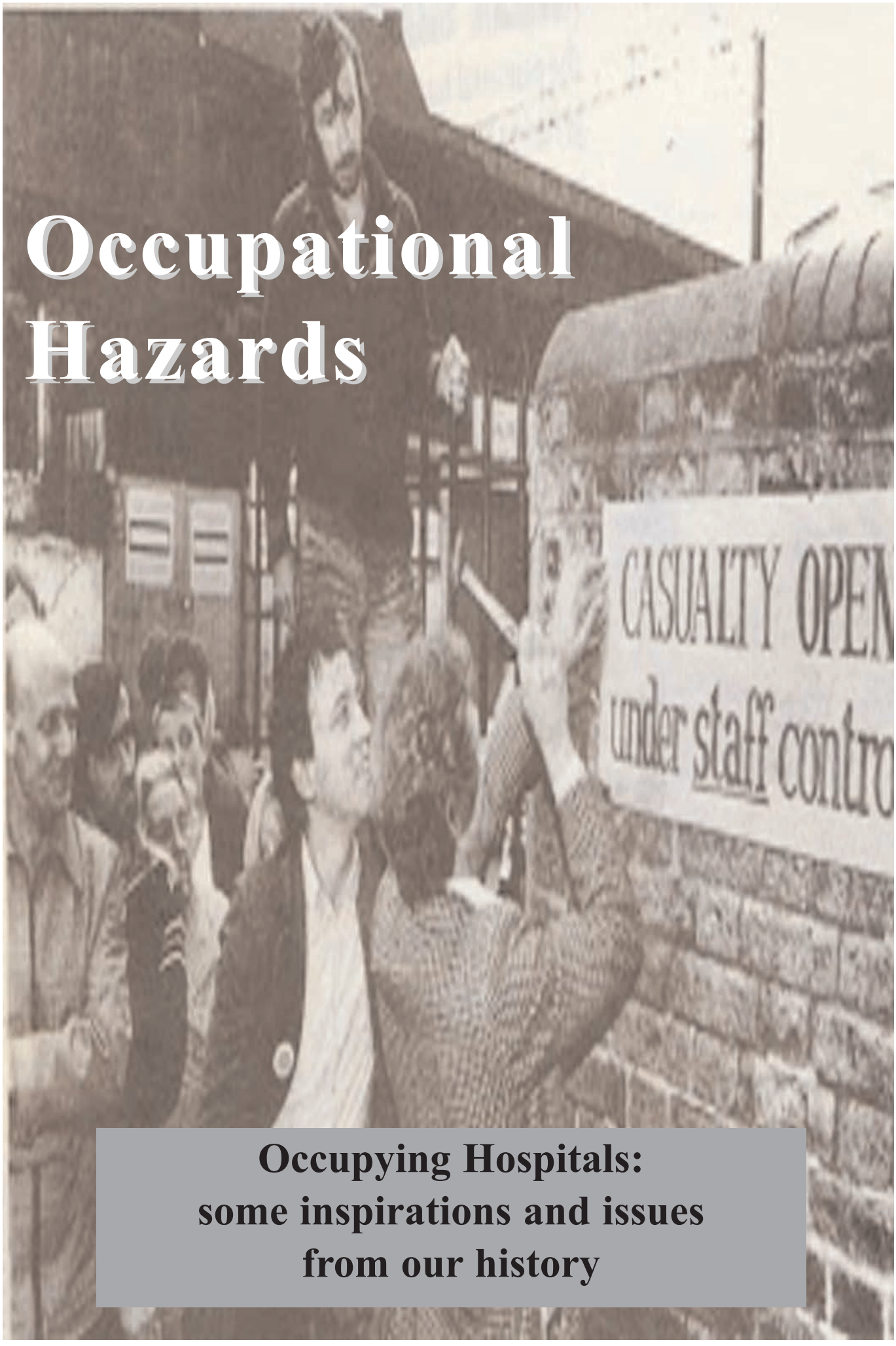
Occupational Hazards



Occupying Hospitals: some inspirations and issues from our history

Occupational Hazards

Occupying Hospitals: inspirations and issues from our history

past tense

Published by past tense 2013

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contents

NB: We apologise for the rough look of this dossier, we produced it in a hurry, and have had some technical difficulties. Last minute production as usual...It's not intended to be a coffee table affair, we hope it's a practical document. As always, replies, responses, arguments, and more information is always welcome.

introduction

This dossier is not intended to be anything like comprehensive. It's merely a contribution to a possible debate... We are reprinting it because it shows how the idea of occupying hospital buildings, to prevent their closure by management, or to force wider concessions, was widespread and accepted in the late 1970s and early 1980s, and carried on producing actions in to the 1990s.
We have tried to document some of the hospital occupations we can in the UK in recent history, both to give some account of the actual events, and where we can to present issues, questions, conflicts that arose. The aim is to spread the idea that such actions can take place, and have done so, but also to draw attention to successes and failures, and to organisational questions and ideological and political barriers that can come up (and potentially affect the outcome).

Some of the following we or friends of ours were involved in, others we have found out some information. But we accept from the start this pamphlet has a number of limitations.

Firstly we have consciously limited the following to the UK; in practice this means England and Wales (there may be examples from other parts of Britain but we haven't yet come across them). This doesn't reflect any nationalistic intent, or imply that other examples from elsewhere hold no interest for us; it's just that at some point you have to set a practical limit. There are interesting struggles to be studied elsewhere; recent resistance in Greece against the current 'austerity' measures being imposed to satisfy EU bail-out conditions have included some hospital occupations for instance.

Secondly, many of the shorter accounts are very brief and sketchy. Partly this is due to the hurried nature of the preparation of this dossier; we didn't have the time to investigate as far as we would have liked. For some occupations we only have a rough date and a name, and have so far discovered no more, but are working on it! But the problem also results from the origin of these accounts; most were pasted onto the web direct from contemporary leaflets, reports, etc; without a timeline of events, in many cases, and even in some, no indication of the eventual result! Our investigations will continue, though, and hopefully future editions of this publication will appear with more detailed info.

Thirdly, and following on from the above, while the longer accounts of the South London Women's Hospital and UCH occupations do attempt some analysis and perspective on the issues and on organisational question relating to unions and political groupings, the shorter accounts that follow mostly do not. Again, partly this results from how the documentation has been presented; but it is also true to say that they come almost exclusively from trade union sources, and reflect no intent to question union structures. This is inevitable; but we feel the lack of a balanced look at how things really worked inside those events. We know from the longer accounts of the issues that arose at UCH for instance, that questions of dominance by political groupings, or the complex relations of official union structures with workers taking actions like working in, or occupying wards, are not clear cut. Union hierarchies usually fear and mistrust actions lie this that break the bounds, and often had to be pushed into supporting them, or took specific action to sabotage or prevent them. At grassroots level the relations were more

complicated; many occupations, strikes, etc came from unionised workers, and specifically through union branches; and official recognition was useful for gaining support from other workers. It would be interesting to have some more thoughtful inside knowledge on how this all worked in practice in many of the other occupations listed here.

Probably the most pointed missing question here though, is, how useful are these tales of the past to us today? It's true that much of this history, of occupations, resistance to previous waves of austerity, re-organisation and 'adjustment', is forgotten, or at least exists in a backwater. Has the almost total decimation of the kind of grassroots trade union militancy that enabled such actions to flower, rendered these accounts just interesting episodes, but firmly of our past? This question follows on from this publication, if anything. The onslaught we are currently experiencing from what we would loosely term the 'capitalist class', aimed at cutting as much social provision as possible, has already begun to include cuts and 're-organisations' in the NHS, which will doubtless multiply. Current campaigns against hospital closures, such as Lewisham or Whittington in London, show that collective action and protest still has the power to force the bureaucrats to reverse some of their slash and burn policies. But what actions may need to happen in the future? Could work-ins and occupations take place now in the same way? Or are other tactics more practical? Did the idea of workers' control, a wider acceptance of a general collectivity, that existed in the 1970s and early 80s, say, allow such actions to be even on the agenda - and has the climate, the consciousness, the sense of what is possible or even thinkable, changed utterly? Management practices and control are much more vicious and our work situations much more precarious... fear of the consequences of taking radical steps is a powerful inhibitor. But even knowing such things are possible can be the first tentative step.

Some more thought and discussion would also be interesting, on how workers' occupations in the hospital context, especially when organised through orthodox union structures, represented a real challenge to *existing* relations in the NHS. How much did occupations were in the main defensive of the status by their nature go beyond it, and approach a more radical breakdown of the hierarchical Health Service, and of the divisions between workers and service users? Since its inception the NHS has always been imposed ON us, in many ways, out of our control, despite its value, only a partial attempt towards a socialised health care. Re-organisations in favour of transnational profit-making have increased this; how much did occupations, especially where community and workers participated together, reverse this, even temporarily?

We hope this dossier contributes something towards the asking of these questions...

past tense, 2013.

The South London Women's Hospital Occupation 1984-85

Rosanne Rabinowitz

What does it take to occupy a hospital, to engage in direct action in a workplace that deals with peoples' lives rather than products? In the first hospital work-ins, people were understandably afraid of putting patients at risk, and aware that someone might not want to have a baby or an operation in the middle of an industrial dispute. It was an unprecedented step, but staff and service users had come to a point where they felt they had to take drastic action or say goodbye to their jobs and healthcare.

A background of cuts and closures provoked this first wave of occupations in the 1970s, often undertaken by people who were not activists. In the early 1970s both the private and private sector were restructured in response to IMF directives. The restructuring was also a move to curtail the improved wages and defences ('restrictive' work practices) that workers built up through the years. This took the form of further centralisation, deskilling, redundancies, productivity deals, speed-ups, casualisation and tougher discipline.

Since this restructuring often involved closures, people began occupying workplaces instead of simply going on strike. Some of these actions developed beyond sit-ins to work-ins, which involved continuing production. Briants Colour Printing and Upper Clyde Shipbuilders were among the first work-ins. UCS became a rallying point due to the size and its location in area of militancy and close ties between the workplace and the community. Shop stewards seized control of the yards and controlled the gates on a rota. Those sacked were kept in jobs by rest of workforce who now controlled production. The fact they were already sitting on top of a lot of capital and unfinished work made this possible.

Over 1000 occupations & work-ins took place in 1972. However, in some situations self-management can turn into self-abuse. A cartoon of the time said it all: *"Brothers and sisters! If the bosses won't exploit us, we'll have to do it ourselves!"*

However, work-ins also included community outreach and political organising. For example, at Plessey's River Don steelworks redundant workers devoted themselves to campaign work rather than completing orders for the plant's liquidator.

From private to public...

A twist in the tail came when hospital work-ins and occupations extended this tactic to the public sector. In the face of such closures, a strike presents problems unless it takes the form of sympathetic action in other hospitals or workplaces. However, by providing a service that management was trying to cut, workers strived to create a rallying point.

Usually, hospital workers contemplating a work-in discussed it with present or prospective patients. This is more of a possibility in smaller, long-stay hospitals.

As long as patients are in a hospital, the Secretary of State is legally bound under the Health Services Act to ensure that they receive treatment and to pay all the hospital workers; nurses, doctors, technicians, cleaners... So by keeping patients in the facility, hospital occupiers were able to keep the hospital open and functioning.

However, there is the problem of insurance. Insurance rules stipulate that management must be present on the premises and be legally liable and responsible. This could include area health authority representatives or on-site administrators. During the Elizabeth Garrett Anderson Hospital work-in, the on-site management consisted of the hospital secretary. The employees in a hospital work-in usually acquire more power, but this occurs alongside a functioning administration. Some hospitals did refuse entry to most of management and allowed only a token management force that would not be able to obstruct the work-in.

In order to keep a hospital occupied, you need physicians willing to admit patients and treat them. Some physicians did remain in service in accordance with their concept of professional ethics - if there are patients, they will care for them. But they generally stayed away from political aspects of a campaign.
Two hospital earlier work-ins have particular relevance to what took place at the South London Women's Hospital: Elizabeth Garrett Anderson Hospital (EGA) and Hounslow Hospital.

The first: Elizabeth Garrett Anderson Hospital (EGA)

Founded by the UK's first officially practising woman doctor, the EGA aimed to train women doctors and provide treatment for women by women. Closure of the hospital, located on London's Euston Road, had been contemplated since 1959 on grounds that a woman-only hospital was an anachronism of the Victorian era. The authorities considered demand limited to small groups of orthodox Muslim and Jewish women who objected to treatment by male doctors for religious reasons. There was also a drive within the NHS to 'rationalise' and to close down small hospitals.
However, they hadn't reckoned with a growing women's movement that made medical care for women by women a central issue. Debate had also grown about the very nature of women's healthcare, as seen in publications like *Our Bodies Ourselves*.
Throughout the 1960s Health Authority 'ran down' the EGA by not doing repairs, replacing equipment or hiring new staff. Bed space had declined from 300 to 150. A malfunctioning lift in 1976 brought patients down to 46 and closed off the operating theatre. The hospital faced a succession of closure threats. Demonstrations and a petition signed by 23,000 women forced the nursing council to back down from closure in 1974. However, the EGA maternity hospital had been closed down, and this had angered staff members. They formed an action committee that represented different sections, but it was dominated by the consultants.
EGA was a good place for trying the occupation tactic in a hospital setting - its unique historical legacy as a women's hospital created ground for support and unity. The women doctors at EGA also tended to be progressive - for example, one had received her medical training as an anti-fascist volunteer in the Spanish Civil War. This committee's main tactics involved lobbying, petitioning and writing letters.
The rest of the staff got involved after actual closure was announced in 1976. This included the big health unions: the National Union of Public Employees (NUPE), COHSE (representing nursing staff), and ASTMS (paramedical staff). In July 1976 health workers protested against health service cuts and the EGA closure in particular: 700 workers staged a 'day of action' and marched to the House of Commons. Others took action in their hospitals, forcing four London hospitals to restrict admissions to emergencies. Some occupied health authority offices. Rank-and-file groups took on a major role organising these actions. Future New Labour health minister Frank Dobson was then leader of Camden Council and voiced support. *Wonder what he'd say to an occupation on his patch now?*
However, health secretary David Ennals claimed that the EGA was *"small, ageing... can never be developed to fulfill functions of a modern, acute hospital"* and suggested the EGA become a unit at the Whittington Hospital in Highgate.
The Action Committee replied that the EGA's present location allowed it to function as a specialised national facility and a centre fulfilling local needs. As a small hospital maintained *"a friendly, unthreatening atmosphere, necessary for a hospital interested in educational, preventative and outreach work relevant to the specific health needs of women."*
The committee also pointed out that residents in the nearby Somerstown estate were pressing for their own health centre; facilities for women at the EGA could take pressure off the Somerstown health centre. Increasingly Somerstown residents and EGA campaigners worked together.
When Ennals asked the Area Health Authority

to close in-patient services at the EGA, staff held an emergency meeting vowing to sit-in or work-in if necessary. The work-in had been urged by community activists (not staff members) on the EGA campaign committee, but was rejected as impractical in a hospital setting. But as closure loomed, the staff and community seized on a work-in as their last chance. It began a few days before the actual closing date with official support from the unions.

In November 100 nurses and 78 ancillary staff began the occupation. Pictures taken outside the EGA on that day show pickets in front of the hospital with a banner declaring: *"This hospital is under workers' control."*

Meetings of all the staff made major decisions, with committees set up by general meetings to do the actual organising. These included the Joint Shop Stewards Committee, the Medical Committee and the Action Committee; the latter made up of elected representatives of all sections of staff, and linked union members and consultants.

The Save the EGA campaign committee consisted of supporters outside the hospital. Though set up by Camden Trades Council, it became autonomous and drew in people from other hospitals, local residents, people involved in childcare and housing campaigns - such as the nearby Huntley Street squat - and activists from the women's movement. One shop steward participated in campaign meetings, and the campaign sent a representative to other groups. This committee main support for working in came from the campaign committee.

Ambulance drivers and workers in referral agencies such as the Emergency Bed Service were vital in opposing management attempts to stop the flow of patients into the hospital - workers notified drivers that the hospital remained open and asked them to bring patients.

More than defence

Work-ins are essentially defensive. They aim to keep the premises in repair, maintain morale and keep equipment and patients in the hospital. They are not set up to implement 'workers' control' or transform social relationships within the hospital. But staff usually do gain more influence as a group, and ancillary workers and nurses develop stronger organisation.

In order to involve more people in the campaign, activists usually need to progress beyond defense to demand extensions or improvements in the public resource. Direct action to preserve a service or facility inspires debate on the role the facility plays in a community, the needs it fulfills and the needs it must be developed to meet.

In the case of the EGA, this expansion took place in the context of the women's movement, defining the EGA as a women's hospital and a national and local health facility. This resulted in pushing for a well-woman's clinic that takes a community-oriented approach to health and act as an information centre as well as medical facility. According to Rachael Langdon of the EGA Well-woman's Support Group:

"The dissatisfaction experienced by women in health care will not be overcome alone by seeing a doctor of one's own sex or only by the existence of a women's hospital. The issues are wider and preventative health is not merely a matter of individual effort. This is where the importance of alternative and women's movement health groups lies... A well-woman clinic and a women's hospital which could develop an exchange of ideas and knowledge with alternative and women's health groups would be a step forward for women's health."

Campaigners demanded that the EGA be upgraded to a 'centre for innovation and research' in women's health matters and a resource in the community. Campaigners and workers sponsored well-attended discussions relating to women's health issues such as menopause and contraception, which often drew over 200 people. Sometimes the discussion between doctors and radical feminists set on challenging the medical establishment got lively.

More closure threats arrived in 1978; in May, a large demonstration in front of the hospital stopped traffic on Euston Road. In 1979 cam-

paigners won the battle to keep the EGA open as a gynaecological hospital. However, the old building closed in 2008 and EGA now operates as a specialized maternity wing within the UCH hospital.
Both the EGA, and later the South London Women's Hospital, campaigners had ongoing debates over whether they should plead as a special case, or defend their hospital as part of an across-the-board opposition to health service cuts.
For example, people in the EGA campaign group believed that campaign should 'feel free' to split from the staff action committee if it didn't not take a direct line against the cuts; they felt the campaign should take the initiative, which hospital workers could follow or not follow. They believed the campaign was responsible to those who used services, which expressed itself in total opposition to the cuts and transcended the interests of workers in saving their particular hospital.

Hounslow Hospital

In contrast to the EGA, West London's Hounslow Hospital did not have the advantages of national reputation, special support from the women's movement or supportive consultants. It was a small facility for geriatric and long-stay patients, considered a home as well as a place for treatment. Situated in an industrial area, girdled by two motorways and Heathrow Airport, Hounslow faced more repression and practical disadvantages.
The authorities had backed down from closure threats to EGA at least three times and did not attempt to break the work-in, outside of morale erosion and running down facilities.

Hounslow workers faced constant threats and intimidation, a forcible smashing of the work-in.
With less support from doctors, Hounslow staff including nurses, porters and cleaners and took the main initiative and challenged the traditional hospital hierarchy. The work-in only lasted six months, but the community occupation of the hospital that followed lasted two years. Lines were drawn clearly, and there was no special pleading.
The response to proposals for possible closure in 1975 started with admin staff and friends, plus local volunteer and charity organizations, who wrote letters and circulated petitions - usually hand-written sheets passed around the neighbours. Senior nursing staff took an interest, opening communication with ancillaries and porters, and these involved workers from 'outside' in the campaign. Activists from the West Middlesex District General Hospital looked into plans and discovered a whole series of cuts planned for the region.
Hounslow's closure was announced in January 1977, set for August; the work-in started in March. Management tried to transfer staff, and threatened those who refused with sanctions & sacking. They met with GPs, warned them against admitting patients to Hounslow and threatened them with sanctions.
When the August closure date arrived, staff organised a march through Hounslow and a party for the patients. As they pushed past the closure date there was a lot of fear. Workers had no idea if they would get paid; the authorities tried to claim that the AHA did not have to maintain staff and facilities though the law said otherwise.

Comparison and clampdown

The EGA had on-site consultants who could admit patients; Hounslow had none and depended on GPs. They had to tout for more admissions, though August is traditionally a slow time. The authorities tried to turn patients away and cut off the phones. The EGA had been treated as a freak case, but Hounslow indicated a trend of resistance to health service rationalisation. If a small weakly-organised hospital became such a focus for community resistance, they saw obstacles to imposing any cuts and rationalisation. The Hounslow work-in had also gone further to challenge the hierarchical relationships of the hospital. Consultants weren't around much, and the process of campaigning had broken down traditional boundaries. The campaign and the staff had effectively taken over control of admissions. As one Hounslow Hospital worker put it: *"With consultants no longer in control of admissions, the hierarchical system of privilege in the NHS was smashed."*
When threats didn't succeed, a district team of officers took forcible action on October 26, 1977. If the authorities had to continue funding as long as patients were present, they got around that by forcibly removing the patients. Aided by the private ambulance service (public ambulance staff refused to take part), police, administrators, top nursing officers and consultants moved on the hospital. They cut the phonelines, thwarting the emergency phone tree. The raiders pulled 21 patients out of their beds and took them to the private ambulances. Pictures show the scale of destruction - wrecked beds and furniture, the floor strewn with food, torn mattresses, sheets, personal articles. According to a nurse: *"Old ladies had to queue up for an hour, crying all the time, as we remonstrated with the AHA people to cover them against the cold."*
The raid provoked a public outcry and led indirectly to the downfall of Hounslow's Labour leader. A week later 2000 striking hospital workers picketed the Ealing, Hammersmith and Hounslow AHA to protest the raid and demand reopening. The AHA had to censure their own officials and called for a public enquiry, which was turned down by David Ennals. The district administrator later admitted that losing the 66 beds had badly affected geriatric care in the area.

Complete control

Once the hospital was shut, campaigners moved in and took complete control of the building. They had little idea what to do with it now that the patients gone and wards wrecked. Eventually they cleaned it up and used it as a local centre. Some of the original staff continued to be involved with the occupation. With the end of the occupation two years later, five were left.
However, the occupation itself drew in new people and took on a life of its own.
Following the raid Hounslow had become a national issue. Nurses, porters and food service workers traveled to hospitals and meetings throughout the UK, discussing their experiences and asking for support. They initiated a national campaign against NHS cuts, called Fightback, based at Hounslow and involving people from the EGA, St Nicholas, Plaistow and Bethnal Green work-ins.
The Fightback production team occupied the matron's office, the West London Fire Brigades Union used the assistant matron's office as their headquarters, Maple Ward became a 'conference hall' used by local groups. The National Union of Journalists used hospital facilities during a strike.
The occupation became very intense, given the strong emotions provoked by the raid, the length of time the occupation carried on and the variety of groups taking part. Women whose world was defined by husband, family and job found themselves making speeches and going out every night, confronting their husbands to go on tour or to stay overnight at the hospital on night picket. Seven marriages broke up in the course of events, and many new relationships started.
After a year of occupation, the AHA backed down on the eviction threats and conceded to negotiations on the occupation committee's demand that Hounslow Hospital be reopened as an upgraded diversified community hospital, based on plans that had been developed during the occupation. The occupation com-

mittee did not negotiate as a special case. The opening of a community hospital meant little if cuts are made elsewhere. These negotiations broke down when management did not give firm dates to provide plans, or guarantee commitment of funds.
However, the committee ended the occupation in November 1978, claiming that 'no positive political gain' would come from an eviction. They thought the demands of maintaining a 24-hour picket were draining resources from other kinds of campaigning, and diverting attention from cuts in other areas. They claimed some victories in dislocating the programme of cuts and put forward detailed plans for an expanded community hospital. In its statement, the committee said that work began on redesigning facilities in the new community hospital/health centre after the occupation ended.

In 1976-78 work-ins or occupations took place in at least ten hospitals. About five work-ins were waged over an extended period of time to oppose closure, and the rest were shorter actions to oppose under-staffing and back up other staff demands. There were also sit-ins in administration and health authority offices, including an eight-week occupation at Aberdare Hospital, and in one nursery school and an ambulance station. Occupied hospitals included Plaistow Maternity Hospital, two wards at South Middlesex and one at Bethnal Green, where local people assisted the work-in by occupying the wards that had already been closed.
Some participants pointed out that union officials definitely got in the way during work-ins, hindering rather than helping in open-ended struggles where people need to keep things going and maintain morale. Union officials think in terms of ending it all and negotiating the terms. According to one participant, union officials that came into Hounslow when the work-in was made official *"caused more havoc than management."*

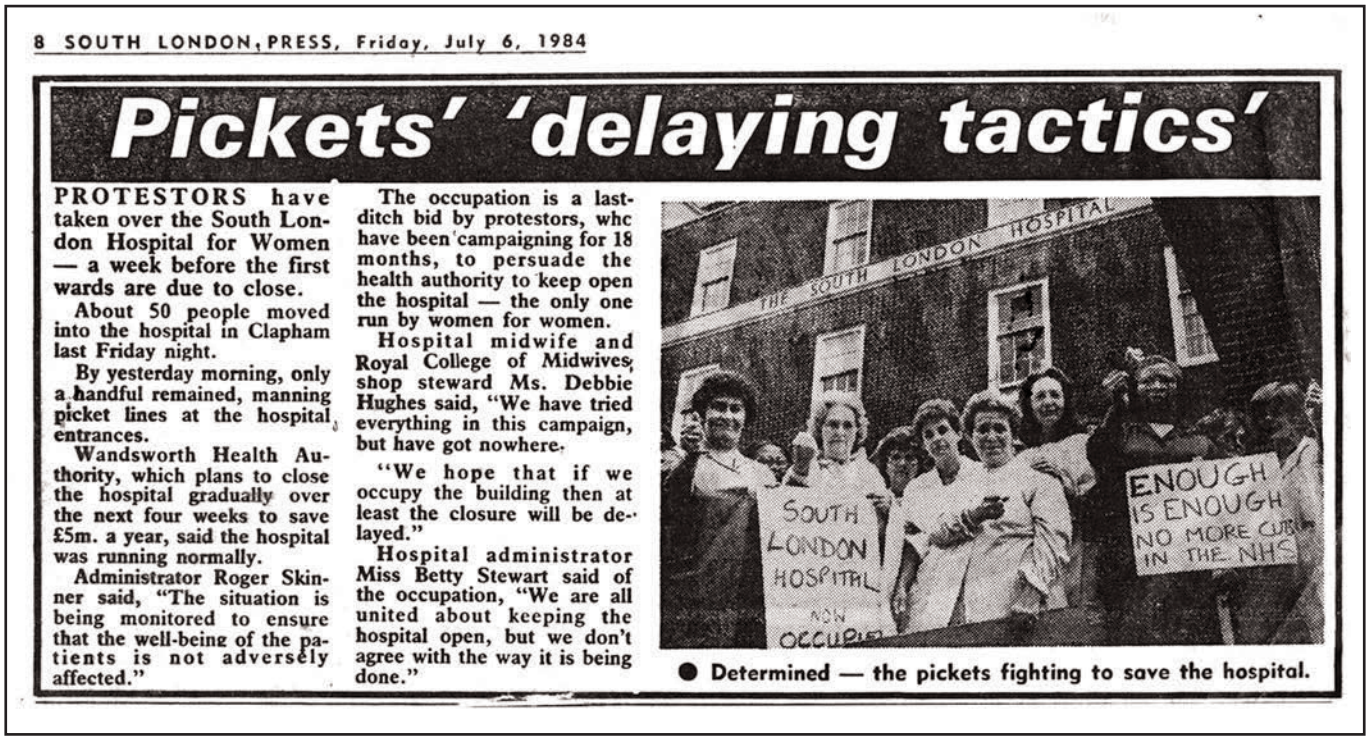
South London Women's Hospital: don't be so kinky

Many of the occupations of the late '70s had achieved short-term goals; and some work-ins were defeated due to lack of support from consultants. However, use of the tactics trailed off by the early '80s. Until...
The Wandsworth Health Authority announced in 1983 that it will close the South London Hospital for Women (SLHW). This hospital had some similarities to the EGA and similar issues came up in defending it. However, this time around the authorities couldn't say that a hospital where women receive treatment by female physicians was a remnant of the Victorian age. Instead, Wandsworth argued in terms of rationalising and budgets.
Staff initiated a work-in late spring 1984, which only lasted a couple of months. Fewer consultants were admitting patients, then the consultants were all offered positions elsewhere and they jumped ship.
But nurses and other staff wanted to fight on. Together with local activists they organized a "lie-in" in July 1984, following the exit of the last patient. The outpatients' department (housed in an adjoining building) was due to shut later, in spring 1985.
I found out about the campaign to save the hospital when I went to the well-woman clinic and found a stack of leaflets there. This

might have been when the work-in was still going on.
A good 200-300 women came to take part in the lie-in. We slept in the wards and maintained a mass picket to stop the authorities from removing equipment. All the large wards were filled. The top wards were kept empty as an example of what the fully-equipped wards could be like.
In the absence of patients, the occupation aimed to keep all the equipment on site in readiness for re-opening. Though a relatively small hospital, SLHW was a large rambling

about on the water-beds when the press was due to arrive. *"Don't be so kinky,"* one of them said.

Of course, when no attempt was made to evict us the next day, we had to decide how to continue the occupation and how to organise it. First, what to do about the security guards. During the first few nights of the 'lie-in' they were doing rounds throughout the building while we were sleeping, walking around and shining their torches and speaking on their walky-talkies (this was the '80s, remember,



8 SOUTH LONDON PRESS, Friday, July 6, 1984

Pickets' 'delaying tactics'

PROTESTORS have taken over the South London Hospital for Women — a week before the first wards are due to close.

About 50 people moved into the hospital in Clapham last Friday night.

By yesterday morning, only a handful remained, manning picket lines at the hospital entrances.

Wandsworth Health Authority, which plans to close the hospital gradually over the next four weeks to save £5m. a year, said the hospital was running normally.

Administrator Roger Skinner said, "The situation is being monitored to ensure that the well-being of the patients is not adversely affected."

The occupation is a last-ditch bid by protestors, who have been campaigning for 18 months, to persuade the health authority to keep open the hospital — the only one run by women for women.

Hospital midwife and Royal College of Midwives shop steward Ms. Debbie Hughes said, "We have tried everything in this campaign, but have got nowhere.

"We hope that if we occupy the building then at least the closure will be delayed."

Hospital administrator Miss Betty Stewart said of the occupation, "We are all united about keeping the hospital open, but we don't agree with the way it is being done."

● Determined — the pickets fighting to save the hospital.

Victorian building with many entrances and exists. We maintained a picket at the main front door, locking the other doors in the main building, and also kept a picket at the gate in the car park.
There was still a lot of coming and going in relation to the outpatients as well as security guards still stationed at the front.
All kinds of women took part in this event - local pensioners, hospital staff, nurses, anarcha-punky girls. It was also racially and culturally mixed. I met a few women who said that they'd been born in that hospital. There was a fun atmosphere, with lots of people sitting outside on picket. It was a warm summer night, so people also relaxed in the garden.
Unfortunately, the next day a few snotty social worker types scolded girls for fooling

mostly pre-mobile phone). We had some tense negotiations about this, but eventually they agreed to stay in their office on the bottom floor.
Numbers were still high for the first couple of weeks, but as you might expect they started to dwindle. It became a strain to maintain the picket. After the third week or so the health authority informed us that they wouldn't be evicting us while the outpatient facility was still going. Obviously, the authority knew it would be easy for us to get back into the building if part of it remained open to the public. The health authority insisted that the security guards remain downstairs, but as they'd been keeping to their area it wasn't a problem. Not a bad gig for them really, with the pickets keeping an eye on things they did-

n't have much work.
Since the days of the EGA the women's movement had diversified and grown. Women came from the Greenham Common peace camp to support the occupation. One lot got annoying when they told us we should have non-violence training. It seemed to be imposing their way of organising on us. At the same time, a bunch came from Blue Gate who were more down-to-earth. By this time, each gate at Greenham had their developed its own character and politics.
There had been a lot of Labour lefty influence in the beginning, which might have reflected elements of the campaign before I got involved. We were living in the days of the GLC, after all. We got visited by GLC Women's Committee chair Valerie Wise, who gave speeches in front of the hospital. She kept saying: *"My name is Valerie Wise, and I'm here to talk about the GLC."* Some of the women there were chuffed by this, though her constant self-promotion made me sick. In fact, I was having some doubts about staying on if we'd be hearing a lot of this.
Then I went on holiday for about ten days. Just after I returned, I was in bed recovering from an all-night train and ferry experience. Then I received a phone call that emergency pickets were needed at the hospital. Already? I'd meant to give it a few days before going down again, but my caller said it was very important so I turned up.

A bunch of new people were on picket, and I found out someone was having a baby upstairs with a midwife in attendance. When the baby was born, celebrations ensued and then the TV bods turned up. The baby was a little girl called Scarlet.
A whole new bunch of women infused the campaign. Some had just moved to London, and they made themselves at home in the wards with the private rooms. This inspired a general movement to occupy the wards upstairs, and use the big lower wards as communal and social areas. With the involvement of new and full-time occupiers we entered a new phase.
Taking a tip from the Hounslow experience - among our local supporters was a nurse who had been active in earlier health service struggles - we made the hospital into a campaign centre and a kind of social centre a well. We invited other groups to use the space, and held activities like jumble sales, tea dances and public meetings. We had a big picnic in the garden with performers - among these was Vi Subversa, singer from the anarcho-punk band the Poison Girls. The first jumble sale was massive, with bags and bags of stuff that

an empty bed in the Women's Hospital.
Picture: Susan Timmins

made us a good £500 and costumed the entire occupation group too.
A radical nurses' group had been active for some time; an Asian women's health group also met there and did acupuncture. Some of these activities kicked off quickly, other things took a while to get going.
The occupation went through several reorganisations, but we made decisions at general meetings throughout. When a lot was happening we had general meetings every evening, but this wasn't always necessary. We set up groups involved with particular tasks: publicity & propaganda, coordination, outreach & campaigning, looking after the building.
Since we were entering a phase with a definite long-term commitment, everyone eventually moved into the private rooms in the upstairs wards and left the big wards for com-

munal purposes, meetings and events, And just like the gates at Greenham, each ward took on its own character.

The top floor ward in the main building became known as called Cloud Nine. It was favoured by the spaciest Greenham girls, mostly from Green Gate. Most of these women were great, but some of us got impatient with a few who came to the hospital to chill out (or warm up, during the winter) and didn't take part in the picket and other activities. From their point of view, they came from the rigours of Greenham to have a rest somewhere warm - with outpatients still open, the central heating and hot water remained still on. Greenham was their main commitment. Yet the long-term occupiers of Clapham felt that maintaining a viable picket was crucial in keeping the building open, and everyone should help with that. It didn't help when some of our guests seemed to regard the picket as an answering service.

SOUTH LONDON HOSPITAL IS STILL OPEN

We need your help to keep it open!

ON January 27 the Wandsworth District Health Authority voted to recommend the closure of the South London Hospital. A campaign involving the Hospital workers and the community is working to ensure that the hospital stays open and that our health and jobs are not lost.

Over 850 beds have been lost in Wandsworth over the past three years – we cannot afford to lose any more.

The South London Hospital is the only general hospital in Britain run *by* women *for* women. It has short waiting lists and special services including "birth rooms" and a day care abortion unit.

It puts an emphasis on prevention of ill health and not just cure.

The hospital is easily accessible for local women and it has a friendly, personal atmosphere.

The closure of the South London Hospital is just part of a wider attack on the NHS. Over 4,000 beds in London alone are scheduled to close.

Help us to improve health and save the National Health Service.

What you can do

*Talk to your GP – make sure he/she knows the hospital is still open and continues to refer patients.
*Write to your local MP, councillors, and the Minister of Health.
*Write to Sam Dougherty, chairperson, Wandsworth District Health Authority, First Floor, Grosvenor Wing, St. George's Hospital, Blackshaw Road, SW17 0QT.
*Offer to take petitions or help on Saturdays in local shopping areas.
*Write to the Hospital Action Committee with messages of support and donations.
*Raise the issue in your trade union or Labour Party branch, tenants association, etc. Invite a speaker.
*Come to the campaign meetings and help us plan and organise opposition to the closure of South London Hospital.

Contact South London Women's Hospital Campaign, 9 Ringhill Road, London SW18. Telephone: 874 6244

Preston House was a separate annexe reached through a tunnel or a separate front door _ this took the overspill from Cloud Nine. One of the wards - I forget the name - was populated mainly by local campaigners who'd been there at the beginning, including a contingent of nurses.

Chubb Ward, where I stayed, seemed to be popular with young urban-oriented activists. Coudray was on the ground floor. This turned out to house mainly straight women with babies, though there were lesbian mothers as well in Chubb and other wards. Quite a few of the Coudray women and children were the offspring of a woman who had been involved with squatted street Freston Road or Frestonia.

There were a lot of new relationships going on, amid a high interest in feminist & lesbian politics. With all this going on, sometimes we got inward-looking. However, there were plenty of occasions when we ventured out of the building. We went to most health authority meetings, usually to ask awkward questions and be disruptive. Just after the eviction we went to one meeting and got so enraged at the attempts to ignore the issues brought up by the eviction, we ended up storming the platform and throwing chairs at the authority bods. If there'd been a dominance of polite Labour leftism in the early phases, as time went on the occupation became more militant and radical.

Other hospital occupations had also sprung up, including a work-in at a geriatric hospital in Bradford and occupied A & E at St Andrews Hospital at Bromley-by-Bow. We came out to support these actions. We also supported a picket at Barking Hospital, where an anti-casualisation struggle had been going on for over a year.

During the miners strike of 1984-5 we made contact with Women Against Pit Closures and some of them came to visit the hospital, including women from Rhodesia in Nottinghamshire and from Dinnington in South Yorkshire .

On one hand, we were reaching out to other movements and resistance, but we also faced issues in how we worked within the occupa-

tion. Because the building was warm and comfortable and any woman could stay there, it drew many who were fairly vulnerable. So while we defended health service provision, we often found ourselves providing the kind of support that should be coming from these very same services. Women had different attitudes towards this. Some didn't want to take this on and wanted to concentrate on the political campaigning. Others felt they had enough on their plate and couldn't take on caring for others even if they wanted to. And then some women got very involved in the 'caring' of the campaign and believed those who didn't participate were evading their responsibilities. There were also arguments around sharing childcare. And since this was the '80s, rows over identity politics broke out. So it wasn't all fun and parties and solidarity. Certainly, morale was very low about a month before the eviction. Let's face it, there was a lot of bitching... petty arguments over which ward got the TV, that kind of thing.

We were also worried about how vulnerable women would fare if the place gets stormed by the cops. Most left when they realised that things were going to get hot.

In the case of one woman with mental health issues who wouldn't or couldn't leave, her sister came to take her and had her sectioned, fearing she'd fare worse if she waited around and let the cops do it. We resolved to keep tabs on the woman's care and visit her in hospital. Debates raged over whether this was a positive or thoroughly despicable outcome

It didn't help that others came along and used the occupation as a hotel: for example, one lot of American women's studies students kept asking *"How often do they change the sheets here?"*

Meanwhile, the date of the outpatients closure drew closer and eviction became a real threat again. After we publicised the situation, once again new women turned up and they were ready to kick bailiff ass! Rallying from a depressing period, the occupation became vital again.

As soon as the outpatients closed, we took control of the whole building. We went down to the lobby as a group and got the security guards to leave. There were some tense moments, but they left without much argument. Then we took over the phones, the switchboard and the communications network - this included some walky-talkies, which excited us immensely in the olden days before everyone had a mobile phones.

There had been many discussions about tactics. Some women did not want to do barricading and engage in any resistance, or were not in a position to do this. Though they withdrew from the building before the barricades went up, they still put themselves on the phone tree and took part in picketing and demonstrations.

... and an empty ward.
Picture: Susan Timmins

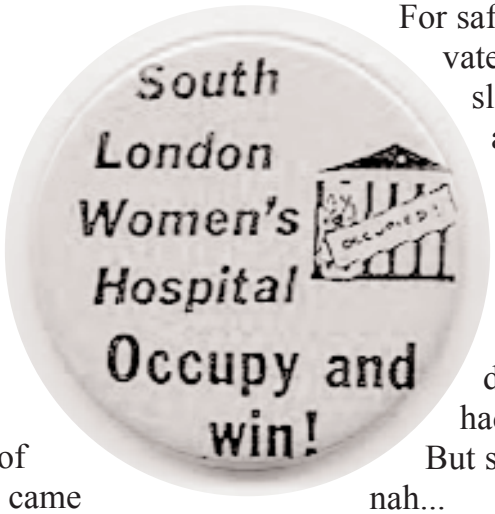
One woman called Sharon insisted that she'd lie down in front of the cops and use her body as a barricade, though she opposed any other kind of barricade. We all thought that would be extremely dangerous, and tried to talk her out of it but she insisted even more and got very shrill and even abusive. At that point, we had to ask her to leave and eventually carried her out bodily. I mention this because it's important to record the disagreements and fuck-ups.

We planned to barricade the entrances, leaving only the big front door with a movable barricade, a great heavy beam. Women would barricade themselves into particular wards,

while a mobile group would turn fire hoses on the bailiffs and chuck sawdust and then go up to the roof of the main building. Another task of this group was to make sure women who wanted to leave got out when the bailiffs arrived.

One thing that sticks in my mind now is how we strived to organise so women could do whatever they were prepared to do and set their own limits as much as possible. For example, those who could not risk arrest volunteered for look-out shifts in a van nearby. There was never any sense that certain actions were more important than the others; we all pulled together.

Every afternoon we held rallies in front of the hospital, passing out leaflets, talking to people, speaking out and singing. Some of us hung out on the balcony over entrance, dressed in hospital uniforms and surgeon's masks and sang songs like *"what shall we do with the cops and bailiffs"*. It was very fun and theatrical.



We were in a constant state of alert, and many false alarms came through on the walky talkies. I remember code names like "Merrydown" and "Spikeytop".

Once we had a report that someone was digging up the electricity in the road, and we swarmed out (with our masks on, of course) to confront the folks alleged to be doing it - and it turned out to be ordinary road works.

Most local people were very supportive and people from other hospitals turned up to help picket. A miner who we met in at the Bradford hospital occupation also turned up. He seemed embarrassed when he realised it was a woman-only occupation, but we sorted him out with a local miners' support group.

However, I should mention we had harassment by homophobic schoolboys. This minor annoyance wasn't enough to dent our enthusiasm.

The all-out barricading effort continued. We gathered loads of wood and hammering rang out throughout the building. While we were barricading the former outpatients building, we poured vegetable oil on the floor and added dried soybeans to make it all slippy-slidey for the bailiffs.

Since we were very security-conscious, we wore surgeon's gloves and masks while performing these operations. One evening while we were barricading, a group of alternative video-makers were following us around. We were just about to use some cabinets and trolleys for barricades, then the video-makers insisted we wait for them to film the rows of trolleys to portray "all that is lost".

I would love to get hold of those videos, but I don't remember the names of the women who were on the team or the name of their group.

For safety, we all moved out of the private rooms upstairs and everyone slept in the big Nightingale ward again. After many desolate nights when only a few people held the fort, pickets involved over 30 women or so. They became very party-like. The mobile group, which I was in, slept in a room downstairs near the door, so we had the partying near us all night. But sleep? Did we need it? Not then, nah...

Meanwhile, the nurses' station in the communal ward acquired extra curtains and became known as "the bridal chamber". Lots of relationships started... ended and started in this period.

The eviction date came and went, and we were still there. We put on a party to celebrate (Sleaze Sisters, regulars at the *Bell*, did the DJing), and started to make plans again. We turned the first floor ward into a place to relax, painted a mural on one wall and gave each other massages; we disrupted another health authority meeting. Some of the groups that had been running events at the hospital returned to put them on again.

But three weeks later, the hospital was evicted on 27th March 1985 by 100 male cops and 50 female cops. By then our numbers had gone down from about100 to 30, but we still made a good stand. After the usual false alarms a phone call came through the switchboard with

a tip-off. This one turned out to be true and the bailiffs arrived at 3.15am.
As planned, women barricaded themselves into wards, while the mobile group barricaded the last door and stairs.
Another group of women occupied the roof of Preston House. Meanwhile, a small crowd had gathered in front, summoned by our phone tree. I'll mention at this point that we did get support outside the building from men. A local activist called Ernest was very prominent in this - later he took part in Wandsworth anti-Poll Tax organising and went to jail for non-payment. I remember him shouting at the cops: *"why do you have to be so macho?"*
Our group ran up to the top floor, turned on the waterworks at the cops and bailiffs though sadly the water pressure wasn't up to much. We went to the roof and threw the last barricades in place and sat on the cover to block the ladder leading up to the roof. We heard women shouting and singing from the Preston House roof and the balconies. Smoke bombs and fireworks went off. Then the banging started below as cops and bailiffs hacked their way through the barricades. It took them about two hours to get to us up off the roof.

Picture: Susan Timmins

In the press a lot was made of the use of women coppers - it was called "the gentle touch". Not that it matters much, but the policewomen played a subordinate role. Male coppers dragged us down from the roof. Whatever their gender, the cops were big on arm twisting and made a big show of starting to nick us: *"Prepare to receive prisoners"* then pushed us aside near the vans. However, they did cart off two women. There was lots of pushing and shoving and some fighting in an attempt to save the two women.
Later, we picketed Kennington Police station where the two women were held. They were released after two hours, though they'd been roughed up while in custody. We then picketed Cavendish Road police station where the cops were holding a press conference on the eviction.
After the picket, some of us were walking to a café near the hospital. As we went past cops hanging outside the hospital we saw them arrest one woman and we went to rescue her, which resulted in six of us getting arrested. A bunch of schoolgirls saw what happened and they were so angry about it they tried to help and got arrested too. They were taken to the police station, strip-searched and held for six or seven hours, and released with cautions.
The active role of the school pupils in this melee makes me think of the 2003 anti-war school walkouts and more recent agitation over the education maintenance allowance.

Afterwards...

A clause in the hospital's freehold stipulated that the building must be used for the benefit of women, and it was also a listed building. Wandsworth Council had tried a number of plans - one was to turn it into a hotel - but the clause got in the way. It was empty for over twenty years after the eviction.
The last plan was building a Tesco's on the site, which is on the border of Lambeth and Wandworth, but within Lambeth jurisdiction. There'd been local opposition and an appeal against the permission was lodged, but it was turned down and the Tescos went ahead. The development included flats above the supermarket - I'm not sure if it is private or social housing - which might have something to with how the project got past the conditions.
We did make an attempt to continue a health-oriented action group. We managed to get a very small grant and a meeting place in a disused bunker in front of St Matthews Meeting

Place in Brixton. We had a public meeting that was reasonably well-attended. But it is most memorable because it took place on the day a riot broke out in Brixton after Cherry Gross was shot (and permanently paralysed) during a police raid.

Picture: Susan Timmins

But this group fell apart. Perhaps, with the end of the occupation itself, the transforming element of the action was gone. Political and personal differences affected the group more, and it seemed time to move on...

However, I won't end on a totally downbeat note. The eviction of the hospital led to an influx of women settling and getting active in the Brixton area. Much of this was around squatting and housing, and the growth of a new feminist and lesbian community inspired by that. A host of DIY and feminist projects sprang up. Culturally, this was important to women who'd been alienated from boy-dominated politics and the 'official' lesbian and feminist scene.

In retrospect, several things distinguished this occupation. The nine-month time span of the occupation allowed it to grow into an important point of contact between groups who might not have worked together otherwise.

In the EGA campaign there had been disagreement over whether to promote the hospital as a special case - a women's hospital. Or to take it up in terms of opposing all cuts. Though it took some time to arrive at this point, at SLWH we included both the feminist dimension and a strong anti-cuts class struggle element. Our banners said 'Stop these murderous cuts'. We stressed the women's health angle as a central part of this opposition and organised events and workshops relating to this.

Another thing that strikes me is that we were able to arrive at consensus in our most heated discussions and everyone had opportunities to speak and express themselves. Given some of the excruciating, highly extended experiences of consensus decision-making I've been involved with since then, this seems incredible now. Or am I looking at this through a rose-coloured telescope?

We were ahead of our time with our planning for 'diversity of tactics' - allowing for more confrontational tactics alongside 'fluffy' ones. Back in the '80s this wasn't really done. So I'm proud that we made a break with the binary of pacifism vs 'violence'. Within the diversity, we placed equal importance on the different tactics and didn't elevate one above the other. In the early 2000s anti-capitalists planned actions with different blocks using their choice of tactics; several years later the particular blocs and tactics may have become stuck in a rut and lost their effectiveness. However, the core principle of tactical diversity is still a good one.

More recently, Greek health workers have occupied a hospital in response to austerity and health cuts. And with further cuts and privatisation going ahead here, this is a good time to look into this history and see what lessons can be applied now.

Dedicated to Jill Allott, 1961-2012, supporter of the South London Women's Hospital occupation and stalwart of the Brixton anarcha-feminist and squatting scenes. She is much missed.

Thanks to Susan Timmins for the use of her photos of the South London Women's Hospital, taken during the occupation.

Occupational Therapy

the incomplete story of the University College Hospital strikes and occupations of 1992-4

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

Put together by a number of individuals in the UCH occupation together with help and suggestions from others, London 1995.
past tense note: we have reproduced this text as was later republished on anarchist webspace libcom (2006), with some pix from the original pamphlet. Some of the developments in the NHS that it discusses are now several re-organisations ago... But it raises interesting points.

The First UCH Strike

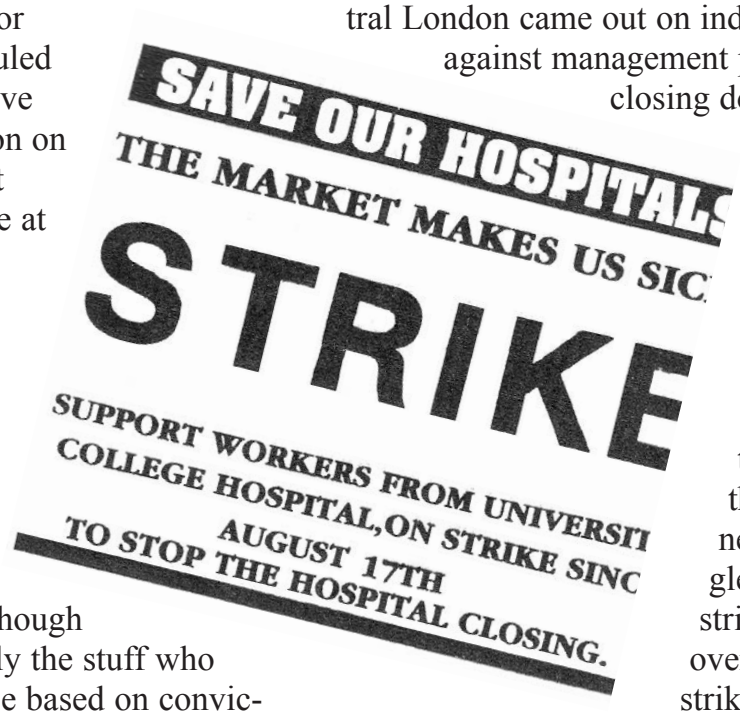
(late November/early December 1992)

The first strike at UCH comprising of an occupation cum work-in against the phasing out of the hospital took place in late November/early December 1992. It was said at the time that it was the first occupation of a hospital in the UK.(1) Everyone who worked at UCH knew that some kind of crunch was coming. Staff had been accused of "over-performing" and it was mooted that 60 nurses were to be sacked. The purchasing authority had let it be known that they found UCH too pricey and also, in the background, the Tomlinson Report had pointed some kind of unspecific finger at the hospital.
The strike started simply enough. One day in late November some managers marched on Ward 2/1 - a general surgical ward - to close it. There was an immediate spontaneous response as nurses linked arms to form a human chain at the ward's entrance. as one nurse said, *"We decided as a Ward, without any union involvement, that as nurses we could not leave Ward 2/1."* From there, it escalated into an indefinite strike as more and differing people were sucked into the conflict Patients refused to leave the threatened Ward and porters refused to move them. Briefly, the traffic on Gower Street and Tottenham Court Road was blocked by strikers and within no time there was a lot of support from other workers, mainly in the form of generous donations to the strike fund. COHSE was to make the strike official but NUPE didn't.
It was something of a breakthrough as effectively the threatened part of the hospital was soon run by time health workers themselves. As one said, *"management were being completely circumvented."* Unlike the later occupation in September 1993 (c/f main text) the first one took place in a functioning situation where all kinds of day to day nursing practicalities had to be considered. For a brief moment, many of the quite nasty divide and rule mechanisms in the hospital hierarchy were diverted and perhaps the most important obstacle of all was overcome. A hospital occupation/work-in cannot succeed without the support of junior doctors and this, it appears, was forthcoming. Generally junior doctors are loathe to support or take any action as they are utterly dependent on consultants good reports and are prepared to take shit waiting for that fat salary at the end of the 72 hour per week work rainbow (there was however, a junior doctors' strike in the 1970s and this might be worth looking into). Equally (or not so equally), experienced nurses tend to give junior doctors hell as they know that they'll be handing it out like hell when in a consultants position. All such understandable pettiness aside, finally and most importantly, the harassment of junior doctors is largely to do with worries about cock-ups on the ward. Although responsible for everything on the ward, the nurse-in-charge is under medical supervision from the doctor. The usual situa-

tion is inexperienced juniors having responsibility over and above their skill and age. The subsequent panic felt by the nurse-in-charge who usually knows the score in a potentially life or death situation translates into hassling and nagging juniors.

But in a subversive dynamic, everyday relationships quickly change, affecting even the most hidebound. In the UCH occupation, it seems that the consultants' attitude bad changed too and was sympathetic to the action taking place. To the annoyance of managers, consultant Dr. M Adishia even transferred a patient to Ward 2/1 a day after the occupation began. This kind of thing was unheard of. Prior to the free market reforms consultants 'ran' the hospitals. They were seemingly all powerful, often terribly arrogant and, inevitably, hated by all. Thus it was easy for the new hard-nosed management to take power away from the consultants as no one was prepared to defend them. Having created such (unheard of) unity among the hospital staff it wasn't surprising that one UCH striker had cause to say in early December 1992, *"we need workers councils in hospitals."*

The only force pitted against them was the new, economically insecure, limited contract, cadre management employees. These managers didn't ideologically believe any longer in what they're doing but are scared stiff to do anything else knowing that the dole could be in waiting for them tomorrow. Blindly ruled by money terrorism, they've seen their proletarianisation on the horizon and they don't like what they see. A nurse at UCH whose ward was closed by management in the space of two minutes without any medical consultation or warning commented, *"the manager said she knew it was wrong but there are other managers waiting to take her place."* Shits though they may be, they're hardly the stuff who could make a solid defence based on conviction come a more concerted, more general attack. Headless chickens come to mind.(2)



The strike was successful though and the management backed off giving oily-written undertakings that all wards due to close for Xmas would re-open on January 4th and dropping all disciplinaries against strikers. Probably they were nervous after all the tumult (hot air really) about miners a month previously. Possibly too, they were nervous about the rank'n'file Health workers Co-ordinating Committee, a body boycotted by the Health Unions themselves, thinking it was a more potent body than it was. In reality, the Health Workers Co-ordinating Committee was a made up/fake co-ordination (in comparison to the rather more genuine co-ordinations in the UK strikes in 1988/89) pick'n'mix of various Trotskyist factions each running their own party recruiting campaigns and little demonstrations - a unified, on the ground response being the last thing on their minds. Of course, as a lot of people knew, UCH management were biding their time when they could hit a lot harder and nastier... And how!... read on...

1993

The strike...

On August 17th 1993 about 50 nurses and porters at University College Hospital in central London came out on indefinite strike against management plans to begin closing down the hospital. From the beginning the 50 strikers were - and remained - a minority of the total work force of the hospital; this was one of the main weaknesses of the struggle. In the original strike ballot well over 50 voted to strike - but UCH management announced

that those taking industrial action would be banned from the building, so making it impossible to provide a rota for emergency cover for patients as had been done in the December ’92 action. This discouraged some nurses from striking - and numbers were further reduced by the divisions of the trade union structure, i.e. ambulance drivers were to be balloted separately, some nurses were RCN members (with a no-strike agreement) while others were casual/temp staff employed via agencies.

Once the strike began there was some support from other workers - ambulance workers refused to move patients out of closing wards; British Telecom and other workers would not crass the picket line to dismantle closed wards; postmen and women leafleted their rounds; and tube workers at nearby Goodge St used the station tannoy to report and publicise the strike. There were a couple of one day strikes by catering, ancillary and clerical staff at UCH - and also by staff at the nearby EGA and Middlesex hospitals. Same public sector workers - teachers, posties, DSS and council workers - came out unofficially for the Day of Action on September 16th (the teachers despite being threatened with disciplinary action by their union if they did so). Local people and other supporters also turned up to the marches and rallies during the strike - in fact the best marches were the ones that formed themselves spontaneously from the rallies and went streaming off through the central London traffic. With the cops unprepared and confused but not wanting to be publicly seen getting heavy with a nurses-led march, Tottenham Court Road was brought to a standstill in the rush hour a couple of times by 150 people.

Other marches were more tame, controlled and less effective - due mainly to the union branch officials getting afraid that the rowdiness would upset the union bosses too much.(3) Nevertheless, the September 16th march still managed to completely block Whitehall for a while - or at least the riot cops did, so as to make sure we didn’t get to Downing Street or Parliament.

Although UNISON had apparently said they would back the strike even before balloting for it had begun, it was obvious all the way through that they did not want it to be effective or help the strikers in any way. They obviously wanted, at the most, to negotiate some kind of structured closure program for the hospital with maybe a few token concessions thrown in - and parade this as some kind of victory (see leaflet). UNISON only officially came into existence on July 1st 1993 through a merger of the NALGO, NUPE and COHSE unions - so forming the largest public sector union in Western Europe, with 1.4 million members. This was their first major dispute and they were keen to prove to management that they were worth negotiating with and could do the job - i.e. by proving they had control over their members and could deliver an obedient work force to the bosses. The union disassociated themselves from any “unofficial” actions (such as a brief occupation of hospital chief executive Charles Marshal’s office) and sent circulars to other hospitals ordering workers not to support it. UNISON withheld all strike pay for 6 weeks. It was finally paid the day after the union had forced the strikers to return to work.

The strikers tried to get support from other workers - they were constantly visiting different workplaces. But it was nearly always done through union structures - i.e. by approaching shop stewards rather than by talking to workers face to face. All this usually resulted in was a resolution of support being passed at the next branch meeting, a money donation and a promise to send a few people down to the next rally.

In 1982 in Yorkshire nurses were able to bring out thousands of miners and car workers by bypassing the union structure, by simply standing outside the workplace and appealing directly to the workers for solidarity. This should have been tried by UCH nurses and porters, but the prevailing faith in the unions (encouraged by SWP ideology) prevented it.

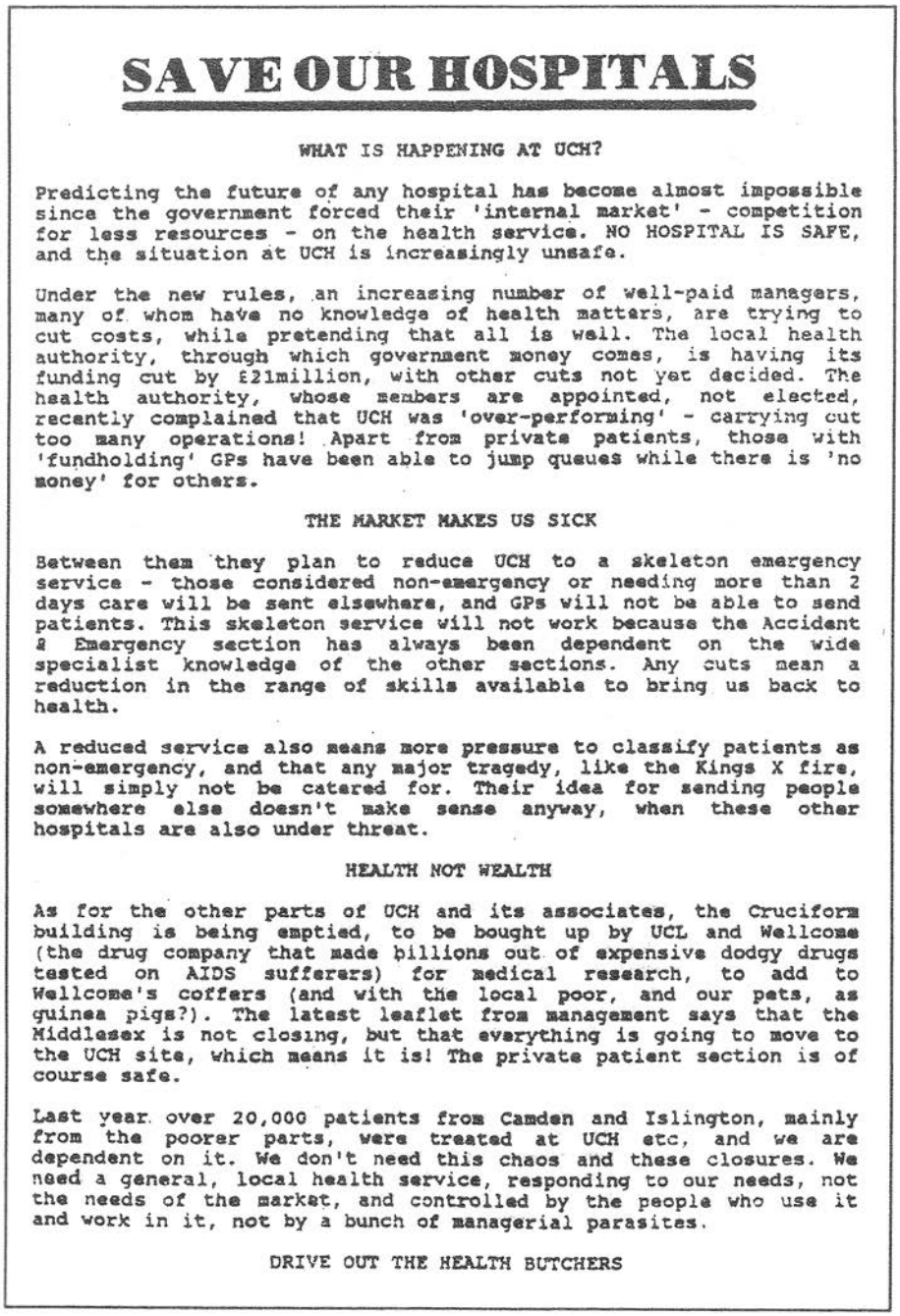
In Leeds, in 1982, support came from engineers and public sector workers. The best example was some construction workers who were building miners’ baths at Wooley Colliery. The shop steward there had a brother in a hospital in Leeds (long stay) and got in touch with the nurses at the hospital to picket

himself and other workers out. When striking nurses arrived they had no difficulty in stopping the construction site, although there was a visible chillness from local NUM officials. One of the construction workers drove straight through the nurses picket line. This led to an extension of the construction workers' strike for three days. It all ended when the builders caught the scab, took the wheels off his car and emptied his wallet into the health workers' collection bucket. In 1982, there was still too much reliance on union structures - mainly on a shop steward rather than full time official level. This was because of inexperience and workers being over-awed by the myth of the shop steward. Defeat was ensured by reliance on the union structures and ideology, with unions turning militancy on and off like a tap, leading to disillusion. But 11 years on at UCH, so many defeats later and in a Central London workplace, there was much less chance of repeating such a success.

... And then the occupation

Ward 2/3 in the Cruciform building of UCH was occupied on September 15th - it had recently been emptied of patients as part of an ongoing closure of this wing of the hospital. The idea was first suggested to some local people on the picket line by someone who we later found out to be a full time SWP official. The occupation was originally planned to end after one night, merely being a publicity stunt to coincide with the Day of Action occurring the next day - but it was eventually decided that the occupation should continue indefinitely.

The majority of the strike committee were initially against an occupation, although 3 nurses did take part on the first night. It's very likely that some were against the idea simply because it was promoted by those strikers who were SWP members - there was already some resentment about SWP manipulation within the strike committee and this was probably thought to be another example or vehicle for it, same of them at first assumed that we occupiers were all SWP members.(4) Those in occupation decided during the night to argue for not leaving the next day; this was mainly in response to full-time UNISON official Eddie Coulson turning up at l a.m. with



SAVE OUR HOSPITALS

WHAT IS HAPPENING AT UCH?

Predicting the future of any hospital has become almost impossible since the government forced their 'internal market' - competition for less resources - on the health service. NO HOSPITAL IS SAFE, and the situation at UCH is increasingly unsafe.

Under the new rules, an increasing number of well-paid managers, many of whom have no knowledge of health matters, are trying to cut costs, while pretending that all is well. The local health authority, through which government money comes, is having its funding cut by £21million, with other cuts not yet decided. The health authority, whose members are appointed, not elected, recently complained that UCH was 'over-performing' - carrying out too many operations! Apart from private patients, those with 'fundholding' GPs have been able to jump queues while there is 'no money' for others.

THE MARKET MAKES US SICK

Between them they plan to reduce UCH to a skeleton emergency service - those considered non-emergency or needing more than 2 days care will be sent elsewhere, and GPs will not be able to send patients. This skeleton service will not work because the Accident & Emergency section has always been dependent on the wide specialist knowledge of the other sections. Any cuts mean a reduction in the range of skills available to bring us back to health.

A reduced service also means more pressure to classify patients as non-emergency, and that any major tragedy, like the Kings X fire, will simply not be catered for. Their idea for sending people somewhere else doesn't make sense anyway, when these other hospitals are also under threat.

HEALTH NOT WEALTH

As for the other parts of UCH and its associates, the Cruciform building is being emptied, to be bought up by UCL and Wellcome (the drug company that made billions out of expensive dodgy drugs tested on AIDS sufferers) for medical research, to add to Wellcome's coffers (and with the local poor, and our pets, as guinea pigs?). The latest leaflet from management says that the Middlesex is not closing, but that everything is going to move to the UCH site, which means it is! The private patient section is of course safe.

Last year over 20,000 patients from Camden and Islington, mainly from the poorer parts, were treated at UCH etc, and we are dependent on it. We don't need this chaos and these closures. We need a general, local health service, responding to our needs, not the needs of the market, and controlled by the people who use it and work in it, not by a bunch of managerial parasites.

DRIVE OUT THE HEALTH BUTCHERS

First leaflet from the UCH community occupiers

hospital managers (who he'd been in conference with for over an hour before hand) to try and make everyone leave. Coulson stated in front of hospital chief executive Marshal and two strikers that UNISON members would be disciplined; he said that he wouldn't be surprised if there were further management disciplinaries; he was prepared to drop all the demands of the strike, some of which he was only paying lip service to anyway, if Marshal would drop the disciplinary threats. He said he could guarantee a return to work within 24-36 hours if Marshal did this. He also talked with Marshal about the "damage" the dispute had done to UNISON, and how be would be looking at ways of disciplining UNISON members through the machinery of the union (these are almost direct quotes from a letter of complaint sent by the UCH branch to their union leadership). At the end of the strike Coulson was quoted in a paper as saying that UNISON had "lost control" of the dispute, giving the "unauthorised" occupation as an example.

Still, at the time, the strike committee were divided about the occupation - some now not only wanted to continue in Ward 2/3, but also to open another ward (the rest of the 2nd floor was empty). During the rally on the 16th September all the strikers came up to the occupation - initially just to protect the 3 nurses already present from disciplinaries and to walk out with us down to the rally. But when we told them we didn't want to leave this started an emergency meeting. It was an urgent situation - if we were going to take another ward it should have been then, with all those people outside. The whole rally of 1,000 or more people should have been encouraged to enter the hospital and become a mass occupation, taking over empty wards.

In the middle of all this, in walks Tony Benn, and as he waffles on, the rally marches off towards Whitehall... Somebody went out of the occupation to try to get the march to turn around - they did manage to stop the march for a bit but, amid the confusion and argument, the march eventually continued on to Whitehall.

Back at the hospital, the strikers took a vote about continuing the occupation -they were divided half and half for and against. It was decided that for the moment we wouldn't open another ward and that the fate of ward 2/3 would be put off for now until it could be discussed further.

Most of the strikers then went off to join the march, while we waited in 2/3 for the marchers' return and the strikers decision.

While waiting we heard that UNISON bad cancelled the National Day of Action they'd planned for November 11th - this was in response to our occupation. We also learned that management were taking advantage of the fact that the march bad moved off, leaving nobody behind to carry on picketing: they had immediately begun to close another ward.

This news was relayed to the marchers, who were by now blocking Whitehall, and the march set off back to the hospital.

When the marchers returned some quickly stormed into the hospital chief executive's office, occupying it for a while. Some others came up and joined the occupation.

Meanwhile the strikers went into their meeting - it was 6 hours before their decision to bold on to Ward 2/3 came back to us.

The best day of the strike and the strikers spent most of it in meetings!

Life is a hospital (for a while)

Although determined, aggressive tactics are going to be increasingly necessary if we are to keep some kind of free (albeit through national insurance contributions) Health Service intact, the occupation of Ward 2/3 wasn't about "militancy" as such. Weren't we there basically because it made you feel good (good enough to want to fight rather than just fulfilling a dull political duty) and gave you one hell of a lift? A new world begins (or is at least glimpsed) instantly in such actions - simply in meeting, laughing and messing about with barricades etc. with people you've largely never met before. Quick as a flash, that horrible imposed isolation knot - an isolation much worse today than its ever been - is loosened and that single factor could possibly be the most important in any future occupations.

For the first few days of the occupation we

were more or less left to organise ourselves. Leaflets were written and distributed; a picketing rota was put in operation (which meant for the first time there were to be some 24 hour pickets); developing local contacts brought in more people and donations of food, cash, etc.. A great atmosphere and infectious buzz was in the air for those first few days and everybody involved felt the occupation had great potential as a focus for the struggle - people were openly discussing things and coming up with new ideas all the time. A hardcore of a dozen or so people were so involved in what was happening that we were basically living on the ward for a while.

Coming Down With a Dose of the Trots

But, alas, the spell was soon broken. We had been requesting a meeting with the strikers for a couple of days, and one was eventually arranged between the full strike committee (i.e. all available strikers) and the occupiers; but instead we were met by just a few union shop stewards who were all SWP members. One of these SWerPs was also the union branch secretary at UCH, and although she was not even on strike - she was one of the clerical workers and they had not come out - she very much used her union status to play a dominant and often manipulative role during the strike. They proceeded to tell us of their plans for completely restructuring how the occupation was to function - we were led to believe (wrongly as it turned out) that they were speaking for the strike committee as a whole and only relaying to us what had been decided by it. In fact it was an SWP engineered coup, done behind the strike committee's back as much as ours'.
They wanted vetting to decide who should be allowed into the occupation - this was to be carded out by the branch secretary and chairperson - both SWP members. People would have to book themselves onto a formalised rota days in advance just to be able to spend a night in the occupation - reducing it to a duty and a chore, killing off the social dynamic going on. They also intended that there should be at least 6 strikers on the ward at any time and that there must always be at least one striker on the picket line with us. They justified all this by saying that if anything bad happened in the occupation or if things got "out of control" this would jeopardise the strikers - by giving management an excuse to legally evict the occupation and to victimise the strikers (6 of them already faced disciplinary actions due to activities in the strike).
By the time this meeting occurred, most of the occupiers were tired out from a lack of enough sleep due to late night picketing, leafleting and generally running around trying to organise stuff. We were stunned by these sudden proposed changes (although in retrospect we should have been expecting something like this) and did not resist them as we should have done; this was partly due to simple fatigue but also because we were being guilt tripped about the necessity of protecting the strikers' interests as a priority. The implication was "how would you feel if a nurse lost her job because you lot fucked up?" The answer was obvious but the likelihood of it happening was exaggerated and used as a weapon against us.
Although none of us were happy about all this, we weren't able to respond effectively - and as we mistakenly thought that these were decisions taken by the strike committee as a whole we didn't feel in much of a position to argue. We should have said we would consider these proposals and then discuss them with the full strike committee as soon as possible, instead of just capitulating. If we had known that these issues had not even been properly discussed by the strike committee and that there had already been strong disagreements within the strike committee about SWP manipulation then we wouldn't have felt so isolated with so few options. I was also partly unfamiliarity with what was a pretty unusual situation as well as a (not unrelated) lack of confidence and assertiveness in ourselves and other simple personal failings that led to our downfall. It can't just be explained by the supposed absence of enough organisation or of a certain kind of organisation, as some have tried to do (see Appendix for more on this).

Their plan was to make the occupation a centre for union and SWP organising and to fill the place with SWerPs. Having seen that we were good at organising ourselves and developing our autonomy the union/SWP hacks felt threatened - partly because they judged us by their own miserable standards and thought we were really some secret anarchist group (possibly Class War!) come to try to take things over. Rumours were flying amongst the strike committee that this was the case.

They also wanted to reduce the occupation to a publicity exercise - i.e. getting media celebrities and MPs to visit and be photographed there. In fact it seemed they had decided that getting public opinion on the side of the strikers was going to be the main weapon to win the strike with. Some occupiers now felt they were being treated as a token pensioner, a token mother and child, etc. to be displayed for the cameras. One woman was even offered a spare nurses uniform to wear in case there were no real nurses around when an MP came to visit!

The effects of these changes being imposed were several: a lot of people, particularly locals who visited regularly, were put off coming to the occupation. And there seemed little point in giving out leaflets encouraging people to come to the occupation if they'd all have to be vetted first. The atmosphere was totally changed, with people now feeling they were only there with the permission or tolerance of certain officials and no longer as joint partners in the struggle. The openness of the occupation, with free debate flowing back and forth informally, was replaced by an atmosphere of intrigue and secret whisperings...

"In those early days one related to the occupiers as strikers, local or non-local or all mixed up together. You were curious about their lives, background, last night's binge, learning about hospital jobs, what immediate tasks had to be earned out, etc. Ideology just didn't really count and you couldn't give much of a fuck what political persuasion anybody had. It was only after the attempted SWP mini-coup that you really started relating to strikers as SWerPs or not And that was REAL BAD. After that, paranoia, whispered conversations (from them) with doors closing behind you as if you were an unwelcome intruder. And so hypocritical! A poster then appeared: "NO DRUGS OR ALCOHOL IN THE WARD." And yet it was only a few nights previously that an SWerP had been openly rolling up spliffs. Previous to this laying down of the law there was no trouble at all with anybody getting out of their heads. In fact even occupiers who were regular boozers had hardly touched a drop, being so occupied with what was going on. It was only after the SWP coup that people were drunk on the ward - and they were mainly SWerPs come back from the pub. After that occupying was more like work; a duty; a painful task to be undertaken. Wage labour felt freer than this! Better to occupy the Morgue which was just below Ward 2/3 - at least that would have been a bit of life in death."

The SWP's plan was to draft in large numbers of SWP foot soldiers, but this was never very successful - some did turn up (although a lot who were told to didn't) but never in sufficient numbers to completely dominate or alienate the rest of us; as they usually only came for one night they still had to ask those of us staying there for information about the general functioning of the place. Some rank 'n' file SWerPs were fine to be with (5) and we could talk and relax with them but the real hacks were often vile functionaries and mere appendages of the party machine, mouth pieces for faithfully parroting the banalities of the party line, with no social graces or warmth at all.

In fact it might be said that leftist militancy is a diagnosable disease in itself, with definite schizophrenic behavioural tendencies! The personality split between political duty and real desires, voluntary submission to party lines and hierarchies with repression of doubts and contradictions, obsession with manipulation of others and conversion of others to one's own rigid beliefs, etc...

In the early days of the occupation it was the Trots who'd left bunches of *Socialist Worker* around (along with the Revolutionary Communist Party etc. leaving their rags lying about) ready for piling propaganda in the occupiers' heads. At the same time these politicos spotted in a flash one *Class War*

newspaper lying innocently about and what's this? - a man called Vienet's book on the French occupation movement in May '68 - things that somebody had bought or nicked for one's own personal enjoyment on the day. So an ideological construct was fearfully assembled: *"Its Class war anarchists in there"; "Is that a destructive lunatic fringe?"; "Should we Kronstadt the bastards?"* The mind boggles at the lurid fantasies possibly conjured up.

The bunch that became the mainstay of the occupation were a mixed bag - partly determined by the fact that we were the ones who could devote most time to it. On the dole or on the sick, single mums, pensioners, casual/part-time workers or those whose jobs were flexible enough to take time off (builders, dispatch riders, etc.). Some had known each other before, some hadn't, but most had some involvement with the strike from the beginning; some who already knew each other had been involved in producing their own leaflet and poster for the Day of Action prior to the occupation, having been inspired by some striking nurses. People came from a wide variety of social and 'political' backgrounds and experiences - most had been involved in other struggles in the past. Different people had served time with various political groupings, ranging from the Labour Party through Trot groups, ultra-left marxism and beyond. Others had never touched politics with a barge pole. None were hacks or Party animals (in the political sense!) and there was a consensus of distaste for such beasts. One or two of the more 'eccentric' characters could at times get to be a pain in the arse but generally they were responsive enough to get the message if you told them so; unlike some of the devious lefties who had the cheek to call these people "disruptive."

Some of the strike committee at least had a stereotypical view of just who they wanted as permanent overnight occupiers. Lots of worker delegations carrying TU banners or representative of community/tenant organisations, etc.. What they got was just what they didn't want: the 'freak' or mongrel proletariat - those not that much into work and who largely had never seen the inside of a trade union but who were prepared to put their heart and soul into the occupation. Instead of the 'straight' working class (at least as the leftists saw it) they got those without the correct image.

The SWP turned the occupation into a political arena where all other forces were seen either as rivals or subjects to be submitted to their will. In an atmosphere of intrigue, plots and manipulations we were forced into being less open and more secretive ourselves as protection against totally losing our ground. This is often the effect on struggles of self interested political factions with a separate agenda for themselves - to combat them you are often forced to adopt some of their tactics - resulting in the social dynamics of the struggle being stalled and energy being wasted on simply trying to stand your ground and contain the effects and spread of the Trotskyist virus. But it's too simplistic to blame the SWP for everything - another sect could have played the same role, as could any other union bureaucrats or a group of timid, conservative workers in different circumstances. It's no good seeing the SWP cadres as the shit part and the rest of the strike committee as pure light - sometimes the SWerPs took the more radical initiatives, in opposition to more conservative strikers. But it's important to remember that the non-SWerPs were never as inflexible and ideological and therefore could be more imaginative in many ways.

Avoiding the routinisation of struggles seems to be a real challenge. All sorts of forces combine to turn an occupation or strike into just a different kind of work. The Trots are usually the visible cause, but it's often that they are filling a vacuum created by people's own uncertainty - it's inevitable in any genuine autonomous struggle - but the way in which vanguard groups use that uncertainty means they turn it into a weakness. Ideally they could be wrong-footed by a bit of playfulness and craziness, but when the situation becomes tense and 'serious' and people start worrying and falling back into the workday mechanisms, autonomy gives way to 'common sense.' At least in this experience at UCH people got out and about which lifted the weight a bit - a lot of occupations become sieges and in that context the vanguard and all

the other military metaphors start giving the appearance of making sense. Isolation is another problem - especially if the occupiers are seen to be a 'minority.'

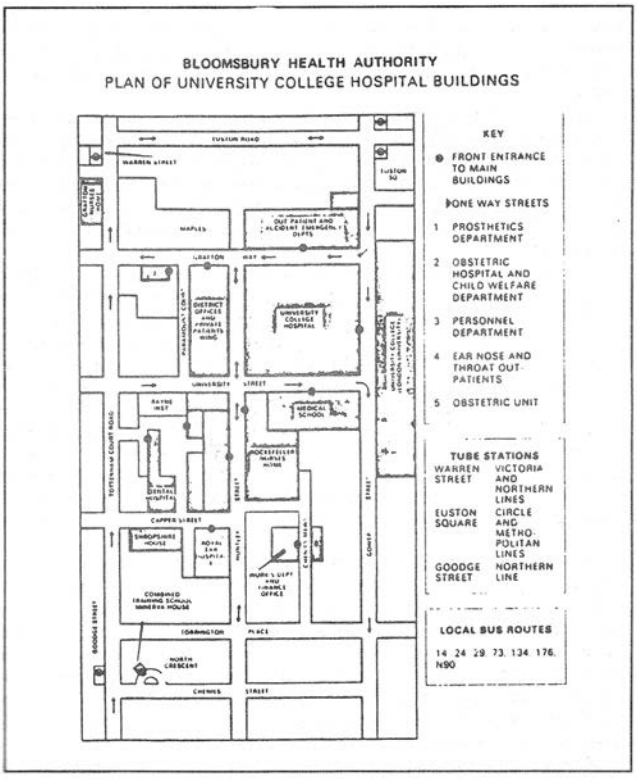
It's true to say that the SWP's goal is not firstly to advance a struggle, but to advance their influence on a struggle, and it is this which determines their choice of tactics: this was illustrated by the way their attitude to the occupation was to change.

Although of course the SWP strikers at UCH sincerely wanted to win the strike, its nevertheless true that the Party's tactics are generally determined not by how to advance or win struggles but by how to prove that if everyone had listened to and followed them then things would have worked out better - this often entails directing struggles and demands at the union bureaucrats, so that when (inevitably) they don't do what they're asked to, they can be shown to be wrong and the SWP "correct" (this cynical attitude to the working class was spelled out yonks ago by their arch-guru Trotsky with his theories of the "transitional demand" etc.).(6)

But even in their own terms, none of their own plans for the occupation ever worked well. They could never draft in sufficient numbers for a total coup: very few union officials turned up; and only 3 or 4 'left' Labour MPs turned up, attracting very little press coverage. (It was laughable to later read Socialist Worker's claim that, due to pressure of public opinion and the strike highlighting the health issue, the Labour Party had been "forced" to send some prominent MPs down to the Ward. They had been phoning up loads of celebrities and these were the only ones who ever bothered to come).

The political vetting they'd wanted became impractical as it turned out that the branch officials were too busy to impose it - and as the Party faithful failed to materialise in sufficient strength we were needed to make up numbers anyway.

The picket line was another main casualty of the imposed changes. It was impossible for the strikers alone to mount successful picketing - there were 10 or 11 different exits all connected by underground tunnels that the management could use to sneak patients and equipment out as they closed more wards. During the occupation we had begun to organise 24 hour pickets with walkie-talkie contact between the picket and our Ward; we still didn't have enough people to cover every exit but it was certainly an improvement. But it seemed that part of the reason for the reorganisation of the occupation was that the union/SWP officials had given up on trying to develop effective picketing in favour of getting public sympathy on their side through publicity stunts. We had shown that we were serious about trying to make the picket effective and more than just a token show of strength - and possibly it was thought that this could lead to a clash on the picket line that would have further pissed off the union and would not have looked good in the media ('Picket Line Fight at the UCH' etc.). The officials had demonstrated no real enthusiasm for the idea of mass pickets at the hospital - and the possibility of growing numbers of local people and others organising themselves independently (in co-operation with strikers) on the picket line would not have appealed to them (just as it didn't in the occupation). They eventually discouraged us from all night picketing by saying that management would



The above plan gives some idea what a helluva job picketing UCH was.

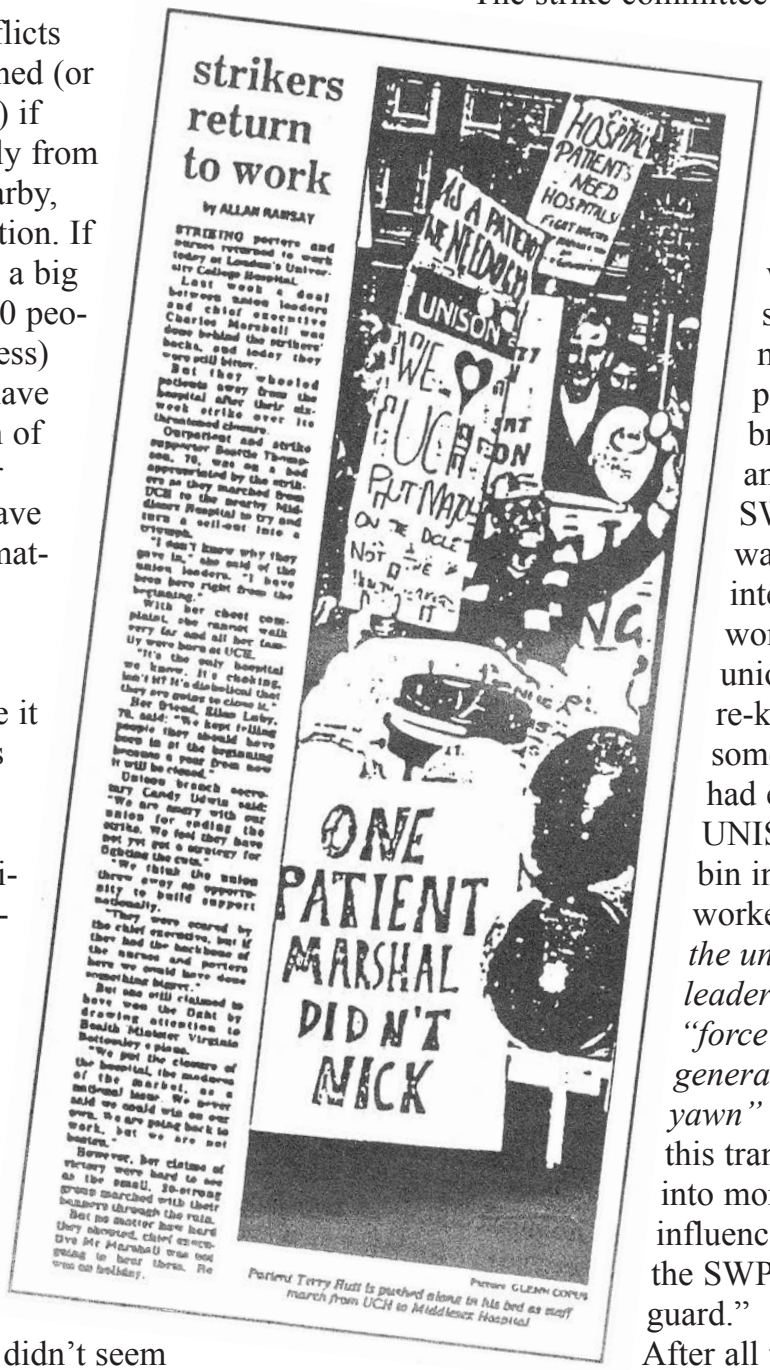
not bother moving stuff at night - shortly after we stopped night picketing they did start moving things at night.

We wrote a leaflet to the strike committee outlining our concern about how the occupation had been changed but is was never actually distributed to them; the strikers found out that UNISON had been going behind their backs to stitch up a deal with management to try to get them back to work. So the strike meetings were too busy trying to deal with all that to time to discuss the occupation with us - we were advised by a sympathetic striker that this was not a good time to distribute our leaflet.

But a lot of these conflicts might not have happened (or at least not so quickly) if more people, especially from the council estates nearby, had joined the occupation. If there had simply been a big toing and froing of 200 people or so (or even of less) then the event could have taken on a momentum of its own whereby other empty wards would have been taken over as a matter of course as more beds were needed to sleep on at night, etc.. This would have made it harder for the officials to dominate events.

UNISON eventually issued an effective ultimatum to the strikers - to go back to work or the union would withdraw support for the strike; which would have left the strikers wide open to dismissal and possible legal action against them. In their isolation without wider effective support, this didn't seem like a risk worth taking.

The union bosses said that with only a minority of the UCH work force out the strike could never win. Not that UNISON wanted other workers to support it - their attitude towards the strike was hardly going to encourage more workers to gel involved. The union machinery did its job of keeping the strikers isolated from other sections of the working class who could have given the active solidarity needed for victory; and the strikers were not capable of overcoming this isolation. The strikers met and voted to accept the deal whereby they went back to work in return for all disciplinaries being dropped and full trade union rights to organise in the hospital being restored.


strikers return to work

by ALLAN RAMSAY

STRIKING porters and nurses returned to work today at London's University College Hospital.

Last week a deal between union leaders and chief executive Charles Morsehall was done behind the strikers' backs, and today they were still bitter.

But they wheeled patients away from the hospital after their six-week strike over its threatened closure.

Carpenter and strike supporter Beatrix Thompson, 70, was one of a band applauded by the striking as they marched from UCH to the nearby Middlesex Hospital to try and turn a sell-out into a triumph.

"I don't know why they gave in," she said of the union leaders. "I have been here right from the beginning."

With her chest complaint, she cannot walk very far and all her colleagues were here at UCH.

"It's the only hospital we know. It's shocking. It isn't fair. It's disbelief that they are going to close it."

Her friend, Ellen Lacey, 70, said: "We kept telling people they should have been in at the beginning because a year from now it will be closed."

Unison branch secretary Candy Udwin said: "We are angry with our union for ending the strike. We feel they have got you out a corridor for fighting the cuts."

"We think the union threw away an opportunity to build support nationally.

"They were scared by the chief executive, but if they had the backbone of the nurses and porters here we could have done something bigger."

But she still claimed to have won the fight by drawing attention to Health Minister Virginia Bottomley's plans.

"We put the closures of the hospital, the madness of the market, as a national issue. We never said we could win on our own. We are going back to work, but we are not beaten."

However, her claims of victory were hard to see as the small, 50-strong group marched with their banners through the rain.

But no matter how hard they shouted, chief executive Mr Marshall was not going to hear them. He was on holiday.

Patient Terry Rust is pushed along in his bed as staff march from UCH to Middlesex Hospital

Picture: GLENN COPUS

HOSPITAL PATIENTS NEED HOSPITALS

AS A PATIENT I'M NEEDLESS

UNISON

ONE PATIENT MARSHAL DIDN'T NICK

The strike committee held its last meeting where two delegates for the occupiers were finally able to attend. A large number of strikers were elected as shop stewards at this meeting, this being proposed by the branch chairperson and the secrets (both SWP). This was a way of trying to re-integrate disaffected workers back into the union structure and to re-kindle faith in it - some of those elected had earlier thrown their UNISON badges in the bin in disgust. Obviously workers must *"radicalise the unions," "push the leadership leftwards," "force the TUC to call a general str... blab blab yawn"* - in SWerP speak this translates (they hope) into more positions of influence in the unions for the SWP "workers vanguard."

After all that was settled the occupation was discussed. We said why we thought the occupation

Text of Undistributed leaflet from occupiers to strikers:

TO THE STRIKERS FROM SOME OF THE OCCUPIERS IN SOLIDARITY

We have written this statement because we want to sort out where we stand, to clarify our relationship to the strike committee and to the struggle to keep UCH open, which is also our struggle.

We have been involved in the occupation as NHS users, getting involved either from the start or from the Thursday demo, and have been trying to build the occupation as part of the struggle. We have helped build support in the local community, getting more people to join in and to widen the distribution of leaflets, getting local shops to donate food and display campaign material, along with community centres and others.

We produced our own leaflet, in consultation with a number of strikers, to put the case from the perspective of the community, of service users, calling for people to get involved. We have found that people, like us, do want to get involved, directly in the struggle for their health service, not just signing petitions or marching, and the occupation has given them a focus and an opportunity to start to get involved. We have also joined in the picket and enabled it to be extended a few times to 24 hours.

But it now appears that members of the community are at best to be tolerated, rather than allowed our own ideas and initiative. Even though a rota was being successfully developed, a formal rota has been imposed, controlled by the branch officials, making it more difficult for people tobe involved on their own terms. Some people already felt they were being treated as 'token' pensioners, etc;, and these changes have discouraged some people from returning.

More general involvement by local people and workers is being substituted by party political contacts. Occupiers have been forced into a position of passive observers as decisions taken elsewhere are carried out. These changes were presented to us on Sunday by a few branch leaders who seemed to be speaking for the strike committee, though it appears they weren't. On the grounds that we cannot be allowed to do anything to jeopardise the strikers or the strike (which we have no intention of doing) we have in face been prevented from doing anything for ourselves. If allowing us any initiative is a threat, then the occupation should be staffed by cardboard cut-outs, not real people. Replacing the active solidarity of local people and other supporters by a strategy of using the occupation merely for public sympathy and visiting celebrities will not win our struggle. The miners had plenty of this sympathy and have still been destroyed.

Another justification mentioned in passing for dealing behind our (and others') backs wa s the problem with the union. We recognise there are problems – we just want to be able to discuss these things openly, we want to help.

We are not suggesting the occupation be separate from the strike – we want to work with the strikers to save the hospital, not just be assigned tasks as if we were workers and the union officials our managers. We are not here to disrupt, we are not a political group come to muscle in, we want to fight with you, for our health service.

We would like to meet and discuss all this with the full strike committee A.S.A.P.

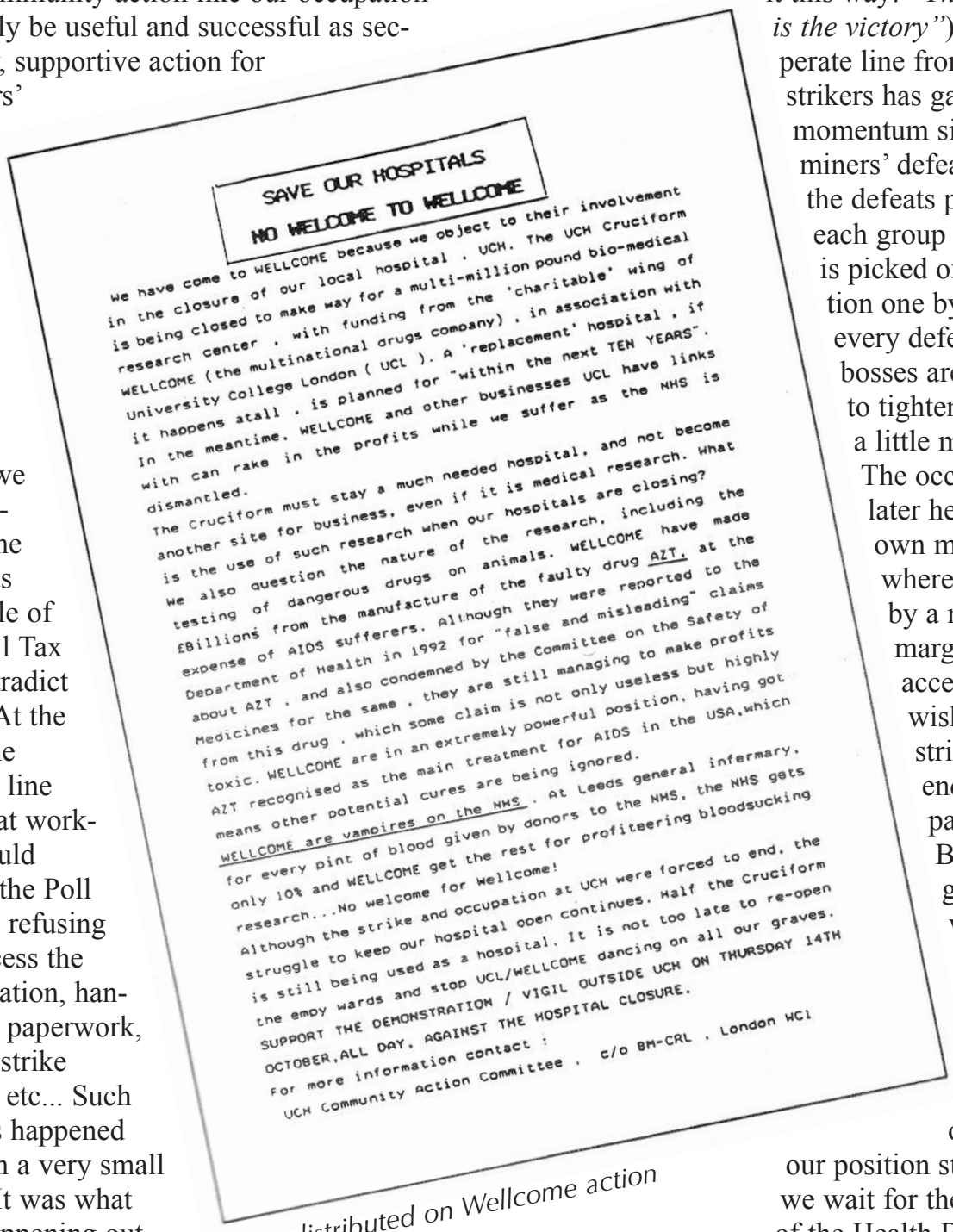
- IN SOLIDARITY

should continue - the main arguments are set out in our leaflet [below] (which, again, was never actually distributed because during the first part of the meeting a union bureaucrat from UNISON head office was present and obviously we didn't want him to see it. When he left, the occupation was discussed and it was eventually voted to end it. After that, there seemed little point in giving out our leaflet).

The debate eventually became a political argument - the SWP putting their line forward that community action like our occupation can only be useful and successful as secondary, supportive action for workers' industrial action. They didn't like it when we put forward the obvious example of the Poll Tax to contradict them. At the time the SWP's line was that workers would defeat the Poll Tax by refusing to process the information, handle the paperwork, taking strike action, etc... Such actions happened only on a very small scale. It was what was happening outside the workplace that defeated the Poll Tax. It's significant that the only mass struggle in over a decade that in any sense could be called a victory was community based; neither union sabotage nor anti-strike legislation nor isolation could be used to restrict the movement. At this meeting and another later on in Ward 2/3 with more occupiers we managed to add some discord to the familiar refrain of the SWP union chairman giving a summing up lecture on what lessons could be drawn from the strike (7). He claimed it as some kind of victory that management had been shaken by (a defeated Arthur Scargill put it this way: *"The struggle is the victory"*). This desperate line from brave strikers has gained momentum since the miners' defeat in '85, as the defeats pile up as each group of workers is picked off in isolation one by one. With every defeat the bosses are inspired to tighten the screw a little more.

The occupiers later held their own meeting where we voted by a narrow margin to accept the wishes of the strikers and so end the occupation.

But the fight goes on and we can at least reflect on our failures in the hope of making our position stronger as we wait for the next cut of the Health Butcher's



SAVE OUR HOSPITALS

NO WELCOME TO WELLCOME

We have come to WELLCOME because we object to their involvement in the closure of our local hospital . UCH. The UCH Cruciform is being closed to make way for a multi-million pound bio-medical research center . with funding from the 'charitable' wing of WELLCOME (the multinational drugs company) . in association with University College London (UCL). A 'replacement' hospital , if it happens atall . is planned for "within the next TEN YEARS". In the meantime. WELLCOME and other businesses UCL have links with can rake in the profits while we suffer as the NHS is dismantled.

The Cruciform must stay a much needed hospital, and not become another site for business, even if it is medical research. What is the use of such research when our hospitals are closing? We also question the nature of the research, including the testing of dangerous drugs on animals. WELLCOME have made £Billions from the manufacture of the faulty drug AZT, at the expense of AIDS sufferers. Although they were reported to the Department of Health in 1992 for "false and misleading" claims about AZT , and also condemned by the Committee on the Safety of Medicines for the same , they are still managing to make profits from this drug . which some claim is not only useless but highly toxic. WELLCOME are in an extremely powerful position, having got AZT recognised as the main treatment for AIDS in the USA,which means other potential cures are being ignored.

WELLCOME are vampires on the NHS . At Leeds general infermary, for every pint of blood given by donors to the NHS, the NHS gets only 10% and WELLCOME get the rest for profiteering bloodsucking research...No welcome for Wellcome!

Although the strike and occupation at UCH were forced to end, the struggle to keep our hospital open continues. Half the Cruciform is still being used as a hospital. It is not too late to re-open the empy wards and stop UCL/WELLCOME dancing on all our graves.

SUPPORT THE DEMONSTRATION / VIGIL OUTSIDE UCH ON THURSDAY 14TH OCTOBER,ALL DAY, AGAINST THE HOSPITAL CLOSURE.

For more information contact :

UCH Community Action Committee . c/o BM-CRL . London WC1

Leaflet distributed on Wellcome action

Occupied!

Hospital ward taken over by angry residents

DOZENS of Camden residents have occupied a closed ward at the University College hospital.

Up to 20 people moved in to 2:3 ward on Friday and settled down in hospital beds for the night.

By Monday numbers had dropped to ten but the squatters say morale is high.

They plan to sit it out until UCH bosses re-open the ward.

Electricity was turned off to part of the ward on Saturday. Security guards did not notice the occupiers until 12 hours later.

"They occasionally peep in but make no effort to get in," said Mike Clarke, of Werrington Street, Somers Town.

By GARY HENSON

The group, calling itself the UCH Community Action Committee, yesterday issued an urgent SOS for local people to join them.

"There's nothing wrong with this ward — recently they were done up," said Ernest Laban, 73.,

And spokesman Mike Bolton said:

"We have re-occupied the ward as part of the fight to stop the run-down of health care and against the hospital closures.

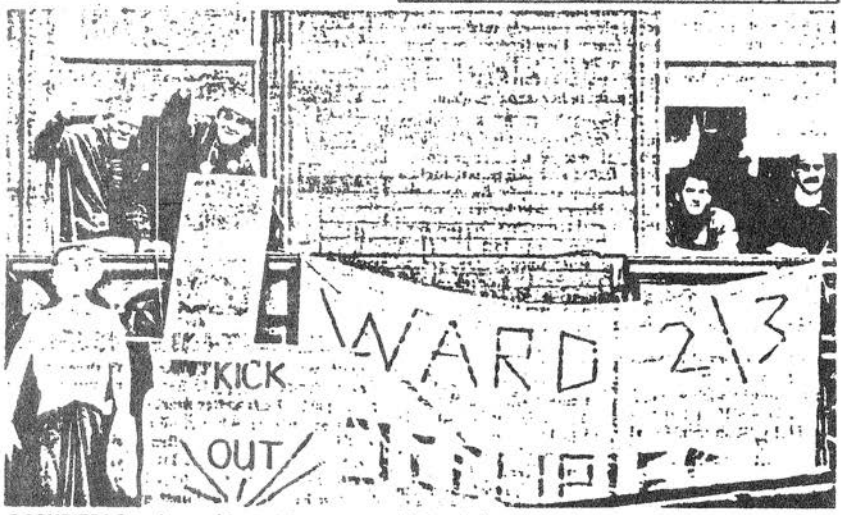
"The whole internal market doesn't work for us."

Hospital bosses plan to empty the site, known as the Cruciform building, by Tuesday.

It will be sold to the University Medical school who plan to use it for research possibly in connection with the Ministry of Defence.

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

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



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

scalpel.

The strikers and occupiers walked out together, with one occupier being pushed out in his bed, and went their separate ways. Now calling ourselves the "UCH Community Action Committee" the occupiers headed straight for the nearby head offices of UNISON. A crowd of us pushed our way in to the building, leafleted workers and vented our anger at some bureaucrats for the union's role in sabotaging the struggle. They didn't call the cops on us, thereby avoiding more bad publicity for them. The building's entrance was later grafittied with *"UNISCUM"* and another wall saying *"Unison sold out UCH nurses and porters"*. A stranger later added underneath *"so what's new? NALGO sold out the Shaw workers"* (i.e. workers in the nearby Shaw library).

The Action Committee kept holding regular meetings and did some actions. We decided to visit Wellcome, the multinational drug company involved in the sell-off of UCH. As luck would have it, when we arrived we discovered that a board meeting was then in progress. Fifteen of us snuck up the stairs and stormed straight into the Wellcome boardroom. Much to the shock of both them and us, there we were, in the heart of the dealers' den, facing the biggest and slimiest drug pushing cartel in the world(8). We immediately started haranguing and shouting at the bow-tied and blue-rinsed board members, demanding that they pull out of any deal to buy the UCH Cruciform building. We stayed for half an hour, arguing with them and eventually forcing them to leave and hold their meeting in another room. Then three van loads of cops arrived outside, including riot cops. Once they saw we were a motley crew including toddlers and pensioners, and not a gang of terrorists, they sent in a few to tamely escort us off the premises.

Later that day we gate-crashed the UCL Provost's office, interrupting his lunch and puncturing his self-importance to the point where he was reduced to calling us names and shouting at us to "get stuffed". We then moved on to the nearby offices of UCH boss Charles Marshall, which we invaded, disrupting a business meeting in the process. A few

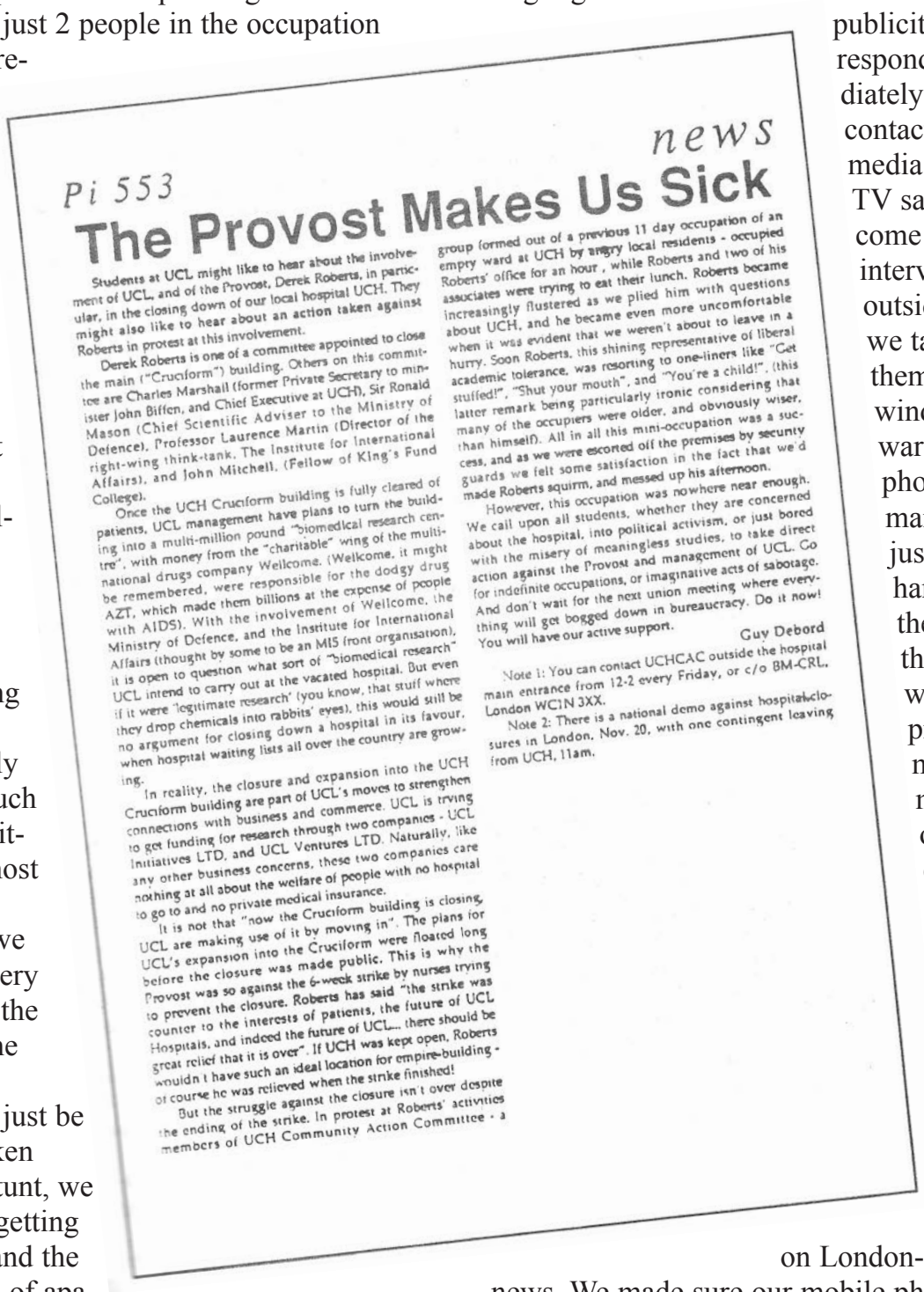
of us stayed for a while to argue the toss with him. All in all, not a bad day's work.
We also kept demonstrating once or twice a week outside the hospital and tried to organise to resist more wards being moved out, but we were never strong enough or well informed enough of management's plans. In the run up to November 5th a Virginia Bottomley guy was taken round the local area to raise money and a few laughs. We also attended and heckled meetings of the local Health Authority; who were discussing plans to deal with a £21 million cut in their budget by not sending any more patients to UCH; this would leave only a casualty department without adequate back-up facilities, with patients allowed a maximum 48 hour stay before being moved on. In order to compete with other hospitals for patients, UCH management announced a 10% price cut. This was to be achieved mainly by the axing of 700 jobs - but even this wasn't enough to satisfy the "Internal Market". Ex-strikers we talked to said there was no mood for a strike against these cuts amongst UCH workers.

A Second Occupation

An NHS "Day of Action" had been organised by the TUC for November 20th, basically as a token safety valve to dissipate the growing anger and pressure from health workers and others. Originally planned for Thursday 18th, it was changed to Saturday 20th - this was decided during the UCH strike in September, apparently due to union fears of a growing militancy amongst health workers. For the unions, the unpleasant possibility of effective action being taken - such as solidarity strikes or at least the major disruption of central London weekday traffic - would be greatly lessened by holding the demonstration on a Saturday. The unions' publicity for November 20th was very low key and half hearted - neither the demo nor any other real activity was emphasised, just the symbolic slogan "NHS Day of Action", with the demo mentioned in small letters at the bottom of the posters. The unions obviously have the resources to organise a massive demonstration to defend free health care if they want to, but this was not on their agenda.
Members of the UCHCAC decided to use the Day of Action as a way of combating the inactivity planned by the unions. We also wanted to do something to try stop the imminent closure of the Cruciform building. So we arranged for a group of us to reoccupy Ward 2/3 on the night before the Day of Action. Seventeen of us and some friends waited while a few people cracked open the ward. We all eventually sneaked in to find a bare ward: no beds or furniture this time.
The next morning we hung out some banners from the windows, as people began arriving for the UCH feeder march which would link up later with the main demo. At about 10.30am the hospital security guards finally noticed us. They came and asked what we were doing and then disappeared.
Most of us went off to join the demo, leaving a handful to "guard the fort" and stay put. Our faction marched under an anti-TUC banner saying "Tories Unofficial Cops sabotaging struggles." It was a boring march with 20-25,000 people on it; but the rally at Trafalgar Square was more interesting. We heckled a lot through a megaphone at the TU bureaucrats and celebrities, taking the piss and expressing our anger at the pathetic farce. It was ridiculous to see actors from the TV soap "Casualty" being invited to make guest appearances and talk crap on the platform while real nurses who wanted to speak were prevented from doing so by the union bosses. We also handed out leaflets at the demo explaining the UCH situation and asking people to come and join the occupation. About 25 people responded by coming to the ward after the demo _ some SWP and Class War members and the other half various non-aligned individuals - 25 out of 25,000 - pathetic. We had a meeting and all these people expressed support for the occupation but most left never to return. Four or five stayed the weekend with about eight of us, and a friendly hospital worker managed to smuggle us in plenty of spare bedding to make us more comfortable. Some of the visitors went off to attempt their own occupation in south London but were apparently quickly evicted without any legal formalities by the cops.

Within a few days we were reliant on the same old familiar faces to maintain and publicise the occupation - our aim of using the occupation as a base to get more people involved was not succeeding. It was becoming a strain on the dozen or so hard core of people involved to keep things going and the lack of response was depressing. Sometimes there were just 2 people in the occupation and the boredom weighed heavy. We had a few supporters dropping in and some donations of food but very few people willing to become actively involved - even staying overnight occasionally was too much of a commitment for most people. Although we had been very clear from the start that the occupation should not just be another token publicity stunt, we were now getting desperate and the brick walls of apathy around us were beginning to close in. So it was decided to contact the media in order to spread the word that we were here - our own local leafleting and flyposting having bad so little effect. But we were agreed that no media people would be allowed inside the ward as this would create a totally different and unwanted atmosphere and would also be a great security risk (but not everybody stuck strictly to this agreement).

Management tried at first to ignore the occupation, fearing that any action against us might give it more publicity, but responded immediately once we contacted the media. Carlton TV said they'd come down and interview from outside while we talked to them from a window on the ward. Carlton phoned UCH management just beforehand to get their side of the story - which prompted management to cut off our electricity just before the cameras arrived. But the interview went ahead and was shown on London-wide TV news. We made sure our mobile phone number was prominently displayed to the cameras. This led to three people phoning us, two very supportive and one abusive. Considering that millions of people saw the interview and phone number on prime-time TV news this seemed to be one more example of how apa-



Pi 553

news

The Provost Makes Us Sick

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

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

Once the UCH Cruciform building is fully cleared of patients, UCL management have plans to turn the building into a multi-million pound "biomedical research centre", with money from the "charitable" wing of the multinational drugs company Wellcome. (Welcome, it might be remembered, were responsible for the dodgy drug AZT, which made them billions at the expense of people with AIDS). With the involvement of Wellcome, the Ministry of Defence, and the Institute for International Affairs (thought by some to be an MI5 front organisation), it is open to question what sort of "biomedical research" UCL intend to carry out at the vacated hospital. But even if it were 'legitimate research' (you know, that stuff where they drop chemicals into rabbits' eyes), this would still be no argument for closing down a hospital in its favour, when hospital waiting lists all over the country are growing.

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

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

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

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

Guy Debord

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

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

thetic people felt. But in all our statements to the media we emphasised that our main goal was to help spread and inspire more occupations; we can only hope that we have planted some seeds that have yet to grow.

The SWP were even less supportive than the rest of the bourgeois press - it was only after we got some media coverage that they mentioned the occupation at all in *Socialist Worker* - and only after we had been evicted!

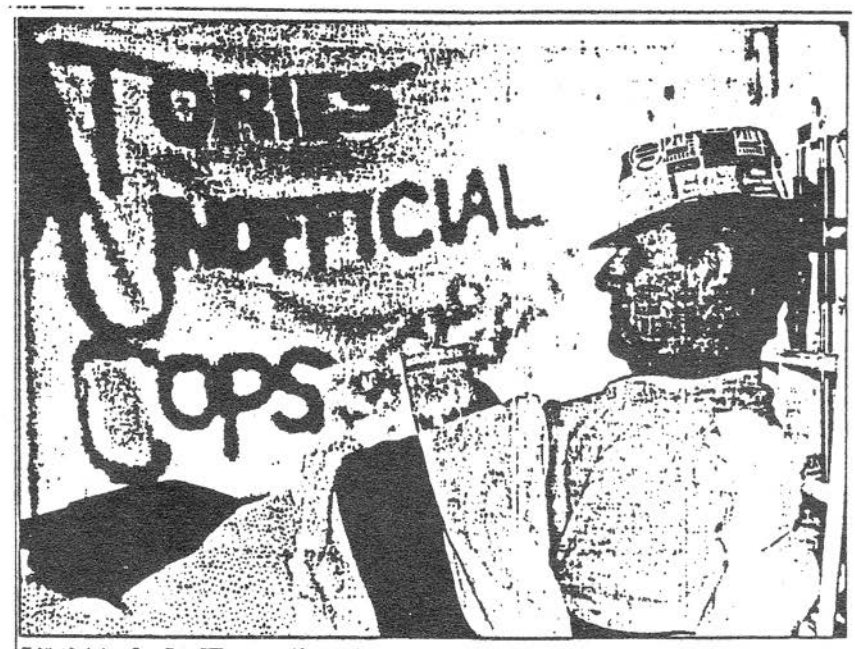
There were attempts to involve more people by holding a weekly under-5s afternoon, alternative health workshops, an acoustic music session, etc.. But general conditions plus the impossibility of long term planning made these hard to develop.

The few remaining wards in the building had been steadily closing during the occupation - and without the active support of staff or large numbers of other people there was nothing we could do to try and stop them closing down the building. Once the last patients had been moved out the management also cut off our heating. Now without heat or electricity we nonetheless stuck it out; we stubbornly dug our heels in and just wore more clothes and used candles, lanterns and camping gas stoves.

During this time we had a public meeting at Conway Hall - 22 people turned up, including a few militant health workers. We all had a good discussion with interesting ideas being suggested. It was generally felt that more effort should be put into making links with like minded groups and individuals. But again, only one or two people showed any willingness to get involved with the occupation. Still, we did make contact with some good people.

It was no surprise when we eventually received a High Court summons notifying us that proceedings were underway for management to regain possession of the ward. We went to the court hearing and, joined by a crowd of friends and supporters (including a few ex-strikers), we picketed outside the court with banners and leaflets. We lost the case, despite our solicitors arguing that the management were unable to produce any title deeds or clear evidence that they had any right to the building. The court case also attracted more TV, radio and press coverage.

We had a small but noisy spontaneous march back to the hospital - afterwards a few of us climbed on a flat roof opposite the UCH Chief Executive's office windows and blared out a tape of the old working class anthem *'The*



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

Hospital protesters fight eviction order

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

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

Almost 20 former patients and local residents have been occupying two wards of the Cruciform building, part of University College Hospital, central London, for three weeks.

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

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

Protesters claim the closure will affect local people who will have to travel further for specialist treatment in cheaper hospitals, and that closure of other services, such as the Accident and Emergency department, could follow.

The group which controls UCH has been battling to rid itself of crippling financial problems. It is making £9.3 million savings in 1992/3 which, combined with a subsidy of £9.2 million and a loan of £13.1 million to cover last year's debts, should enable it to break even. Next year, it plans to break even with no subsidy.

The protesters claim the Wellcome Foundation, a multi-national drugs company, is negotiating to buy the Cruciform as a clinical research centre for the University of Central London.

Terry Hut, aged 38, another protester and former patient, added: "We could keep on this site and we are prepared to fight our case. If it was not for the NHS I would not be alive."

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

Hospital authorities claim closure and sale of the Cruciform is essential for their survival, allowing them to use the money to improve other facilities. The eventual aim is to merge UCH and the nearby Middlesex Hospital on to one site, bringing to much needed cuts.

Bloomsbury community health council has already criticised the plans, claiming the local health authority has not taken into account health needs, quality or chance for local patients. Local doctors have also criticised plans to send patients to "cheaper" hospitals.

The Wellcome Foundation said it was not planning to buy the Cruciform and that the University of London spokesman for the Wellcome Trust, a charity, has said never shareholder in the company, but a grant in

Internationale' at the management for a laugh, while waving banners saying *"Spread the Occupations"*. At around this time we received a couple of amusing phone calls; we had managed to get an article published in *Pi*, the UCL student magazine, about UCH and University College London's involvement in the sell-off of the Cruciform building.

We had then reprinted it as a leaflet and distributed it outside UCH and UCL, which was just across the road from the Cruciform. We also stuck it up inside the college. A few days later we received an angry telephone call from a whingeing student journalist insisting that we stop distributing the article as it was *"all lies"* and we were infringing *Pi* magazine's copyright. Realising she was failing to intimidate us, as we laughed and insulted her for being a pathetic crawling lackey for the college authorities, she slammed the phone down. Shortly afterwards we were phoned by a member of UCL management who demanded (unsuccessfully) to know who we were and threatened to sue us - we told him to sue if he wanted to, as we had no money to lose. And if they took us to court for making false statements about UCL's involvement in the closure and sell-off of UCH then they would have to reveal what the truth of the matter was - something we'd all like to hear! The editor of the mag also phoned the author to complain that she'd been called into the Provost's office and given a furious bollocking for publishing it. (The Provost also mentioned that he had checked the student register for the name of the author _ and there was not even a "Guy Debord" listed there!). It was clear we were beginning to make them feel vulnerable.
Word had got out that Health Minister Bottomley was due to visit Arlington House, a hostel for homeless men in Camden Town. She was to be launching a new government video about ways to help the homeless be more healthy (of course, this didn't actually include giving them a home). We publicised her visit the best we could, calling on people to demonstrate outside the hostel. Shortly before the visit we heard that Bottomley would not now be attending and would be substituted by Junior Health Minister Baroness Cumberlege. Unfortunately it was too late to change our publicity from *"Give Bottomley a lobotomy"* to *"Give Cumberlege a haemorrhage"*. The night before, a wall opposite the hostel was graffitied with *"Bottomley bottled out"* but it was painted over before the Baroness arrived. When she did come she was immediately surrounded by us as she got out of her car, surprisingly she kept her nerve quite well and stopped briefly to argue with us. As the abuse and accusations intensified she was hustled away by cops to shouts of *"murderer!"*.
Once again the great silent majority had stayed silent and absent, not responding to our flyposting and leafleting or mention of the visit in local papers. Only about twenty people turned up, most of them already known to us, plus three residents of the hostel. One told us they'd graffittied inside the building but that had been painted over too.
We went back to the ward and had a party that night. We were evicted by bailiffs, cops and security guards at 7.45 the next morning, twenty days after the start of the occupation.

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

UCH — SAVAGED NOT SAVED

THE SWP doing Bottomley's dirty work for her:
Q: What have Virginia Bottomley and the SWP got in common?
A: Among other things, they both claim that University College Hospital (UCH) has been saved.

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

What's left of UCH?

Well — now-merged with the Middlesex, there's the administration — really useful if you've had a heart attack. And there's the Accident & Emergency — but that was never planned for closure in the first place. Instead, as with all A & E's without a hospital attached, it's been left without adequate back-up, giving most patients just 48 hours to stay before being moved on. There are, however, 40 or so extra beds for those who need intensive care, who can now stay on a bit longer. Nevertheless, staff are now complaining that whereas before it used to take just a couple of minutes to move such patients to a specialist ward in the old Cruciform building, now it takes up to half an hour to get to the Middlesex because of heavy traffic. What's more the recent death of a six-month-old baby at UCH A & E shows how dangerous it is to have an A & E separate from the specialists (now based in Middlesex) who were previously on site; at the same time the cuts ensured that the equipment for monitoring the baby wasn't working. It looks like the parents are going to sue the over-worked nurses involved, using the Patients' Charter. The much-lauded Charter is used intentionally to blame individual health workers in order to fend off attacks on the real murderers: the managers and accountants who push through the cuts demanded by Bottomley and her genocidal government.

Apart from this, there's a private wing (great!). Also "saved" (we're not sure they were planning it for closure originally anyway) are the Urology department (much reduced), the clap clinic and Obstetrics. And there's a new children's ward: however, at the Middlesex there used to be two children's wards, and now there's only one — which means that between them, one children's ward has been lost, even though on paper UCH's has been "saved". Similarly, by classifying some beds which were previously the Middlesex's, and by counting the beds existing towards the end of the run-down of the UCH, the health authorities can claim that UCH has lost "only" 70 beds instead of the 300+ that have really been lost. Lies, damned lies and statistics. Moreover, three weeks after Bottomley said the UCH had been saved, it was announced that the latest plan being considered was to sell off the whole UCH site (the land fetching millions on the property market) and to move parts of the UCH to various other hospitals. If this comes about UCH will merely be an administrative label on some bureaucrat's door.

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

With saviours like these who needs grave-diggers?

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

Virginia Bottomley says the UCH has been saved, for similar reasons to the government saving coal mines in 1992 — to stop people fighting together, to reinforce the ignorance and confusion about what's happening to the hospitals and to divide up the fight to save them into isolated campaigns for each hospital, separated from a more general movement.

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

The struggles at UCH

During the struggles at UCH the SWP did everything to minimise the efforts of non-SWP members. During the work-in aimed at stopping the closure of Ward 2/1 in Nov-Dec 92, SWP members played as much a part as anyone else involved in the struggle — though it was probably the support of junior doctors which really won this battle, admittedly only a temporary reprieve. In the strike of Aug-Sept '93 they played a more significant part — not all of it helpful by any means. For instance they did much to ensure that the cheerful demos which had previously disrupted traffic got turned into boring routine affairs. And in the occupation of Ward 2/3 in September, admittedly suggested by an SWP member, though broken into by a non-party hospital campaigner, they did much to dampen the high-spirited atmosphere. When occupiers met with a few SWP union stewards to discuss the occupation, the occupiers were told the stewards represented the decisions of the strike committee, and these decisions were: vetting to decide who should be allowed into the occupation, to be carried out by the branch secretary and chair, both SWP members. People would have to book themselves onto a formalised rota days in advance just to be able to spend a night there, reducing the occupation to a chore and duty, killing off the social dynamic going on. The effect of these changes was miserable: a lot of people, particularly locals who visited regularly, were put off from coming. And there seemed little point in giving out leaflets encouraging people to come, if they had to be vetted first. People now felt they were only there with the tolerance of certain officials, and no longer joint partners in the struggle.

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

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

If a fight is to develop to save the hospitals or to stop the horrific attacks on the poor, it will not only have to bypass the parties and unions, but attack them as enemies and obstacles to our struggle. Our health and our lives can not be "saved" by the professional liars of the Left, Right or Centre, but only by ourselves organising not just an organisation with a name on a banner or logo on a leaflet, which is just an image, but organising specific actions and critiques, correcting our failures and weaknesses.

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

The leaflet put out by the UCH Community Action Committee, following the 'Saving" of UCH.

lapsing due to the pressures of competition in the Internal Market - the money could also be seen as a reward to UCH management for its cuts package of 700 jobs.
Then, to cap it all, three weeks later it was announced that the latest plan being considered was to sell off the whole UCH site (like other hospitals, the land would fetch millions on the property market) and to move parts of the UCH to various other hospitals. Who knows what they'll come up with next?

Victory prepared by a series of defeats?

As we go to press it seems that some kind of active campaign may be starting up at Guy's Hospital to try and save it from the Health Butchers. From what we have seen so far it seems that the same old mistakes made at the UCH are doomed to be repeated at Guy's; many of the hospital staff appear to have the same naive faith 'their' unions and 'their' MPs etc. - and once again they are encouraged in this by the SWP - who have set up their own community campaign front group, as have two other rival political factions. The SWP now even claim that they saved UCH (see leaflet below). The campaigning appears to be about one hospital only - all the easier to be defeated in isolation. And only a few hundred turned out for a demo, although this is the local hospital for many thousands of people. But these are early days and hopefully things will develop beyond these limits.
So what lessons can we draw from the UCH strike and two occupations that are worth passing on to those who may find themselves in a similar situation?
Well, basically, never trust those who want to represent you and speak for you - fight to preserve your own autonomy if you have it and fight to gain it if you don't. Never trust the unions and lefty parties (despite the fact that there are OK individual rank'n'file members within them) - they'll always try to use you for their own ends.
If you want to gain support then go and get it yourselves _ going through official channels is generally useless. Workers need to speak face-to-face with other workers - the union reps will try to fob you off with excuses and tie you up with official procedures.
If strike action is to be effective it will have to be organised outside and against the unions _ and ideally there will need to be prior commitment of solidarity from sufficient numbers of workers so as to make it impossible for the bosses to victim small groups of workers in isolation.
And do all you can to immediately spread all strikes and occupations; such may seem wildly optimistic at the moment, but if each hospital is to avoid being picked off one by one in isolation (just as so many sectors of workers have been) then we need a growing movement of occupations and strikes.

"Our hospital was saved by the kind of action that this bill will seek to criminalise. We occupied, we picketed, we slept outside and we won. All that is under attack. We must stop this bill."
- Candy Udwin, UNISON branch secretary, University College Hospital

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

Life in the Void

Alongside other attacks, the Health Service is being torn apart around our but where is the resistance on the scale necessary to turn things around? The last years of accelerating defeat, demoralisation and hardship seems to have created an extreme cynicism about being able to change anything for the better, or even that worth trying to. People have retreated largely into an isolation centred on the struggle for survival day-to-day. The war of all-against-all for shrinking resources has made everyone a casualty; resignation rules. The

health service is an issue that effects everybody and yet the amount of active resistance to its destruction is so far pathetically small. There is at present little strike action taking place in the UK; but when it happens there is more and more criticism by workers of the role of "their" unions in the struggle. UCH, Burnsall and Timex are the most recent examples of this (interestingly, in each case it was a predominantly female work force confronting a typically male union bureaucracy).

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

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


CAMDEN NEW JOURNAL

Bottomley: 'UCH will not close'

SAVED!

SAVE UCH CAMPAIGN

THE EDITOR

Axe set to fall on UCH jobs

500 jobs to go as health chiefs fight to survive

Winners and losers among the capital's hospitals

POLICY AND POLITICS 11

£14m boost for ambulance service

Bottomley steps into NHS market to aid hospital caught in cash trap

UNISON is only the latest but perhaps the most significant example of unions extending their influence from the workplace to other areas of life. Maybe this should be looked at more closely because it may reveal a new stage in the unions' role in society (i.e. extending the disciplinary role, or at least their role of social recuperation in the community). There does seem to be a tendency of unions pursuing a more "consumerist" role, looking after its people on all fronts - no doubt, they would say, the better to integrate people back into the present system. Its different from the old German model of holiday

camps and trekking, in that the whole set up is based upon private consumption, leisure and social services. The last thing the unions could (or want to) do is bring people together in a real physical closeness.
At UCH the strikers never received strike pay until after they had agreed to call off the strike. No doubt the accountants are instructed to keep money in the bank, making interest until the very last moment. Although nurses are paid monthly, the porters are paid weekly and they were particularly hard hit during the strike by the union's mean approach. This union strike pay sabotage is widespread: in 1988 striking civil servants in London never received a penny until their thirteen week strike had come to an end.
All the measures listed above are a great form of blackmail - no wonder then that the unions are now such superb organisers of constant and almost total defeat. But again, we can't simply blame the bureaucrats for our own failures - they thrive on our isolation and passivity - and their strength is based largely on what we let them get away with.

Derailing a runaway train

If we look at the policies promoted by the Tory State in the last few years, it seems that increasingly they do not even serve the long term interests of the ruling class. The fast money, free market "privatise everything that moves" ideology is like a runaway train mowing down anything in its path but having no clear idea of where its going. The destruction of industrial manufacturing in favour of financial capital, the creation of a boom and then bust property market, the lack of investment in training for a skilled work force; these are all measures that have given them short term gains (at the expense of the working class) but have inevitably created deeper problems as they mature later on. The State is not capable of planning logical long term strategy in its own interests - only more cuts, more repression.
This short-sightedness is mirrored in the State's plans for the health service. There is a strategy of wanting to destroy the popular principle and tradition of free health care for all, but the way they are pursuing it means that they could end up wrecking all kinds of health care provision.
At the present time all doctors and nurses are trained within the NHS. With continual closures of so many hospitals, including the best teaching institutions, the effects are likely to be catastrophic for health care in general. Private health care takes place mainly in NHS hospitals - so the BUPA alternative will be no solution. Being dependent on the NHS for facilities and staff training, it may crash with it. The big increase in BUPA advertising is just a sign of desperation. BUPA is now in serious financial crisis - gone are its eighties hey-days when, for a cheap rate, a BUPA subscription was lodged into many a middle management contract. Now BUPA are desperately revising their services and moving to a position whereby those who are likely candidates for any major illness can get lost/drop dead.
But could we even expect a future total collapse of BUPA to cause the government to pause and rethink its policies on health services? What other country in Western world is making such attacks on the general health of its population? The government recently began running a series of adverts in British medical journals c behalf of the United Arab Emirates government - the ads were aimed at convincing thousands of NHS medical staff to start a new career abroad working for much better wages in the UAE. The government has announced that it plans to cut sick pay - another attempt to force those who can afford it into private health insurance. And since the introduction of water meters in trial schemes thousands of people who could not pay the much higher bills have been disconnected - outbreaks of dysentery and other health problems have been caused by the rising cost of water (it is planned that water meters will soon be compulsory for all). It's worth remembering that one of the main reasons better public sanitation was originally introduced was because the diseases that developed from the filthy slums of the 19th Century showed no class prejudice and would eventually hit the richer parts of town.
It's possible that there's real disarray in the

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

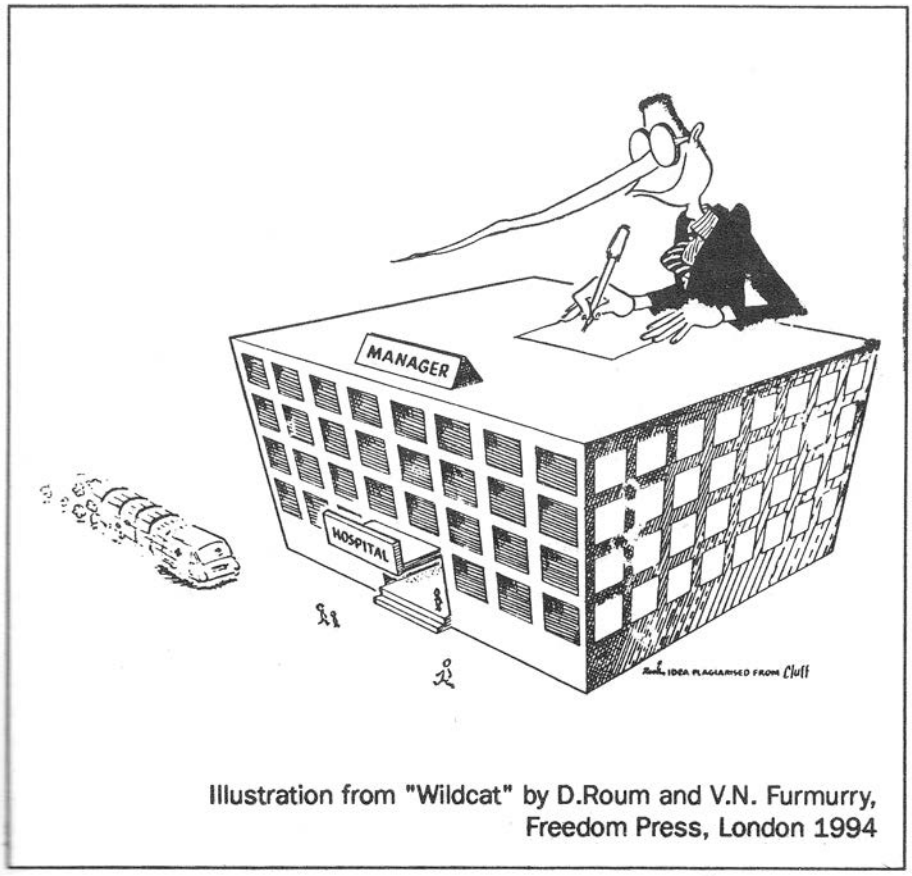


Illustration from "Wildcat" by D.Roum and V.N. Furmurry, Freedom Press, London 1994

The most likely outcome of imposing the internal market will be a vastly reduced NHS run as a skeleton service for those with no other options, maybe with a sliding scale of charges according to income. Already Leicester Health Authority is requiring people to pay for non-emergency operations since their annual budget ran out half-way through the financial year. So now everybody will have to wait six months for a free operation - and by then the queue will be so long they will probably use up the funds allocated for the whole year in a month or so. So each year the queue will become more and more endless. This is one way of gradually introducing payment for treatment by the back door.

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

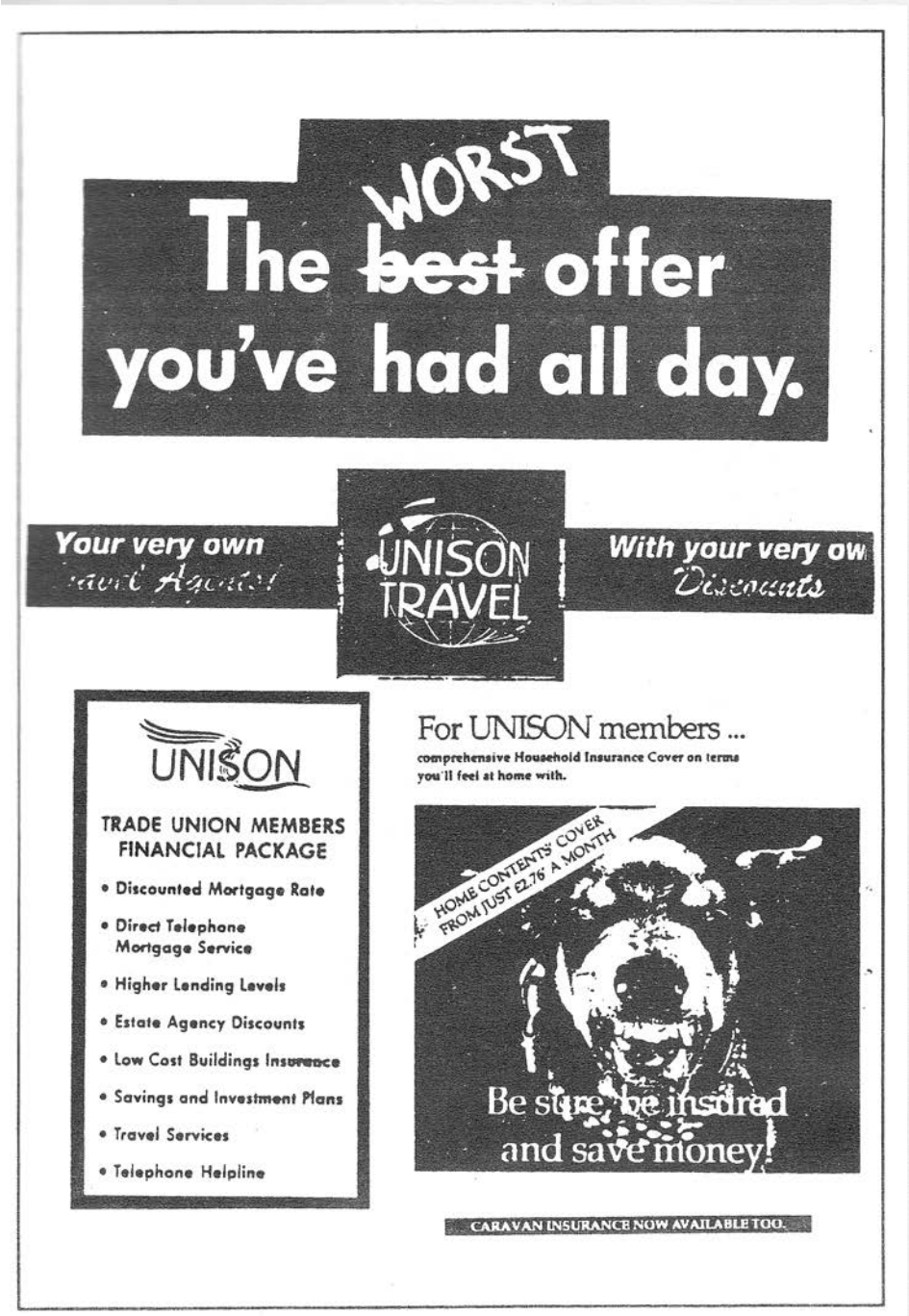
Can capital overall dispense with an NHS given that powerful chemical companies depend on State revenues to underwrite their profitability? It was commonplace in the 70s to argue against dismantling the NHS on the aforementioned ground as well as emphasising that taking a vast amount of purchasing power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

What part did war and war time play in the setting up of the NHS, particularly in the need to have a fighting fit workforce able to wage war on capital's behalf? Except locally, conventional warfare on a large scale is a thing of the past hence a further argument against an NHS, but an argument that would have been conducted behind closed doors. Undoubtedly,

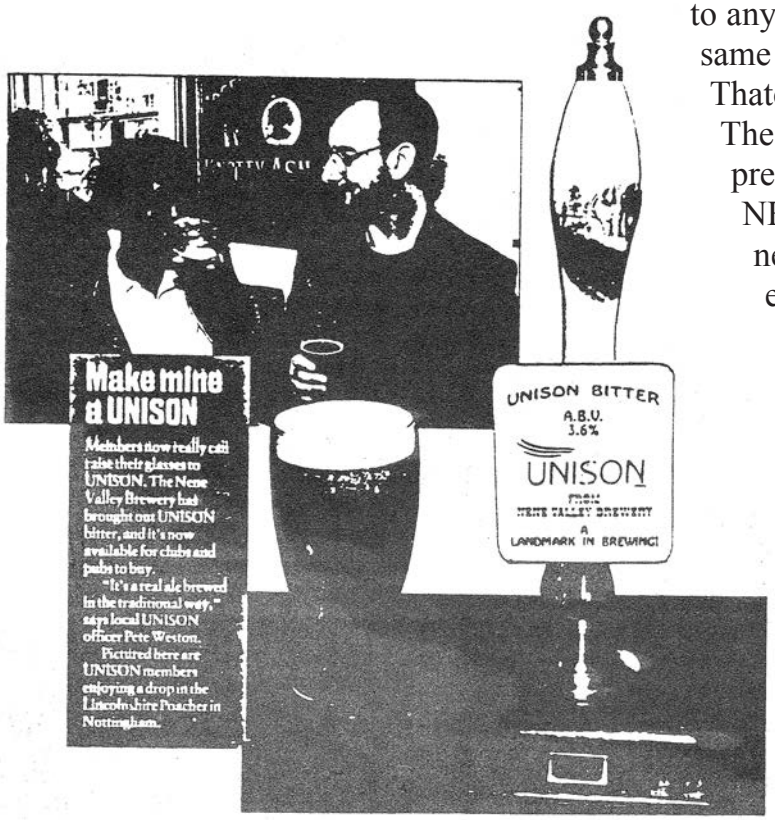
however, the ideology of a "people's war" (1939-45) helped shape the comprehensive nature of the NHS _ so today, its continued existence is probably more of a political than an economic imperative with a political class using the issue to garner votes, especially from the ageing part of the population. It's conceivable a government could buy out a person's right to free health care by offering a once-and-for-all cash payment This could appeal to young, healthy people with no money nor perspective on the future.

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

It would be instructive to draw up a list of property magnates on the boards NHS trusts. Hospitals tend to occupy prime sights, and the conversion of St George's Hospital at Hyde Park Corner during the late '70s and early '80s into a swish hotel ranks as a forerunner. Similarly, the Harrow Road hospital in west London was bulldozed and yuppie apartment



blocks constructed on the site overlooking the canal. By good fortune, the building company and developer, Declan Kelly. became a victim of the property crash and to this day the wretched place has the air of a building site. There is talk of converting Charing Cross Hospital into a hotel for senior staff at Heathrow airport. It's possible too that Withington hospital in south Manchester could be used for similar purposes serving Ringway airport. Recently, St James' University hospital in Leeds concluded a £25 million deal with private developers over 13.5 acres of their site. Doubtless it will be treated as badly needed "proof" that the property wheeler dealings of the trusts do work, with apologists eager to point out how the deal will finance a new paediatric unit and a *"ninety bed patient 'hotel' for low intensity care cases"* - which does hint that only private patients will eventually be welcome. Nor was any mention made of a likely bonus payable to trust managers. Leeds is however a special case and the fact that land values have risen in Leeds has more to do with its runaway success as a financial centre able to challenge the City of London in some respects (going on for half of all mortgages in UK are lent by building societies based within a thirty mile radius of Leeds). In Leeds too, Tony Clegg, the ex-chair of Mountleigh property consortium, who pulled out just before its financial potential nose-dived, is still chair of Leeds General Infirmary trust after the preliminary arrangements were put together by the boss of Centaur Clothes store in Leeds. The presence of property developers on trusts is witness to the determination to recreate all that was associated with yuppie culture. There is some recovery in commercial property but not enough to stop the majority of closed hospitals from being boarded up and left to await the return of the roaring 80s and the stratospheric property values. It could be the trusts are biding their time and drawing some hope from the wave of privatisations sweeping Europe. The majority of States - with France and Italy in the lead - seek to expand by some 20-30% the market capitalisation of Europe's largest stock markets. However, it's not accompanied by fanfares of "popular capitalism" to anything like the same degree as under Thatcher.



UNISON MAKES YOU BITTER

The increasingly precarious nature of NHS schemes needs to be situated the multi-nationalisation of the global economy and the reduced significance of nation State as a pro-active economic force. Globalisation is, however, fraught with competing interests and in this present phase the flow of capital vastly outweighs flow of trade. Private insurance ties in with the contemporary dominance of finance capital so different from that described by Hilferding (basically as banker to industry). Its short-termism, money making money, detracts from the goals of industrial capitalism whose relationship with the nation State is somewhat less ambivalent, needing the State as a consumer, an enactor of labour legislation and as an educator. The whole

issue however remains highly complex: e.g. money markets eagerly snap up treasury auctions in credit worthy countries and therefore have a vested interest in maintaining a manageable level of government overspend which includes expenditure of health and social security.

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

Some Further Reflections

When comparing the different Health Services in Europe and North America, economically the most important point to grasp is the weight accorded to insurance companies versus the degree of state subsidy. In France, each individual is charged for hospital treatment but up to 70% is then reimbursed by the state - the rest is usually paid for by the Health Insurance deducted at source by your employers. The Balladur government wants to increase the role of the insurance companies and is meeting resistance both on behalf of the employees and the employers because it will add to the wages bill. It could also be used as an argument by employers to cut wages. Superficially, when comparing Britain and France things look better here regarding treatment irrespective of ability to pay. In France, each individual is charged a nominal sum for each day they spend in hospital but this money is refunded. Ideas along French lines have been floated in Britain but, at the same time, doctors in France are given an additional increment to their salaries every time they see a patient So it is in their interest to continually follow up patients and in that sense primary care is better in France. Some attempt will be made to limit the amount of money spent on the French Health Service because it would appear that health spending in France is, in comparison to other countries, "out of control" (but doesn't every government say the same thing???).
In North America, feeble attempts have been made in the last thirty years or so to limit the control of insurance companies over health care. Most recently, President Clinton wanted to reduce the role of insurance companies to 80% of health care costs by 1997/8; which shows just how tepid Hilary Clinton's reforms were before they completely collapsed. (It took less than two years in Atlee's post WWII reforming government for a "free" NHS to come into existence in Britain)(9). In the US, it has been reckoned that the only institutional group interested in preserving the American Health Service status quo are the huge insurance companies. Many powerful industrial conglomerates in the US want a form of NHS so as to ease the burden of medical insurance for their employees. Capitalist arguments are wheeled out in support of an American NHS along the lines of firms will become more internationally competitive freed of a medical insurance burden. Firms also seek to minimise health insurance cover as part of cost cutting, and such ploys have led to strikes such as the Pittston miners' strike of 1989. There is also a current of opinion that the control of the insurance companies in America is leading to a degree of inertia with doctors fearing writs will be taken out charging them with medical negligence in case mishap. Compensation can reach astronomical sums and lawyers love pursuing medical claims (c/f "The Verdict", the Paul Newman film about a beat-up lawyer pursuing a claim). The whole thing becomes a never-ending spiral of increased premiums to cover law suits, with the insurance companies the main beneficiaries isn't this, more or less, how it must be under finance capital; the final *"antediluvian form of capital"* as Marx put it: is it possible to return health care to an earlier more rational form of capital? All in all isn't it the rough equation: health care funded through equity culture - with the insurance companies along with pension funds playing

big on the stock exchange???).
There is another shady area - the amount spent on administration. In comparison to the NHS in Britain, the ratio of administrative cost was something percent here to twenty percent in America. The admin costs are increasing dramatically in Britain as more and more accountants are being employed, particularly fund-holding GPs. In one estimate quoted by the Economist magazine, a former personal director of the NHS, Eric Caines, has calculated that it often takes seven a half weeks(!) worth of administration to deliver an hour and half of care to patients.
The importance of insurance companies in relation to health care, and who also related to the tempo of class struggle, must be linked to notions of popular capitalism, equity culture and a recognition of the role of insurance companies in driving stock exchanges forward. Concomitant with casino capitalism, beyond the risk-taking and rapacious short-termism, is the notion that on an individual level, a person takes full responsibility for the failure of capitalism; that one introjects and moralises its desperate shortcomings; that its failure is your failure. Not to be covered by private insurance is to be guilty even though its limitations are becoming painfully obvious to more and more people (BUPA has recently removed several medical conditions from the insurance cover, such as Alzheimer's Disease). demand "free medicine" is tantamount to being a fraudster, to want "something for nothing" and hence an aspect of "welfarism" to be bracketed alongside dole scroungers, single parents, travellers and, as the net expands, the 'sick' and people on State pensions. Amid the hysteria over the public sector borrowing requirement, it's forgotten that an individual's State health insurance contribution is exactly that of BUPA assuming that the individual is employed. And what is forgotten as the welfare blitz shows no sign of abating is that one aspect of modem welfarism, as expressed within the NHS, grew out of the armies of Empire and, secondly, the need for the bourgeoisie to protect themselves from cholera epidemics etc. through general environmental improvements. Does Mrs. Bottomley seriously believe Flo Nightingale went amongst the wounded soldiery of the Crimea inspecting BUPA cards by the light of the lamp before administering treatment?
The position of the staff nurse with its faint militaristic ring has been replaced by that of the "ward manager" resonant of a business appointment. The "line manager" of an Accident and Emergency Department approximates to that of an "assembly line manager" with patients substituting for the throughput of cars. Terminally ill cancer patients receive chilling letters concerning their admission to hospital from "marketing managers." It's as if a fatal disease has become a marketable commodity, something henceforth to be touted on the market. A hospital closure is referred to as a "market exit", not to carry out a life saving operation is called a "budget under-spend". This impenetrable language is redolent with symbolist abstruseness - a stay in a hospital becomes an "episode in care" a sort of "après-midi d'un NHS" bizarrely evoked by the estranged wordsmiths of monetarism - whose aim is not to concoct some ideal reality through a language torn from its functional context - but to cover up the unspeakable. The circle closes: this inverted apocalypse of language is indebted to the euphemisms of modem warfare where to kill was to "terminate with extreme prejudice" and where villages were destroyed "in order to save them."
The closing down of the NHS, i.e. its privatisation, inevitably forms part of the Tory government's privatisation program. However, the economic context and the circumstances of class struggle in which the first privatisations took place and today's projected privatisations are very different. Privatisation, beginning with British Telecom, was an ad-hoc strategy. The foot-dragging "consensus" propping up subsequent privatisations was largely manufactured through economic sweeteners. The State crudely rigged "market" price, and sections of the working class throughout the '80s were able to get in on asset inflation. However, other than insurance companies, no one will get rich out of the pnvatisation of the NHS. Such a thing literally tramples into dust any notion of a share owning democracy and a popular capitalism, because all the money goes straight to the fat cats as private insur-

ance schemes are taken up. “Popular” intermediaries are dispensed with who, in previous privatisations, would sell their shares to institutions in order to make a quick buck. The privatisation of the NHS brutally emphasises the concentration of capital, not its pretended democratisation. Misguided individuals may beef about waste in the NHS - the enormous amounts of food surplus to requirements disposed of everyday is still a familiar complaint - but there isn’t even the shreds of a consensus supporting the dismantling of the NHS. The mass of people, including middle class professionals, have been bludgeoned into accepting it and behind every hospital closure, in the not too distant past, is the defeat of section after section of the working class fighting to the death in isolation. True, criticisms of the formerly “fully operational” NHS were broad and manifold, but the ease and speed with which it is being dismantled is different from the “willingness” of factory workers to accept redundancy and closure previously. Then there was an element of gladness to have done with alienated labour - now the attitude is one of resignation and the feeling all protest is hopeless. The public’s attitude is not one of “medical nemesis” - the actual shortening of life through too much medical interference - but the aghast realisation one could literally be left to die in the not too distant future. Whatever the future of the NHS - and a nurse in the UCH occupation did ask for alternative ideas on the NHS to make it more appealing - any renationalisation of health care must necessarily involve re-regulation and a hands on approach in other spheres as well, like, for instance, the stamping out of currency speculation favoured by more rational capitalists out of which insurance companies along with bank, pension and investment funds can do very well. Instead of a minimalist State, more of a maximalist State - all of which evades the vexed question of an autonomous medicine going beyond the rapidly fading institutions of the NHS. No matter how airy fairy such a notion now seems, the realisation of the good life through autonomous class struggle is inseparable from good health.

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

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

And why haven’t doctors, consultants and hospital administrators laid bare their professional unhappiness and told it like it was? This failing they share in common with most other professional people who similarly maintain a vow of silence, leaving the rest of us to try and do it for them. It is noteworthy that Dr Chris Pallis of *‘Solidarity’* - a member of one of the best revolutionary groups/magazines of the 60s - never voiced his unease at being a

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

Unfortunately, most people (and with all the so-called 'reforms' the numbers grow by the minute) still have some kind of faith that the Labour Party, once in power, is going to ride into the fray on a white charger and clear up the mess, bringing about free health care, building hospitals everywhere. Don't believe it. Basically, they are going to take over the 'reforms' managing the 'unaccountable' trusts with a phalanx of the their own personnel. After all, it was ad hoc Labour Party initiatives (pretending to be grass roots and independent) on urban regeneration and single issues in the 60s and 70s that brought to prominence the para_state (as it was then known) which became the precursors of the now notorious and much more powerful (lucratively funded) quangos, staffed with failed government cadres.

Obviously, the Labour Party will change to some degree the form and content of the trusts, making them more publicly acceptable (perhaps doing away with the two-tier system and GP fundholding practices?), but any real rebellion from below concerning wages, staffing levels, etc., will the direction of health care, some Leeds health workers asked John Battle - a Leeds Labour MP and Labour left winger - if the Party on coming to power would abolish the trusts. Battle looked as though he'd swallowed a bee accusing them of being wreckers destroying the Health Service - and this at a time when the same health workers were daily facing the new brutalism of trust management... Is this the shape of things to come?

Stickers produced by the UCH Occupation Committee

Appendix

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

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

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

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

For us, we hate the left because their tactics always seek to destroy the subversive, autonomous content of struggles - and without that content the struggle is headed for defeat. But for *Wildcat* it seems that the left is a problem simply because their ideas and long term goals are wrong: they want to use similar tactics towards different ends. We know that the left's influence on struggles often alienates, drains and demoralises people who have to deal with their manipulations - but RB obviously thinks it's not important if the mass of the working class has a relationship to its own struggles similar to that of a passive TV viewer to their set - as long as they can be prodded and made to act in a prescribed way the "politically advanced" can win struggles by their domination. This is a logic shared by trade unionists, the SWP and political specialists in general.

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

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

Songs from the UCH occupation (by Jean)

1. To the tune of *"John Brown's Body"*

Verse 1
The crisis at the UCH is looking very grave,
They want to close the hospital for the pennies it will save,
But we won't forget the union for the support they never gave,
When they would not back the strike.
Chorus
Un-i-son sold out the nurses
Un-i-son sold out the nurses
Un-i-son sold out the nurses
'Cos that's what scum they are.

Verse 2
Now Marshal down in management is looking very smug,
But when he dealt with nurses he was acting like a thug,
If he thinks he'll get away with that, then he must be a mug,
'Cos he cannot blackmail us.

Chorus 2
Marshal blackmailed all the nurses
Marshal blackmailed all the nurses
Marshal blackmailed all the nurses
'Cos that's the scum he is.

Verse 3
Now its up to the people, to do what we think right,
Nothing's going to close again without a bloody fight,
If we have to occupy, we'll be there day and night,
For we shall not give in.

Chorus 3
UCH is for the people
UCH is for the people
UCH is for the people
So we're going to take it back.

•••••-

2. To the tune of *"Daisy, Daisy"*:

Marshal, Marshal, give in your notice, do,
We're quite crazy, 'cos of the likes of you,
You're too busy protecting your purses,
When you should be supporting your nurses,
Resign - resign - you waste of time,
And the rest of your management too.
Unison, Unison, give us your answer, do,
We're quite crazy, 'cos of the likes of you,
If you won't back the hospital strike,
You'd better get on your bike,
Get real, get real, or else you'll feel,
Some action directed at you.

•••••

3. To the tune of *"My old man said follow the van":*

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

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Dedicated (2006) to Jean Blache, RIP, Beattie, RIP, and to all others who also participated in the UCH struggle.

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Footnotes to *'Occupational Therapy'*

1) This may have been the first occupation of a general hospital, but there are other incidences worthy of a mention. The women's hospital, the Elizabeth Garret Anderson, close by UCH, was the scene of a long and successful work-in in the mid to late 70s, and it would be worth getting together some of the real analysis of that struggle. Also, Thornton View nursing home in Bradford was occupied during 1984/5 when faced with closure. The strike lasted marginally longer than the miners' strike taking place at the same time. Leaflets given out by the strikers constantly called for an open picket but despite this, health care wasn't revolutionised by the occupation: a nursing officer continued to visit to keep an eye on the nursing, and strict divisions were maintained between staff, patients and general public - although this is a very difficult problem in such a life or death situation. The occupation was brutally broken at night just after the miners' strike was finished off. Worse than that, it was also done in a snow storm and allegedly one or two patients died after the ordeal. Also, in 1979, there had been an occupation of a geriatric community hospital in Oxon.
(*past tense note: there were alot more than that... see below in this dossier...*)

2) A nurse from Yorkshire isn't so sure about this and likens the managers he's come across as having some sort of Christian Fundamentalist look about them and seem to act from a conviction that is quite crazy. Some of the courses they go on operate very much like "psychobabble cults" creating in the manager a personal dependence on the managerial culture to the extent that breaking with it summons up imaginings of self-annihilation.

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

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

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

6) For a good examination of the SWP's crass opportunism see *Carry On Recruiting!* by Trotwatch; AK Press and Trotwatch 1993.

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

8) For more information on Wellcome, see *Dirty Medicine* by Martin Walker; available from Slingshot Publications, BM Box 8314, London WC1N 3XX price £15 (729 pages). This book is sub-titled *"Science, Big Business and the assault on Natural Health Care"* and describes the harassment, persecution and dirty tricks used against those who seek to offer alternative health treatments that could challenge the domination of industrial-medical giants like Wellcome. The persecuted have included those who come from orthodox medical backgrounds and also those patients who have received effective treatment after conventional drug-based medicine had given up on them. It also details the scandals surround

ing the introduction of the "anti-AIDS" drug AZT, its lack of proper testing and the dubious claims made for it. (One criticism of the book is that it misses out the complexities and strengths of the struggles by AIDS activists in the USA. See for example Larry Kramer's *Reports From the Holocaust*.) It reveals the systematic attacks and slanders made on the producers of health foods, vitamin supplements and alternative treatments, very often orchestrated by those directly or indirectly in the pay of the processed food industry and drug companies. (Duncan Campbell, the investigative "journalist", although not with any obvious financial interest, has been particularly active in these shady activities). Wellcome, with their extensive contacts amongst the British ruling elite, dominate medical education and research here - and therefore have a very strong influence on the functioning of the NHS and the nature of its treatment. The author has recently said that *"Although, as a socialist, I am committed to the NHS, I'm also in favour of choice and I know that for many of our present-day illnesses, drugs cannot be the answer"* (*Evening Standard*, l4/2/94). Reading his book has only reinforced our feelings that the slogan *"Defend the NHS"* is far too simplistic in the long run. We must fight for what we have plus a whole lot more, but eventually we have to ask: what kind of free health care do we need and how do we get it? The often toxic and dangerous, profit motivated production line treatment promoted by the scientific-medical establishment is mainly concerned with the maintenance of people to keep them functioning as efficient, productive members of capitalist society. This has nothing to do with healthy living. The book *Dirty Medicine* is highly recommended.

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

"Occupational Therapy' was originally published as a pamphlet in 1995.

University College Hospital moved to a brand new Private Finance Initiative building on the corner of Euston Road and Gower Street, in 2005. The old Cruciform building was sold back to UCL and now houses the University's pre-clinical training and a Biomedical Research Institute.

Some other hospital occupations in the UK...

Some accounts are obviously very brief. Also we have limited its scope arbitrarily to the UK; further experiences from other places, other times, maybe next time...
Much of this information was lifted from sources from various trade unions; most of it had been copied from leaflets, press releases, reports etc from the time; as a result it is very sketchy. Sometimes there isn't even a record of how the struggle ended. The reports also contain little analysis, or any of the day to day details that make the two longer preceding texts more useful and interesting (though these two emerge from a scene used to setting down our experiences, with all their contradictions.

These accounts do reflect a more straightforward trade union outlook, which experience (and reading the UCH AND SLWH texts) suggests may cover a more complex reality. But in contrast to these accounts, the occupations listed here were overwhelmingly 'work-in' types organised through the union structures, albeit sometimes at the grassroots without always bureaucratic support.
We intend to produce further, and more detailed, editions of this publication, and so would be very much interested to hear longer accounts of any of the events listed below, or any other occupations/work-ins.

Rainhill Asylum
1913: 'The Great Porridge Strike'... *Not so much an occupation as a (very) brief strike, but included here anyway.*
Rainhill Asylum, in Liverpool, had opened in 1851, as a progressive institution for the treatment of "the insane"... The staff often worked an 80 hour week which was thought to be fair by the authorities because many duties were light, for example supervising recreational activities like cricket and football. Free food was provided during working hours and therefore any deterioration in the quality of food was regarded as a wage cut. When a new menu replaced meat with oatmeal porridge on 6 April 1913, 35 nurses and attendants refused to eat the porridge, to return to the wards or, indeed, to leave the breakfast room. By mid-morning the strike had spread throughout the asylum. At mid-day the Medical Superintendent, Dr. Cowan, agreed to revise the diet sheets. The strike was a success but they were later made to apologise or face disciplinary action. The workers were mainly members of the then National Association of Asylum Workers (NAWU), but the union's executive regarded the strike to be *"spontaneous and unofficial and did not entirely meet with the executive council's approval."*

Radcliffe Asylum, Nottingham
April 1922: 'The Battle of Radcliffe'
NAWU members were also involved in the strike action/occupation at the Radcliffe Asylum, Nottinghamshire. The visiting committee of the Nottinghamshire County Mental Hospital at Radcliffe-on-Trent, announced on 10 February 1922, that it was cutting the wages of the staff and reducing the amount of time off-duty. This had the effect of increasing the hours of work to above the agreed 60 hours. The union was determined to take a stand over the issue and at a meeting of the strike committee held "at Mrs Foulds, Bolton Terrace, Radcliffe... on the 10th April 1922 at 7p.m. after lengthy discussion, it was unanimously resolved that strike action be taken the next morning in the female side of the asylum." The female nurses occupied the wards the following day. The men were taken aback by the women's militancy and, following a meeting that evening, joined them the next day. The authorities responded by sacking the strikers and they were only offered re-employment if they signed a new undertaking declaring that they would "carry out the instructions of the Committee and obey the officers.., to put their orders into operation." All the females and most of the men refused

to sign and the occupation of the wards continued. The union officials were not allowed into the asylum grounds, so contact with them and the strikers was very difficult. They were at the "outskirts of the asylum, watching the developments through field glasses." The end of the strike came on Thursday 12 April: strike-breaking artisans and a force of bailiffs and plain-clothes policemen were hired by the medical committee to evict the occupiers by force. Afrer a four-hour physical battle, the strikers had to give in. The strike committee report summed events up as follows: "On Thursday evening.., the members of the Union on strike were ejected from the institution by force. The Committee resolved that all strikers, be granted maintenance at the rate of 30/- per week, until they obtain other work." The Nursing Times and the Royal College of Nursing came down against the strikers; but there was also a question as to whether the NAWU had gi ven the strikers full support. The Daily News reported that union officials had placed pickets around the building and then went off to the Nottingham race meeting. Not surprisingly, the NAWU took this accusation very seriously. The executive committee demanded that the "Union officials and members of the Strike Committee implicated, take such action as may be necessary... to disprove the allegations... Failing which they may be suspended from office." The union must have been satisfied with the explanation of those accused, because they decided to instigate libel proceedings against the newspaper over this allegation. The action was settled out of court and the Daily News agreed to "publish an apology and pay 150 guineas towards the costs."

After these two struggles, which took more of the character of strikes to gain specific ends, we know of no other occupations of hospitals until the 1970s. This doesn't mean that there weren't any...

The 1970s-80s

The seventies in Britain saw the first wave of cutbacks in the National Health Service, carried out initially by the Tories, then continued through the 1974 Labour government. As part of this policy, many small hospitals were closed, services shifted and generally centralised in fewer locations. one aspect of this was a decision taken to close specialist maternity hospitals and re-locate the services as units within general hospitals.

Obviously these closures and mergers not only took many services further from the communities they served (or abolished these provisions altogether), but also lead to job losses. But it didn't take place without resistance: there were a succession of occupations and work-ins all hospitals over the UK. We've included all the information we could find so far on the following.

Elizabeth Garret Anderson (Central London), Work-In
November 1976 - 1978

(See Rosanne's brief account of this above... *More info would be good on this seminal struggle however... especially some first hand accounts of workers involved... if anyone knows of any...)*

South London Weir Hospital (Balham) 1976

This maternity hospital was closed in 1977... At some point prior to closure there was apparently an occupation; we have no more info yet...

Cane Hill Hospital, Surrey, Sit-In, 18-21 August 1976

From 18 to 21 August, staff at the Cane Hill psychiatric hospital in Coulsdon, Surrey, provided emergency service only. After four days they won a concession, that 40 additional nurses would be hired - ten for each day of action. With laundry and linen rooms shut, no domestic services, and no occupational or industrial therapy, many staff were in effect sitting-in. Care of patients was restricted to their basic physical needs, with a total ban on new admissions. Drivers were available for emergency duties only.

Cane Hill workers holding a meeting

After at first refusing to even discuss Cane Hill's chronic under-staffing, Bromley AHA's eventual offer of more nurses for the hospital was forced up to 40 at a meeting on 21 August - steps were also to be taken to fill vacant posts for unqualified staff. The four days' action also resulted in: full information on staffing establishment and costs; prior agreement before staff were moved; proposals for local consultation procedures; and improvements in the pay system.

When this was put to a mass meeting of Cane Hill staff, there was a narrow majority in favour of calling off the industrial action.

'We would have backed a strike all the way,' says COHSE branch chairperson W Glynne John.'We want two hundred more nursing staff across the psychiatric division, and if the discussions the AHA has now agreed to hold do not result in a big improvement, we will seriously consider further action.'The staffing situation in the whole of the area and region is scandalous,' Glynne adds, 'and we are now looking to action at this level.'

Neighbouring Surrey Area Health Authority had appealed the previous March for £2,250,000 for desperately needed psychiatric staff. Instead, its budget had been cut by £2 million.

South Middlesex (Isleworth, West London)

1977

2 wards occupied here... No more info.

Hounslow Hospital, West London

March 1977- October 1979

See Rosanne's account of this work-in, in the prelude to the South London Women's Hospital occupation, above.

Plaistow Maternity Hospital, East London

Closed in 1977 (after an occupation). A planned march against hospital closures in East London arranged by Plaistow Hospital Campaign in March 1978 was banned by the police due to their nervousness after riotous events during an anti-fascist mobilisation against a National Front march in Lewisham in 1977...

Aberdare Hospital, South Wales

c. 1977/8?

Apparently there was an eight-week occupation here sometime in this period.

Bethnal Green Hospital, East London
1st July 1978-December 1978

The Bethnal Green Hospital in East London served the local population as a community hospital valued for its continuity of care and accessibility to local residents. Hospital staff at Bethnal Green were told in October 1977 that the local Area Health Authority wanted to reduce services at the hospital to just care of the elderly. A campaign was mounted to safeguard its future. The hospital was still working to capacity, and its patients would have nowhere to go if its facilities were withdrawn, except to extend already over-long waiting lists. A Tower Hamlets Action Committee was established with over 700 people attending the first meeting held on 24th November 1977. The campaign included support from GPs, regular picketing of the hospital, huge meetings and strikes and stoppages across East London... Meanwhile, the staff decided to 'occupy' the hospital.

1st July 1978 at 8pm ,the time of the official closure, the hospital staff, applauded by a large crowd of local people and filmed by the News at Ten (ITV) put up a notice announcing the occupation of the casualty unit at Bethnal Green hospital. Detailed arrangements are made with medical staff, GP's , the

Emergency Bed Service (EBS) to guarantee admissions and safety. The first hospital casualty work-in in history began, with patients arriving at 8:02.

The only people to move out of the hospital were the administrators. Doctors, nurses and other staff continued to perform their duties, GP's continued to refer patients, locals continued to attend the casualty department and ambulance drivers continued to respond to emergency calls. While patients remained at the hospital, the health authority had a duty to pay staff salaries - and so the occupation took effect.

On the 30th July managers arrived at the hospital threatening staff with legal action, nursing staff instruct under threat of dismissal to move, medical staff who refuse to do so were "harangued" and threatened. The Bethnal Green Hospital work-in was called off on 30th July 1978 having treated over one thousand local patients.
In the end however, the surgical beds closed in 1978 and the remaining medical beds in 1979.

St Benedict's Hospital, Tooting, South London.
November 1979- September 1980

The staff at St Benedict's began their official work-in to prevent closure of their hospital on November 15th 1979. A strong support committee was organised in the local community with backing from Battersea and Wandsworth Trades Council, local pensioners and others who wanted to maintain the high level of geriatric care at St Ben's. Local London Ambulance Service ambulance drivers pledged their support and refused to cross the picket line except for normal transport.

St Benedict's: pickets blocking the gates...

"We could have gone on for ever" recalled leading light of the occupation, COHSE delegate Arthur Hautot, *"They had to end the occupation because we were doing the work better and so much cheaper."* Also involved in the occupation, on a daily basis, was Ernest Rodker, who was later a supporter of the South London Women's Hospital occupation (see Rosanne's account) and was later a mainstay of the anti-poll tax campaign in Wandsworth, being jailed for non-payment of the poll tax.

The success of the Work-in led management (with the agreement of Patrick Jenkin, secretary of state for Health and Social Security) to resort to intimidation, confrontation and violence to break the staff and campaign organisation, and force closure of the hospital.

Wandsworth,Sutton and East Merton Area Health Authority (AHA) took legal action, serving injunctions against eight leading members of the work-in. This included 4 staff members (from COHSE, NUPE and the RCN), 3 union officials (NUPE and COHSE) and 1 local campaigner.

The injunctions prevented those named from doing any thing to prevent the removal of patients and to prevent the union-officials from entering the building.

For six days in mid-September 1980, the Hospital was raided, and patients moved out, by force by the AHA, backed by a large force of police and a scab private ambulance company, Junesco. Under the new Employment Act, the police were able to impose an arbitrary limit of two pickets on picket lines outside St Benedict's.

... and getting nicked as the Hospital is raided.

St Benedict's (continued)

Then on the fourth day of the raids, they refused to allow any pickets on the gate at all, and the private ambulances got through.
By September 19th, sixty three patients had been forcibly removed from the friendly security of their beds and wards and dispersed in chaos to a variety of other hospitals in the area.
Twenty-three pickets were arrested during the raids, and charged with a number of offences, ranging from wilful obstruction to criminal damages. One woman who worked in admin at a nearby hospital was suspended from duty, although she was at the picket line on her day off.
After the closure of the long stay geriatric hospitals, reports began to emerge of the devastating impact on patient care of "relocation effects" - the impact of speedy closures on patients. Close to a third of patients forcibly moved in the "raids" on St Benedict's died within the following six months.

Etwall Hospital, Derbyshire
December 1979 - March 1980

In 1979 the Derbyshire Area Health Authority took the hugely unpopular decision to close Etwall Hospital temporarily from February 1980, as it headed towards an estimated overspend of £1.4m. It said the move would save £300,000. It hoped to re-open the unit in early 1981.
But hospital workers, patients and villagers were determined to keep the 94-bed rehabilitation centre open.
The hospital, which started life as an isolation unit in 1902, was, by 1979, a prestigious rehabilitation centre run by a skilled and dedicated team of staff. It was pre-eminent in the Midlands as a centre for particularly badly disabled patients, the young chronic sick and geriatric patients, and the terminally ill, and people recovering from accidents and serious operations. It was feared that its closure would have a dramatic effect on already hard-pressed facilities in the rest of the county.
The Etwall Community Action Group, formed during a public meeting at the start of December, focussed the opposition of patients, local people and staff at the hospital.
On December 10th, after the health authority rubber-stamped its temporary closure decision, the staff began a work-in at Etwall.
They formed a 15-strong management committee (chaired by nursing officer Heather Cook) which took over running the hospital.
Jim Taylor, area officer for health union NUPE, told the *Derby Telegraph*: *"The gloves are off and if we have to fight for 15 rounds, so be it."*
He said a lot of thought had gone into the work-in. *"At the end of the day, we will prove that it can be run more effectively by the action committee than by the bureaucrats."*
He added: *"We were shocked to think the area health authority would not take notice of 15,000 signatures."*
Miss Cook said: *"As long as we have got patients, the hospital staff will continue to look after them as normal. We are relying on doctors who said they would back us to keep us supplied with patients."*
She added that they had also asked for support from ambulancemen who they hoped would not transfer patients to other units.
By Christmas Eve action group members were staging a vigil at the hospital gates in a bid to block patient transfers. Group spokesman Win Connor told the Telegraph: *"Our intention is to ask people entering the hospital their business to prevent patients being moved for the sole reason of emptying beds and not for their medical benefit."*
The fighting spirit of the 45 remaining staff and their legions of supporters saw them launching 24-hour picket lines and the health authority's original closure date of the end of February passed without incident.
But, on March 21, the campaign was finally lost when ambulances, with police escort, in a surprise raid, removed the final few patients.

Nicked from the *Derby Telegraph*, 4th October 2013

St George's (Hyde Park)
January 1980

Princess Mary Hospital
(no idea where this is...!?)
February-April 1980

Longworth Hospital, Oxfordshire.
December 1980 - February 1981

In early December 1980 a brave fight was waged by COHSE nurses and NHS staff to keep open this 50 bed-hospital specialising in care of the elderly in rural Oxfordshire. Faced with immediate closure of 13 beds on the top floor of the hospital, staff knew it would only be a matter of time before the rest of the hospital would be closed and the patients transferred to Whitney hospital eight miles away
So with help from Oxford Trades Union Council the hospital was occupied by the eighty nursing and support staff. Assistant COHSE Steward Myra Bungay stated to the Health Service Journal: *"We're fighting for the life of the hospital.....Most of the patients have been here a long time and Longworth is now home to them"*
Ambulancemen refused to remove patients from the hospital, vitally strengthening the occupation.

Typically the Royal College of Nursing (RCN) General Secretary Catherine Hall condemned the action demanding that the *"Management regain control of the hospital for the sake of nurses and patients"*. Local RCN Regional Officer Bill Reynolds said: *"The AHA have lost all control of the hospital"*; he also claimed a RCN steward at the hospital had been transferred to another hospital *"because the AHA cannot guarantee her safety"*

However the occupation was a brief one, In early February (possibly Tuesday 10th?) 1981, in a surprise raid by management, the vulnerable patients were removed from the hospital by force and moved to the Churchill Hospital. Police sealed off roads around the hospital to prevent supporters defending the hospital.

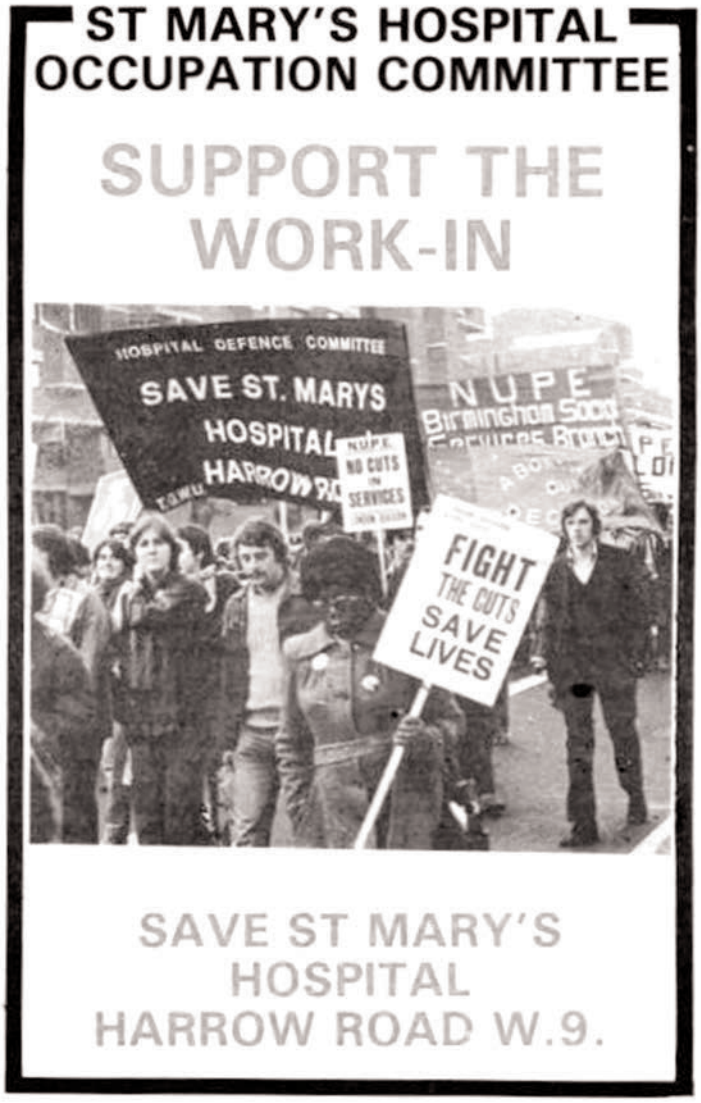
Many of the frail elderly patients, now seriously disorientated, did not survive many weeks after they were ripped from their homes and familiar staff (a process later known as the 'relocation effect').
The Area Health authority claimed it had raided the hospital because COHSE nurses refused to call off the work-in
Ernie Brook COHSE Regional Officer stated *"The Area Health Authority gave verbal assurances it would retain the beds for the next three or four years, when I went to receive its written assurance of the agreement, this sticking point was not included"*.

Longworth Hospital closed soon after the occupation.

St Mary's Hospital, Harrow Road, West London,
26th June 1981 - ? some time later that year

In 1981, 400 staff at the Harrow Road site of St Mary's Hospital, in West London (which served the Paddington and Kilburn area) decided to organise an occupation and work-in to try to prevent the closure of several departments.
St. Mary's had been under threat for the preceding four years; only the vigorous opposition of the staff had prevented its total closure. Rheumatology and Rehabilitation wards only opened in 1977 (the first in the District) had been shut in 1979, when the first serious financial cuts affected the NHS.
In 1981 the Hospital had 431 beds, but the Area Health Authority decided that there were too many acute beds in the District, and that the service would be concentrated at the Praed Street site and at St Charles' Hospital.
Threatened with the immediate loss of the Casualty Department and 100 beds, and eventual closure, (with surviving services to be moved to the prestigious St. Mary's Teaching Hospital in Paddington), staff declared a work-in on June 26 1981. In the course of this workers twice occupied areas of the hospital—the first time the administration offices were occupied for 13 days, and the second time a ward was occupied for five days, to prevent its closure. On both occasions court orders were used to evict the occupiers.
At a press conference in December 1981, Terry Pettifor, NW Convenor of the London Ambulance Service Shop Stewards, described the effects of the run down of the Casualty at Harrow Road (the major accident unit in the District) and pointed out that the remaining casualty facilities in the District would be inadequate to cope with the number of casualties which could easily arise in an accident at the nearby Paddington Station or in a major fire. Three wards had already been closed by then.

Police and security guards were brought into the hospital at least four times to support management's plans. A TGWU shop steward was sacked, and a nurse was suspended for a week, for attempting to prevent the forcible removal of patients from a ward.
At least one report claimed that *"Throughout this struggle no more than token support has been gained from the unions involved- TGWU, NUPE, COHSE and the failure of the labour movement to evolve its own strategy on health care has been partially responsible for this state of affairs... The leadership of the TGWU - which has been most centrally involved in the struggle - has effectively washed its hands of any responsibility. Despite policy won at the 1981 BDC it has consistently refused to mobilise its great industrial strength behind this key battle."*



St Mary's (continued)

Several trades unionists active in resisting the closure of St Mary's were targetted, victimised and sacked by management... Rita Maxim, a TGWU shop steward who has stood up to management all the way, was threatened with the sack for refusing to do two jobs; a telephonist was also sacked for leaving work at the end of his shift without waiting for a relief.

Not sure if this occupation succeeded, at least temporarily in preventing immediate ward closures, but by 1985 St Mary's had just 166 beds. The Hospital was due to be closed once Phase 1 of the rebuilding of its mother hospital in Praed Street was completed but, due to financial pressures, it closed prematurely. The wards finally closed on 22nd November. Services were transferred to the St Mary's Praed Street building. Part of the Harrow Road site was taken over by the Paddington Community Hospital, the rest was bulldozed and converted into flats, its canalside location making it an attractive proposition for the middle classes (though the developer apparently later went bust, so it never quite achieved its yuppie promise).

Brookwood Hospital, Woking, Surrey (?May) 1982

Brookwood Hospital seems to have been occupied twice. The 1982 occupation was sparked by severe staff shortages, which managers had refused to recognise or deal with.
Management at Brookwood had consistently refused to employ more nurses. Out of an establishment of 805, only 420 staff were in post. On many occasions there was one trained nurse in charge of three wards and having to give out drugs on their own. "The public must be made aware that there is a desperate staffing problem and that more money must be made available to the health service." (Joe Fleming COHSE Branch secretary and chairperson of the Workers Council of Brookwood Hospital 1982).

The grievances at Brookwood piled up over several years. Complaints ranged from waiting three weeks for a new washer to the Divisional Nursing Officer issuing orders to ward sisters telling them when nurses should take their tea-breaks. When proper consultation revealed that more staff were needed, management simply withdrew from the procedure.
But staff were most angry at the raising of the nursery charges. COHSE had an agreement with management that if there was any proposals to increase prices they should be consulted. They weren't. That was when hospital staff decided that they would run the hospital more efficiently themselves - without all the aggravation of management.
A decision which could be rationally applied to the whole of the NHS - and the world in general...

A Workers Council was formed, consisting of all the shop stewards and branch officers in the hospital, plus the NUPE branch secretary and a steward from the District General Hospital at Frimley Park.
Within two weeks of staff taking this action, the Area Health Authority agreed to hold an enquiry into the grievance. A Joint Brookwood Hospital Committee, comprising an equal number of staff and management representatives, to deal with all matters affecting services and facilities at Brookwood Hospital and staff employed within the Division of Psychiatry, was a direct result of the occupation.

Wood Green & Southgate Hospital
October 1982 - December 1982

Haven't been able to find out anything...

Harpenden Memorial Hospital (Maternity), Hertfordshire
February - March 1983

COHSE midwives occupied the Harpenden Memorial Hospital for two weeks in February-March 1985 in order to stop the sacking and transfer of Midwives.
The Unit was due to close on February 28th 1985, however staff with community support occupied the hospital. All management were refused admission unless it was on clinical grounds. The occupation secured wide support from the community and local GP's.

The Occupation secured jobs for all Midwives on the closure of the Harpenden Memorial Hospital 8-bed Midwifery Unit, and a say in the future provision of GP maternity services. One of the issues at Harpenden was the loss of a specific Midwife-led maternity service. As Daphne Hutchins, COHSE steward at the hospitals said: *"There is a vast difference between a GP run maternity unit and working in a consultant unit... The mother comes in relaxed, there is a friendly atmosphere and the midwives build up a rapport with the women. here the midwives look after the mothers all the way through and wave good-bye on the door step"*
COHSE Kumar Sandy Regional Officer paid tribute to those who had supported COHSE members in their fight *"We now know that any threatened hospital can be run by the staff. We gathered 3,500 signatures on a petition in two weeks. And now we know how to set up and run an occupation....As a result of our sit-in the health authority was forced to meet COHSE's demands for alternative jobs for the midwives".*

Thornton View Hospital, Bradford
5 August 1983 - April 1985.

The occupation and Work-in of Thornton View geriatric hospital lasted nearly two years.
An 82-bed long stay geriatric hospital located near the village of Clayton, outside Bradford, Thornton View was one of two local hospitals targetted for closure by the Bradford District Health Authority (who were looking to save £700,000). For most of the elderly patients at the hospital, aged 65 to 95, it was their home; they had been at Thornton View on average for 7 years.
Prior to the Work-in, a year-long campaign had opposed Thornton View's closure. Bradford DHA had many letters of protest sent, a petition of 30,000 including 55 GP's and the support of the Tory, Liberal and Labour groups on the District Council together with lobbies and demonstrations — all to no avail.

So at 8.30pm on Friday night, 5 August 1983 a bold, and well planned, occupation began, made official by both NUPE and COHSE within the first week. Whilst the main purpose of the occupation was to protect the rights of elderly people with no power (studies have shown that within 6 months of the closure of St. Benedict's geriatric hospital (after an occupation by staff) in South London some 30% of the patients had died), the fight was also to save 95 NHS jobs. As COHSE steward Betty Elie stressed, *"We're not stupid, we know that once this hospital closes we don't stand a chance of getting new jobs"*.
The first job of the occupation committee was to evict the Nursing Officer and examine (confiscate) the files on the union in her office, and make her office the occupation headquarters.

As long as there were patients in the hospital legally workers legally workers could not be locked out or lose pay during occupation of NHS premises. Thornton View was the only hospital occupation to exclude management. The occupation committee of nurses, domestics, porters, local GP's, relatives, other trade unionists and members of the local community joined together to organise every aspect of the struggle at Thornton View Hospital. They over-turned the management structure by running the hospital themselves.

As with other hospital occupations their was always a number of pickets sleeping in, at four picket lines around the building. The picket on the front gate halfway was down the lane in a very cold and exposed site.

The occupation prior and during the occupation always secured the support of the patients relatives, and the local community. Some of the patients gave radio and TV interviews in support of the work-in. Gradually, though, numbers of patients dwindled, (it was down to 45 beds occupied by mid-'84); management played a waiting game... The threat of a raid to move the patients by force hung constantly over the occupation.

The occupational finally ended after 21 months occupation - brutally broken at night by a raid in April 1985, just after the miners' strike was finished off. Worse than that, it was also done in a snow storm and allegedly one or two patients died after the ordeal

Hayes Cottage Hospital, West London.
25th October 1983 - late December 1983.

Plans to close the Hayes Cottage Hospital, forcing patients to travel further for care (to Hillingdon) were thwarted by this occupation: in the end the local health authority backed down and the hospital was saved.

On the evening of Tuesday 25th October 1983 the staff at Hayes Cottage Hospital occupied in a bid to keep the hospital open. This action was taken after a lot of thought but it was clearly the only way to stop the closure after other avenues had been exhausted.

The occupation received strong support from local people, with visitors coming round with food, supplies and money. Messages of support also flooded in from all over London while a delegation from Charing Cross Hospital came over to see them....

After a while G.P.s connected with the hospital started to admit patients again. The patients in the Cottage Hospital were solidly behind the work-in: one patient insisted that if any attempt was made to move her she intended to die in the ambulance...!

The occupiers' aim was to force the District Health Authority to put their proposals for cuts out to full public consultation, so that the people of Hillingdon could have a voice in the sort of Health Service that was provided, instead of just a *"totally undemocratic and unaccountable group of individuals dictating from on high."*

The Hayes occupiers also obviously keenly observed events at other recently occupied hospitals (see St Benedict's and Longworth, above), as one of their leaflets urged supporters to write *"letters going to the DHA demanding that no violence will be used and that patients will not be forcibly removed against their will. This is a real possibility and it must not be allowed."*

The Hayes occupiers were linked to the Hillingdon Health Emergency Campaign, which formed spontaneously by members of the public who had attended a meeting of the Regional Health Authority on 27th September 1983. At that meeting, the proposed cuts in Health spending ware announced - including the proposed closure of the two Cottage Hospitals Hayes and Northwood & Pinner. There were immediate protests from the public gallery and four people were ejected from the meeting. Later an impromptu meeting of the protesters took place in the Civic Centre electing a committee which immediately went into action to arouse public opinion and protest against the cuts. Leaflets were produced; public meetings held; petition forms distributed, resulting in thousands of signatures. Letters were written to the press, M.P.'s, Councillors and other public figures inviting their support.

Trade union branches were heavily involved and asked to support, both financially and physically. The campaign stepped up its supporting activity following the decision by the Staff to occupy the two threatened hospitals.

Northwood & Pinner Cottage Hospital, West London
October - December 1983

Northwood & Pinner Cottage hospital was occupied the day after Hayes (above), led by the Matron and COHSE Steward Jean Carey (daughter in law of Milly Johnson, famous Irish nationalist and Harrow Labour Councillor in the 60s/70s).

Both Cottage Hospitals were saved for the next seven years and provided a vital NHS service to their communities. However in the early 1990s the Hayes Cottage Hospital was turned into a nursing home.

In September 1983, Hillingdon Health Authority decided to close this hospital (together with Hayes) to compensate for a £1 million overspend. There was a massive outcry from the local community and the decision that was condemned by the entire hospital staff. They were joined by local business and community groups, local churches, all local residents associations and Brunel university medical group. On 26 October 1983, recognising the considerable support for Northwood and Pinner community hospital, those groups occupied it. They locked the front and back doors and excluded all non-

medical management staff. The hospital continued to treat patients but under the management of clinicians and the local community. It was occupied 24 hours a day, seven days a week, with pickets outside protesting at the planned closure and the Government's running of the national health service.
The occupation had the support of almost the entire community. Local businesses sent food, milk, money and equipment. A carol service, which was led by a local councillor after the hospital's chaplain had refused to take part, attracted 200 people... The protesters eventually took Hillingdon health authority to court after it insisted on the closure, and the High Court found in favour of the protestors. Lord Chief Justice Woolf said that the health authority's actions had been wrong and awarded costs against it.

Hayes and Northwood & Pinner had close links with Thornton View in Bradford.

Botleys Park Hospital, Surrey
December 1983
Haven't been able to find out anything about this one...

Prince of Wales Hospital, Tottenham, North London.
Apparently occupied 1985 during a campaign against closure. (Interestingly parts of the Ken Loach movie *Riff Raff*, about building workers converting a closed hospital site to luxury flats, were also later filmed here.)

St Andrews Hospital at Bromley-by-Bow, East London.
c.1985

The Accident & Emergency Department at St Andrews was occupied around this time.

St Leonard's, Hackney Hospital, East London

3rd July - 16th July 1984

In 1979, despite opposition in the form of a day of action and a march attended by over a thousand people, St Leonard's Hospital Accident & Emergency Department was closed.

By the early 1980's the future of the whole hospital was looking bleak; by late 1983 the Health Authority was actively looking to close the hospital under pressure from a Conservative Government keen to make cuts. At a Health Authority meeting to ratify the cuts and closures at Hackney Town hall on 26th September 1983, the Health Authority and its multi millionaire, Jockey Club chairman Louis Freedman were overwhelmed in a turbulent day of protest, (later described as a "riot") which ended with them being forced to abandon the meeting after the town hall was surrounded by thousands of angry locals opposing the closure plans. Freedman refused to use his casting vote to settle the closure issue; demonstrators demanded increasingly vocally that he use his vote to save the hospital. As he dithered, the doors to the Council chamber were barred and padlocked, and after a 20 minute stand off he was escorted out of the building with the help of local Labour MP Brian Sedgemore.

Freeman, who lived in a central London penthouse, and had private health insurance, said in the *Daily Mail "We might as well be living in a dictatorship"*

The incident was labelled a riot in the *Evening Standard* and *Daily Mirror*, though no-one was reported as being injured on either side. Admittedly there was an attempt to keep the Board members in the meeting and to stop them voting in private... The disturbance was carried on all the main news channels that night and newspapers the next day and ensured health moved nationally up the political agenda.

On the 7th June 1984 Norman Fowler, Tory Secretary of State announced his decision to close all wards and remove all beds at St Leonard's and leave just a first aid unit and a handful of community based services.

In response a small working group was established by the staff and Hackney health emergency to look into the possibility of the 180 staff working at St Leonard's organising an occupation or work-in of the hospital. A decision was made to occupy the hospital on the 3rd July 1984. The occupation was ratified by a staff meeting of eighty staff on 4th July.

St Leonard's (cont)

But by the 5th July (NHS Day) the management had somehow managed to secure and issue writs and summons against the key stewards. As NUPE had not made the occupation official, and fearing an injunction (similar to that used against the Miners) NUPE officers removed NUPE placards and began to distance themselves from the occupation. Despite this thousands of people in Hackney were supportive of the occupation.

On the 16th July management repossessed the hospital, sending in security staff and bailiffs (probably illegally) to end the occupation. In the next three days management systematically interviewed staff and reps and suspended key stewards. Disciplinary action was taken against Andrea Campbell, a shop steward for COHSE, and Geoffrey Craig, a NUPE shop steward. They were dismissed as a result of that disciplinary hearing, and they then appealed.

However, local trade unionists organised a 24-hour picket line outside the hospital and the drivers from the London Ambulance Station refused to move the patients out

On top of targeting union representatives and other members of staff involved in the occupation, the management also made life uncomfortable as possible for the patients remaining in the hospital (who refused to move) by threatening legal action. Frail, elderly patients were bundled out in the early morning or late at night, driven to other hospitals, torn away from staff they knew and their possessions being sent on much later because they hadn't been told they were to be permanently moved.

After the Occupation was smashed, management employed a whole private army of security guards to 'protect' the building, costing the Health Authority almost £1,000 a day, money clearly better spent this way rather than used to maintain the crumbling local health services.

Neasden Hospital
1986

In November 1985, it was announced that Neasden Hospital, a geriatric hospital, was to be closed. A year-long campaign followed, including an occupation at some point... The Hospital closed in 1986... The ambulance personnel protested so strongly that the management decided to hire coaches to move the 68 patients... the shifting and breaking up of a community of 68 elderly people apparently *"had disastrous consequences."* (No details as to what this means, but as previously mentioned, in similar cases, many elderly patients moved forcibly in this way died soon after 'relocation'.)

The district Health Authority manager, Mr. Lorne Williamson, was accused of *"arrogantly riding roughshod over the possibility of any compromise or constructive alternative to his own blueprint for managerial decisions. He has even used his managerial expertise to nullify the decisions of his own district health authority committee."*

An attempt to reach a compromise soluton on the closure was proposed, by local MPs

Neasden (cont)

among others. However, Williamson managed to close the hospital on 5 December.

Neasden Hospital was described as *"a small oasis of health care... [with] gardens and trees. The old people were able, in summer time, to get out of their geriatric wards. A geriatric ward is a place in which people die. However, the ambience of living in a community promotes longer life. If the site is sold, the area will be bulldozed.... The object of the closure exercise was to sell the site for £3.7 million and... to use the money for healthcare projects ... There are two principal areas involved -Willesden and Wembley. Wembley is an affluent area and Willesden is an urban-aided, deprived inner city area. Neasden hospital is in Willesden, yet the money from the closure will be used in Wembley. That is a complete mess-up on the part of the management. The management should realise that and understand the pressures within the areas in which it is working. The management has shown a misunderstanding of human nature by taking money from the black community and spending it in an affluent white area."*

The 94-bed Leamington Park hospital had been closed nearby four years previously, the money from the sale of this site was supposed to support local healthcare services, but at the time of Neasden's closure the sale has not happened due to planning issues... attempts to keep Neasden open by arguing for alternative finance were ignored by the DHA.

30 nurses and other staff were evicted from nurses' housing in Neasden hospital in November they were told that they had to be out by 27 November. They were finally allowed to stay until 2 December and then allowed half a day off to move their belongings somewhere else...

Hornsey Central Hospital Nurses Home North London 2006

More of a squatted centre than an occupation, (if such hair-splitting divisions are useful) but interesting and inspiring nonetheless.
The Old Nurses Home on the Hornsey Central Hospital site in Park Road, London, N8 was occupied by homeless activists in 2006-7 for 6 months. The Hospital had been closed since 2001 despite vigorous local opposition which continued up to the site's demolition in 2007. The old nursing home had been lying derelict for over five years. The building was slowly decaying and coming under attack from the elements and vandalism. It was in a sorry state. But then, a group of people decided enough was enough.They couldn't stand seeing this beautiful building go to rot. So, they let themselves in and squatted the place. Once in, they found piles of rubbish mixed with faeces and needles and realised how much tender loving care the building needed.
The occupiers supported the campaign to re-open the hospital, and had a ginormous banner hanging from the roof that read: *'FIGHT CUTS AND PRIVATISATION'*
They cleaned and renovated it, named it The Krankenhouse Project (Krankenhaus is German for "hospital"), started putting on workshops on juggling, music and screen printing for the local community & developed a community garden. They described themselves as *"a group of artists, performers, jokers, jugglers and well-wishers. We're organising anything that we can - for free! Exhibitions, workshops, cafes, classes, anything"*.
In their words *"this building is meant to be for the people of Hornsey and Haringey. If we are here, we look after the building and stop kids vandalising it. Instead of demanding a council flat, we are using, maintaining and protecting derelict council property. Our ideal situation would simply be to be left here until the owners actually do something positive with the building."*

After concessions made to the campaigners, a large Health Clinic was opened at the site in 2009 which included a commemorative chapel which had been originally earmarked for demolition.

Short and tactical, but Work-ins may be back on the Agenda:

Nursing and Health advisors providing NHS Direct helpline services to Cornwall and the South West based at Exeter on 1 May 2012 held a 'work-in' in protest against the Government's plans to replace NHS Direct with a service that had not been properly evaluated.

From midnight to midnight, NHS Direct staff (mainly based in Exeter but joined by nurses and health advisors from Bristol, Plymouth, Torquay, Taunton and Truro) staged a 'work-in', with extra staff voluntarily coming in, in their own time, to help staff the NHS Direct phone lines. They were protesting the roll out of the 111 service which will replace NHS Direct, concerned that the roll out had not been properly evaluated, and could compromise the level of out of hours service that patients receive, as well as pile extra pressure onto other NHS services such as A&E and GP surgeries.

Nursing and Health advisors providing NHS Direct helpline services to Nottinghamshire, Derbyshire, Northamptonshire and Lincolnshire also held a similar work-in on 5th July 2012 (NHS Day) - the 64th anniversary of the founding of the NHS, expressing similar concerns about the 111 service, also reporting for work in their own time to take calls to highlight the valuable work they do. NHS staff are deeply concerned about the affect the change will have on patients and on health services. The new 111 service has far fewer nurses taking calls - 75% of calls to NHS Direct are currently taken by a nurse, under the new 111 service only 17% will be. NHS Direct has two qualified nurses to every health advisor - NHS 111, has six health advisors for every nurse.
The 111 service will not clinically assess patients, or give them access to emergency dental or contraceptive advice. People suffering mental health problems from patients engaged in self harm or depression will not longer be able to get the help they need by calling NHS Direct. This will lead to more patients being sent to A&E, GP surgeries and more ambulance 999 call outs, and could see longer waiting times as these health services are pushed to breaking point.

UNISON have been urging the Department of Health to stop rolling out the 111 service until it has been fully evaluated. It must also come clean and publish its evaluation of the NHS 111 service.

These short accounts have been derived from several places, but a lot was lifted from

http://cohse-union.blogspot.co.uk/

and the Hayes People History blog, which compiles lots of radical/working class history in West London and further afield...

http://ourhistory-hayes.blogspot.co.uk/

As we have said above, this isn't a
comprehensive list, and more inside info about any of these actions or others would be
brilliant; hopefully this dossier will go through several larger and larger editions...
till the workers run not only the hospitals,
but the world...

Occupy and win

a manual for fighting hospital closures

The following text is mostly reprinted from a pamphlet produced in 1984 by London Health Emergency; as a guide for hospital workers on how - and why - to occupy hospitals to prevent their closure.
The anarchist webspace libcom scanned and put this text online in November 2006; we lifted it from there, (this doesn't imply total agreement with libcom's ideas or practice).

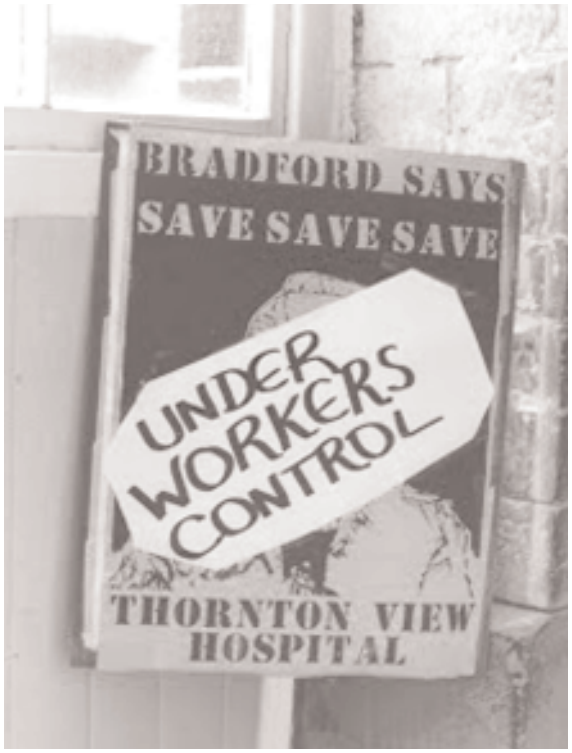
Some of the information contained in the text is now out of date. So, for example, the unions mentioned have since merged, and obviously politicians named in the text may have moved on died etc! Past Tense have many reservations about the optimistic views of the authors on how useful Labour Party politicians on Health Authorities etc might be, and on the role of trade union structures in supporting workers' occupations. We now live in very different times, where occupations and solidarity strikes are a distant memory, old folk tales told by shrivelled lefties round the fire... But there are also many useful and inspiring points here - a more thoughtful update to the modern era might be a useful project for the future.
The legal situation is also somewhat more complex. Recent changes to squatting laws in England & Wales haven't completely invalidated the legal advice that the following contains. Changes to the law in 2012 made squatting a criminal offence in residential property, which should exclude hospitals. How police, management interpret the law might be a different matter however. For more info on this, it's always worth talking to the
Advisory Service for Squatters,
at Angel Alley, 84b Whitechapel High Street, London, E1 7QX.
They are open Monday - Friday 2.00 - 6.00 pm.
tel: 0203 216 0099
email:advice@squatter.org.uk
http://www.squatter.org.uk

Contents:

Why occupy?

Hayes Cottage and Northwood and Pinner hospitals were both due to be closed on October 31 1983. They were occupied, and as a result they are now still open, with a temporary reprieve. Thornton View hospital in Bradford, occupied since last summer, now faces the imminent danger of a raid by District Health Authority bailiffs seeking to implement the order for closure issued by Health Minister Kenneth Clarke; but had it not been for the occupation, Thornton View would already long ago have closed down, and its geriatric patients bundled off to other hospitals.
One general rule stands out from the whole experience of fighting the health cuts: it is not certain that occupying a threatened hospital will keep it open, but it is certain that if you do not occupy, it will close. Hospital occupations are not new. In 1922 workers at the

Radcliffe Hospital in Nottingham occupied! Since the late 1970s occupations have increasingly been used to defend the hospitals scheduled for closure. Workers who have taken part in occupations have learned valuable lessons about how to organise them and how to anticipate some of the problems which may arise. With the present round of financial cuts, hundreds of hospitals are faced with closure. Since August 1983 there have been three occupations in hospitals which are still open in 1984 and many campaigns have asked for information about how to organise them.



Every occupation is different, but there are things which are common to all occupations and that is what this pamphlet is about. Good early organisation can help to ensure that an occupation is strong within a short period of time and makes it much more difficult for management to move against it at the onset.
This is not a failsafe guide or a list of easy answers. It is a sharing of tactics and strategies, learned in long, hard and often bitter struggles. It may not answer all the questions which apply to your particular hospital. Every occupation throws up new problems, new questions and new answers, but it will provide a basic framework for you to follow.

What is an occupation?

An occupation means that workers in a threatened hospital take a decision to actively oppose the closure of the hospital by ensuring that patients and equipment are not moved out and by refusing to leave their jobs at the hospital.
The main area where control is taken is in the movement of patients. A hospital can only be closed if there are no patients in it. So the main goal of an occupation is to keep the patients it has, if it is a long stay hospital, and to ensure new admissions if it is an acute general or cottage hospital.

Will the workers get paid?

This is usually the first question which is asked. The answer is yes. As long as there are patients in a hospital, the Secretary of State is legally bound under the Health Services Act to ensure that they receive treatment, there must be workers; ancillary workers, nurses, doctors, technicians etc.
Hospital doctors and particularly consultants will rarely support an occupation. This should not be a decisive factor in deciding whether or not you should occupy.
The obligation to treat the patient means that even if the regular consultant resigns, a locum must be appointed as long as patients remain.
Sometimes the consultants will be hostile and deliberately try to frighten workers and the public. If a consultant says, for example, that a hospital is ‘unsafe’, it is potentially very damaging. It is worthwhile checking your consultants’ commitments to private medicine, etc, as often they have a vested interest in a hospital closing - you can use the information in press statements to show why the consultant is not backing the occupation. Indeed the medical arguments are very often quite spurious; patient mortality during the St Benedict's occupation fell way below the national average, yet within six months of the end of the occupation 30% of the patients had died.
Despite their hostility and lack of concern it is important to try to keep a good relationship with the consultants. Keep them informed of what is going on and explain in detail what the occupation means.

General Practitioners

GPs are the doctors who feel the sharpest edge of the cuts. They sometimes spend endless time trying to find a bed for patients and then following them up after a too early discharge. They are often very sympathetic to any attempt to stop cuts and closures. Doctors are organised in several different ways but the more radical and militant GPs are usually in the Medical Practitioners Union which is part of ASTMS. GPs are particularly important to approach if you are fighting to save a general hospital or a cottage hospital. Involve them from the beginning and get them to refer as many patients as possible to the threatened hospital. They will often require much encouragement because they are often not used to explaining themselves or their opinions to the public.

Do you need to sleep in the hospital overnight?

Hospital occupations involve mainly women workers. (75% of health workers are women!) Women usually have heavy domestic commitments and need to know how long they will have to spend at the occupation. The second question normally asked is does an occupation mean that we all have to stay there overnight? The answer is no. In factory occupations, if all the workers go home as normal they would be locked out when they reappeared in the morning. This does not happen in a hospital occupation because there are still patients in the wards. But it is usually necessary to have someone involved with the occupation in the hospital overnight on a rota basis. (This question is discussed further under the 'Organisation' section)

Pickets at Hayes Cottage Hospital, 1983

The workers in the threatened occupied hospital continue to come in and work their normal shifts. They may of course feel under more pressure, especially in the beginning, simply because they are taking a form of industrial action which is very different, and it may be unclear to them exactly what will happen. Occupations do put extra demands on the workers. There are extra meetings, pressure from the media for statements and interviews, extra time put in picketing, and dealing with management. Family life is often disrupted from its normal routine and it is important that people know this. But an occupation does not mean that all the workers need to stay in the hospital day and night until it is saved.

What happens in the run-up to closure?

Normally a threatened hospital is run down for a period either before closure - or, often, even before consultation on closure. At such a point the rundown has not been authorised by the District Health Authority, but is being done by an entirely unaccountable group of administrators and bureaucrats.

Over the last five years there has been an almost identical pattern of management preparations for closures. Ancillary and nursing staff who leave are not replaced. Ancillary vacancies are left unfilled to ensure that there are fewer workers left to fight in defence of the hospital. There may be more agency nurses than permanent nurses. Maintenance and repairs are not carried out, making it virtually impossible to get routine health and safety work done or replace obso-

lete equipment.
As a result, conditions for both patients and workers deteriorate. A steadily lower percentage of the hospital workers will feel committed to defending such a hospital, regarding its closure as inevitable. Some sections of workers may even be made vague promises of alternative posts in other hospitals, promises designed further to divide and confuse the workforce and weaken union resistance. Then, suddenly, the administrators announce that the hospital is becoming "unsafe". Having deliberately created conditions to make the hospital unsafe, they then use this as a pretext to justify closing it down. These phase of "creeping cuts" is the insidious primary step towards closure. At each point it must be resisted.

An occupied ward at Bethnal Green Hospital, 1978

COHSE, NUPE and NALGO all have policies of "no cover" for unfilled vacancies. Shop stewards should ensure that this policy is implemented. At St Mary's, Harrow Rd, the domestics were told to clean floors, when they had never done it before. Management were preparing the rundown of the hospital, and did not want to hire new people. The domestics refused this additional job, and in so doing provided a focus for other workers in the hospital who wanted to oppose the closure.

Building a campaign

Health and safety committees are particularly important - at the South London Hospital the Health and Safety committee forced management to make major repairs that they were hoping to leave and use later as fuel for their arguments about the hospital being in a "run down" condition.
As soon as the word leaks out that a hospital is threatened (there are dozens in London alone) the workers and local community must organise. It takes time for the implications of closure to sink in. Most workers, although they are aware that other hospitals have been closed, think it can never happen to their hospital. But all health service facilities are threatened by the Tory cutbacks: to think that if another hospital in your District closes yours will be OK is disastrous. In Wandsworth, five hospitals have closed since 1978, and now the South London is earmarked for closure. Management use the fear of closure and the false hope of saving one place at the expense of another to try to pit worker against worker. All work necessary to close hospitals should be blacked by the unions.
Stewards should oppose three and six-month contracts which make it easier to assimilate people from the hospital about to be closed. Usually a District will only issue "temporary" contracts for a whole year's run-up to closure. So, new staff are effectively sacked in order that workers from the closing hospital can be "slotted in".
The whole process undermines trade union activity and militancy and makes some workers wary of even joining a union in case they jeopardise the renewal of their contract.
Workers in the threatened hospital must refuse even to discuss alternative employment with management. They should ignore any letters or demands that they get from supervisors telling them to attend meetings (usually on their own) to have preliminary discussions.
Health Service managers are now experienced in the techniques of closing hospitals. They try to do it quickly and quietly through administrative measures and intimidation. They do not like well-organised campaigns with experienced people who know their tactics.

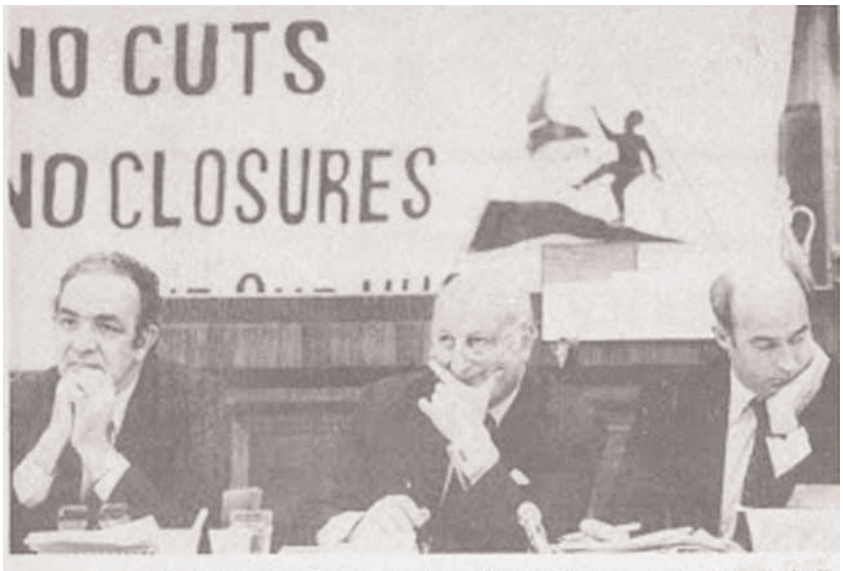
Building up support

The must successful fightbacks - EGA, St Benedict's, Longworth (Oxfordshire) and St Mary's - have involved workers and supporters meeting together either weekly or fortnightly. Meeting in the hospital is best, because the workers will see people coming in every week to sup port them and the supporters will feel part of the hospital (and know its layout).

It may seem too frequent at first; but managers work very quickly, and things can change on a daily basis. There is no need to ask for permission for these meetings; management will almost certainly refuse. Just pick a room and have the meetings. It is unlikely that administrators will make an issue of it as they do not want to provoke action early on.

A public profile is essential. Everyone in the community should know that their hospital is threatened. Leaflets, posters, petitions, pickets and demonstrations are all good for attracting interest. Workers who are a bit frightened about fighting management and are not sure about the levels of support they will get can be bolstered by seeing a large demonstration or a lot of people turning up to picket outside the hospital.

It is important to challenge management at every step of the campaign. The administrators and consultants will constantly be putting out statements about the terrible financial conditions, weeping crocodile tears that they have to close the hospital, and claiming that they really have no choice since there is no money available. Workers should be reminded that in 1982 health workers were given the same arguments about why we could only have a 4% increase in pay. There was "no money" then; but suddenly billions were found for the Falklands War, and extra money was handed to the judges and the police. Money is available but the Tories refuse to spend it on health.



Hackney District Health Authority officials try to ignore the banner behind them at a packed Town Hall meeting to decide the closure of St Leonard's Hospital, 1984.

Spotlight on the DHAs

Health Authorities are weighted in favour of the wealthy and the ruling class; Norman Fowler, who appoints them, sees to that. However in several Districts in London there remains a real possibility of DHAs taking a stand against cuts if only the Labour Party representatives on the DHAs would vote against. Labour Party activists should get their General Management Committees to adopt a position that members of the Party who sit on health authorities must oppose cuts, closures and privatisation. Health workers who fight the cuts will be putting their jobs on the line. Any industrial action is likely to bring them up against the Tory anti-union laws. Workers will be fighting management, often the police, and even some trade union leaders reluctant to take a stand. Workers face possible fines and imprisonment for strike action and picketing. The very least Labour Party and trade union members on health authorities could do is argue and vote against closure. Yet at meeting after meeting we have heard some of them saying that they must stick within the Tory cash limits (because Norman Fowler says so); and therefore they must make the cuts. This is a scandalous argument. Let the Tories try to make their own cuts. The task of the labour movement and its representatives is to defend the working class.

Nor should District Health Authorities be allowed to make their cuts in a quiet room with only a few people there. Members of the public are allowed into the meetings. Many people do not know this. Indeed DHAs in many cases hold their meetings in rooms too small for more than handful of observers to get in. This can and must be challenged. In Oxfordshire, persistent mass lobbying and the invasion of DHA meetings forced them to begin holding meetings in large, public venues: a small but significant blow for democracy and accountability. Make sure that there are a lot of people at the meetings where cuts are being discussed. You are technically not allowed to speak: but why should a totally unelected and unaccountable body be able to ruin the health of the community in silence? Disruption of DHA meetings has proved valuable in the past, and it shows the administrators that they will not have an easy time trying to close the hospital.

But the real way to win and to save hospitals is by united industrial action, focussed on occupation. There have been several successful hospital occupations since 1977.

How do we actually occupy?

The decision to occupy is not taken overnight. There needs to be preparation. If you are thinking of occupying your hospital, contact someone who has done it. Get her/him to come to the hospital and talk to people, answering questions and explaining directly what an occupation means.

Sometimes it is only a handful of workers who decide that they will not let the hospital close. They take the initial action and bring the other staff along with them throughout the course of the occupation. This happened at Hayes Cottage in Hillingdon and also at Thornton View in Bradford.

In other occupations there have been mass meetings with ballots. This happened at Northwood and Pinner Hospital. All three have been successful occupations. Obviously the more staff who are involved the better. However, experience has shown that even when only a small number of workers take the initial action other workers will continue to come in and work and can be won over to supporting the occupation.

It is often domestic workers who take the initial action, with very passive support from nurses. But once nurses see the hospital still running "normally" as far as patient care goes, and see management powerless to stop the normal running of the wards they may increasingly give active support.

Workers will naturally be worried about being sacked, victimised, struck off or blacklisted. It is important not to dismiss these fears, but to have a frank and honest discussion with them. Nobody has ever been struck off the nursing register for supporting an occupation. Even the Royal College of Nursing has given tacit support, usually instructing its members to "stay with the patients".

The fear of victimisation is more difficult to dispel. The strength of an occupation lies in collective action. The more staff who are involved, the more difficult it is to victimise anyone. Decisions are made collectively. But it would be dishonest to say that there is no possibility of anyone being victimised. Unions must be pushed to demand no victimisation, and to give assurances that they will fully back any member who is threatened, with strike action in other hospitals if necessary.

Unions

Many workers who have occupied their hospitals have not been in a union at the start of the action. It is important that the workers in the occupied hospital do join a union and that there are stewards elected on site. The union full-timers should be informed as soon as the occupation has been declared and be asked to make the action official. NUPE, COHSE, TGWU, GMBATU, and ASTMS have policies of supporting occupations and will usually make them official immediately.

Although they will give you official support, most full-time union officials do not have much knowledge or experience of occupations. They should be pushed to provide practical support from the beginning - money for leaflets, posters, stickers, duplicators, paper, equipment, etc. You should also ensure you

are able to contact an official at all times.
If you can contact someone who has had practical experience of occupations to be at the hospital for the first few days it will be an advantage.
District Joint Shop Stewards Committees, where they exist, should be actively involved from the beginning. If there is not one in existence then a meeting should be convened of all the NHS stewards in the District in order to get support. It is essential that workers in the other hospitals know what is going on and give their support to the occupation.

Declaring the hospital occupied

When a hospital is declared occupied there are some things that need to be done immediately.

a) An office

It is almost impossible to run an occupation without access to an office and a telephone, or a room in the hospital to be used as a base. In planning the occupation, you should decide in advance which office is best to take over. Often it is the Administator's or Nursing Officer's. This has the added advantage of displacing the people most likely to try to intimidate and disrupt the occupation in the first few days.

Arrive prepared to change the locks on the door. This gives you possession and means that management have to go to court to get the office back. You will need to put up a notice which informs people of your rights. As long as you have not done any damage to the property for example breaking a window or door to get in - you have a right to be there. Put up the following notice:

LEGAL WARNING

(Section 6 Criminal Law Act 1977)

Take Notice

• THAT at all times there is at least one person in this hospital;

• THAT any entry into this hospital without our permission is a criminal offence as anyone of us who is in physical occupation is opposed to any entry without their permission;

• THAT if you attempt to enter by violence or by threatening violence we will prosecute you. You may receive a sentence of up to six months imprisonment and/or a fine of up to £1,000.

• THAT if you want to get us out you will have to take out a summons for possession in the County Court or in the High Court.

Once the occupation has been made official by the unions add *"THAT this is a trade dispute and is an official trade union occupation."* Have this notice already written out and put it on the office door, the hospital entrance and on the gates of the hospital immediately.

b) Telephones

If there is a switchboard, talk to the operators immediately, preferably with their union steward present. If they have not been involved in the planning stage explain to them exactly what is happening. Ask them to keep on giving you lines. If management are still in the hospital it may be necessary to have someone - a steward, official, or occupation committee member on the switchboard to keep management Out and stop any harassment of the operators.

Contact the Post Office Engineering Union (POEU) immediately. Tell them what has happened and ask them to black any instruction to cut off the phone. Tell them you will be applying for a new line the next day and ask them to give the application top priority. Get an application form in for a line independent of the hospital. This has been invaluable in

recent occupations. It ensures that you cannot be cut off, If you do not know the local POEU rep, either contact the Trades Council, or ring the operator and ask for the engineers to ask them for the name of the steward.

c) Support from the Ambulance Service

Contact the local ambulance service stations. Talk to the stewards and tell them what you are doing and ask them not to cross the picket line to remove any patients without prior consultation with the occupation. If you are occupying an acute general hospital with an accident and emergency department, ask them to continue bringing patients into the hospital unless instructed not to by the occupation committee. If you are trying to keep an A&E open it will require very close consultation with the ambulance drivers and with the casualty clerical officers, to ensure a continued inflow of patients. London Ambulance Service, unlike that in many rural areas, has a long history of support for occupations. At least 50% of London Ambulance workers are in NUPE.

d) Pickets|

If you are occupying a long stay hospital, lock the front gates with a padlock and put a picket there to let staff, supporters and visitors in, but to keep management and the police out until the occupation is secured. Bring the padlock and locks with you on the day you declare the occupation and make sure that there are enough people around to cover all the immediate jobs that need to be done.

A twenty-four hour picket may be necessary from the beginning. Ensure that pickets know the rules and regulations, are well-informed and have up-to-date information on who is to be let in, who is to be kept out, etc. Make sure that someone capable of making quick decisions and who is reliable is in the office.

Patient care continues

e) The Staff

Get a meeting together to explain exactly what has happened for the benefit of staff who have not been involved in the planning and the timing of the occupation. Reassure staff that what they should do is continue to work as normal. It is often useful to have a sympathetic nurse on hand who has been involved in an occupation. If a meeting is not possible, go around to all the wards and departments and explain what is going on. This is essential in order to bring people who are unsure, frightened or hostile into at least passively supporting the occupation.

Prepare a leaflet for distribution the day after the occupation begins. Also prepare a press statement.

Regular bulletins for staff are essential because of the shift patterns and the impossibility of getting everyone to a meeting at the same time. It is also important to change the exterior of the hospital. Fences should be covered with posters and banners proclaiming the occupation, displayed in prominent positions. Make sure every passer-by knows that a struggle against health cuts is going on.

The Hayes Cottage Hospital Occupation office.

Who runs the occupation?

It is the workers who must make the decisions about how the occupation will run. If there is good unionisation then the Joint Shop Stewards Committee may be the occupation committee. If, as is quite often the case, the hospital is weakly organised, then there will need to be an occupation committee set up with representatives of all departments and all staff. It does not have to be the same people all the time. As many staff as possible should be encouraged to attend.

It is useful at first to have someone at these meetings who has experience of occupations and who can answer questions that arise. But any decision must be made by the workers themselves.

The committees may need to meet every day during the first week or two and then it should meet as regularly as the staff think necessary (once a week is usual).

Management: should they stay or go?

At some point in nearly every Occupation, management have been barred. The time to do it depends very much on the strength of the occupation and the role of the managers.
There are no hard and fast answers to this question but some norms can apply to most occupations In almost every instance administrators will be working to break the occupation as quickly as possible. They may appear friendly, paternalistic and nice but their role is to regain control of the hospital in order to close it. Do not trust them.
The lesson which all of us involved in occupations have learned, is that hospitals run perfectly well without senior administrators and managers.
You will have to decide when to ban the hospital administrator and nursing managers; but a general rule is that any manager who does not normally come to the hospital or who is not involved directly in patient care should not be allowed in. As soon as the occupation begins you will have district and sector administrators and nursing managers appearing at the gates or front door demanding to be let in.

Refer them to the legal notice, tell them the hospital is running as normal, the patients are not at risk, the workers are in control and that they cannot come in without permission
Both management and police - if they arrive - will ask who you are, whether you work in the hospital, who is in charge etc. You are not obliged to give your name to anyone and you should not give it. Don't mention names of anyone 'in charge' or connected with the occupation. Management will have the names of stewards and they can contact them if they want.
Be firm and polite. The legal notice is clear. Neither an administrator nor a nursing officer, nor even a police officer has any right to enter without permission If the administrators say that they are worried about the patients, tell them that they can ask a doctor of their choice to come in and check on the patient care.
The recent pattern has been that senior management who are not normally based at the hospital, come back for the first three of four days demanding to be let in. Then they tend to give up, go away and try to think of another way to harass the occupation.
Once the more reticent workers see that very senior managers have been turned away but that no-one has been sacked for it, and there has not been any action taken, they tend to get a bit more confident in supporting the activists.
The occupation committee should discuss and monitor the position or any management normally on site; administrators are usually easier to ban than nursing officers. In many occupations the senior nursing officers have been allowed to stay but they have been "shadowed" by a supporter or member of the occupation committee. This reinforces the impression that the workers are in control and making the decisions in the hospital. It also prevents these people from undermining the occupation by intimidating staff individually.
The whole question of what to do with nursing officers is very delicate and should be discussed fully with the nurses before any decisions are reached. But always be wary of back-door agreements, and refuse to have anything to do with them. They can only undermine your base and endanger the politics of the occupation.

Supporters

Occupations need a lot of help to run smoothly and to win. It is essential to get as much outside support as possible. Hospitals belong to the community and they will want to help defend their local hospital. There should be a rota set up for pickets which will include both staff and supporters. Factories and other workplaces, tenants organisations, Labour parties and community groups all need to be approached for help.
There should be regular supporters' meetings so that everyone knows what is going on, there should be good liaison and communication between supporters and the occupation committee. Regular bulletins are good for sharing information.
An occupation diary should be kept in the office. Pickets should be encouraged to read it when they come in for their stint, and to write up details which they feel to be of use. Get names, addresses and telephone numbers of anyone who offers help. Get them to give a regular commitment to picketing. Begin to work on developing a telephone tree, which is a system of contacting people by phone in an emergency. It usually works by three people telephoning three other people who in turn phone three people until all the supporters are contacted.

The important point for supporters to remember is that the hospital is running as normal, as far as patient care is concerned. Patients' privacy is a top priority. No supporters should be allowed in the ward areas. No drinking should be allowed on the site during an occupation. Health workers are not used to 'outsiders' walking around hospitals. Management will inevitably play on this, trying to discredit pickets who are not staff members.
Everyone has a right to defend their hospital that is why people come to support occupations. Staff at occupied hospitals are doing their normal job - often physically and emotionally exhausting. They are also taking an active role in running the occupation and so cannot keep the pickets going on their own. If they are women, they are often under intense pressure at home because of their increased commitment. They need support.
The labour movement was built on solidarity; and that is what occupations are about. This Tory government has no conscience about bringing in its own outsiders to run down the NHS - Griffiths, a grocer from Sainsbury's, is advising them on how the NHS should be run! Private outside contractors are looking to increase their profits by getting NHS contracts. We should make no apologies for taking advice and help from people prepared to help save hospitals.

Press/publicity

Get the local press on your side. Management will try to discredit the occupation by saying that patients are at risk. Have a press conference as soon as possible. Issue a press statement as soon as you have occupied. Invite the press in to film or photograph the occupation and let them see for themselves that everything is running well. Patients will usually gladly give their permission to be filmed if it means good publicity for the hospital. Delegate someone to he the press officer and make sure that whoever speaks on behalf of the occupation is authorised to do so, and that reporters know who to ask for. A sympathetic story in the local paper

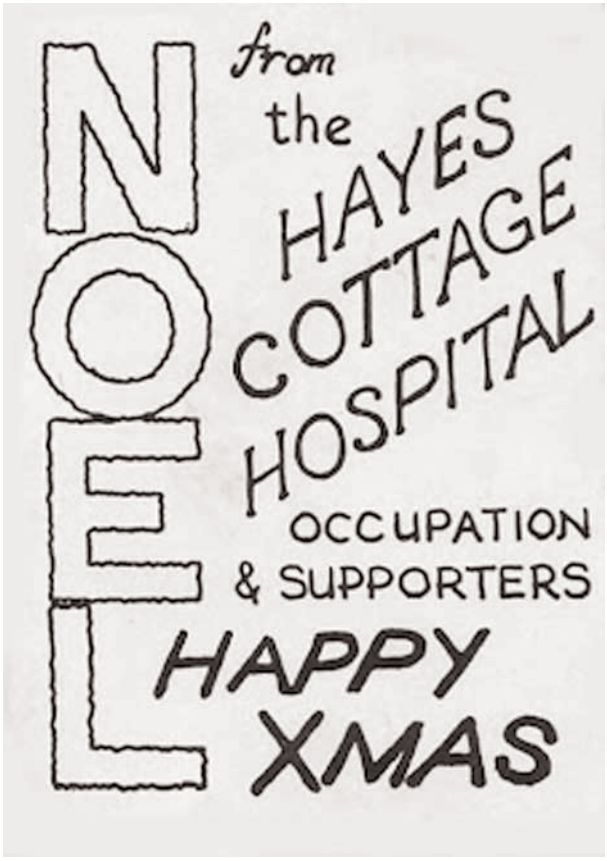
is worth more than a thousand leaflets. Always stress that "patient care" is being maintained.

Relatives/patients

Get the relatives involved immediately. Let them all know what the occupation means. A leaflet should be produced and a relatives meeting organised as soon as possible. Workers in geriatric hospitals in particular have had great success in getting relatives to take an active part in supporting occupations. Get the patients involved if possible. They will be the most affected by the closure. At St Benedict's, patients joined in with picketing, and in Thornton View they have given radio and television interviews. Try to get relatives to make a supportive press statement in the first few days of the occupation.

Supporting strike action

Occupations cannot win without support. In order to avoid the kind of raids which ended the Hounslow, St Benedict's, Longworth and Etwall occupations, it is necessary to get sufficient outside support to make the District Health Authority hold back from sanctioning a raid. This has to be done by getting other workers in the District and the Region to pledge supporting strike action immediately any piece of equipment or patient is forcibly removed from the hospital.



It is not easy to get these pledges, and they must be worked for from the first day of the occupation. Management tactics are to divide and rule health workers. They know the importance of strike action, and that is why they try to exploit other health workers' fears of redundancy and cuts by threatening them that if the occupied hospital is saved, their hospital will be cut.

Such claims have to be dealt with very quickly. Every cut, every closure makes each subsequent one easier for management to accomplish. Every victory against cuts and closures makes it more difficult for Districts to make more cuts, because it encourages others to fight. That is why promises of supporting action are so essential. They break down the isolation of occupations, and make them a focus for broad resistance to the cuts.

Experience has shown that while trade unions will give quick recognition to occupations, union officials will not build for supporting strike action. In some cases they have deliberately worked against it, defusing and diverting the issue, and making the workers occupying think it is impossible to win supporting action. It is by no means easy or automatic: but it is certainly not impossible. Don't leave the work of building for supporting strike action in the hands of union full-time officials. Get stewards and workers from the occupation in every branch to raise the issue, ask for support and to explain why support from other workers is so vital.

The law

Increasingly the law is being used against trade unionists, and the health service is no exception. Injunctions were used for the first time during the St Benedict's occupation, and have been used in several occupations since then. The law is complex and has been used in different ways in different occupations. The best thing to do is to contact your local law centre, and ask one of the solicitors to come to the hospital to

explain the legal position. If you don't have a law centre try to find a sympathetic socialist lawyer in the area.
Injunctions can be issued to named individuals and to "any others", to demand that they comply with certain conditions. Management may take out injunctions early on; or maybe not at all. The fewer names they know the better. When they are applying for injunctions you will be informed. Contact the law centre solicitors and/or the union legal officers immediately.
If the injunction is granted, it must still then be served. During the Hayes occupation, administrators were only able to serve one out of three injunctions, and eventually they just gave up.
The use of the law is a frightening and intimidating process for people who have never come up against it. It is important that the workers involved in occupations have things explained to them by someone who knows what the current legal position is. The main thing to stress is that an occupation is not a criminal offence and is not "illegal". Recently, in the Hayes and Northwood occupations, the law was used for the benefit of the occupation. This was an unusual and exceptional event! It is always worth pursuing any legal points which may help an occupation, but the law is not usually on the side of people fighting cuts and should not be seen as a substitute for action. An occupation should never be called off pending legal action or a court action. The Hayes occupiers themselves declined to take part in the legal action against the DHA, preferring to rely on their base of support in the working class rather than trust the courts.

Why should we occupy when other occupations have not kept hospitals open?

This question is always asked. There is no easy, sure way to keep a hospital open. Workers at St. Benedict's spent ten long, exhausting months occupying to see, at the end, a vicious raid by private ambulances with the help of the police, taking the patients out and closing the hospital. There had been no pledges of supporting strike action; and so management had felt confident that they could move. But the public disgust at the methods used and the closure of the hospital provoked such a backlash that it was another three years before that health district has even suggested that another hospital should be closed. Hayes Cottage, Northwood and Pinner and Thornton View hospitals are all still open more than six months after they were due for closure, thanks to determined occupations.
Remember, it is not certain that occupying your hospital will keep it open - what is certain is that if you do not occupy it will close. It is also certain that every time we fight a cut or a closure, the ripples are felt. If there had been no resistance to the closures in the past, we would be facing even more devastating cuts than the Tories are now proposing. Every time a hospital, ward, or department is occupied, it is a clear sign to the government that they cannot easily cut our services.
Occupations are never a waste of effort. They politicise workers very quickly. Health workers are locked into a very hierarchical system which is extremely undemocratic and oppressive. Decision-making is entirely out of our hands. Occupations give the decision-making back to the workers. A cleaner who stands at a gate telling an administrator to go away is in control. The hospital is running, 'under new management', under workers' control. The whole process of occupying shows workers that they can make major decisions about their hospital, and that when they are in control it usually runs better and smoother.
It makes us think about the reasons for the cuts and closures. Where does the money go? Why can't we keep the services for local people and cut out the vast profits that go to the drug companies and other suppliers and contractors? Why do health authority accounts have to be so secretive? Why can't health unions and other trade unionists examine the books to expose the details of how the District allocates its money?
Occupations rally whole communities around defence of health care. For the first time, ordinary people go to Health Authority meetings and see the scandalous group of non-account-

able, appointed people who make life and death decisions with no thought for what we have to say about it.
People start talking about not only defending what we have, but demanding what we want. Occupations are not easy. They require a lot of hard work, a lot of commitment, and can be exhausting. The alternative is to let successive governments 'rationalise' the health service right out of existence. At the moment there are three hospitals which would have been closed in 1983 which are still open because the workers occupied. Those three could be multiplied by hundreds. The possibilities of keeping hospitals open exists. That is a good enough reason to consider occupation of your hospital.

Originally published by London Health Emergency, 1984

London Health Emergency was set up in 1983 to co-ordinate opposition to hospital closures in London, and still exists today. As well as campaigning they have a large numbers of resources that can be useful for people organising to prevent cuts to health services.

http://www.healthemergency.org.uk

A note on unions

A number of trade union mentioned in these accounts have since merged.

So the main unions for workers in the National Health Service though the 1970s and 80s were:
the **National Union of Public Employees (NUPE)**,
the **Confederation of Health Service Employees, or COHSE,** (representing mainly nursing staff), and
ASTMS, the Association of Scientific, Technical and Managerial Staffs (representing paramedical staff).

NUPE and COHSE joined NALGO (the local government workers' union) in forming **UNISON** in 1993. The ASTMS, after various mergers in between, forms part of the modern **Unite** union.

The **Post Office Engineering Union**, mentioned in 'Occupy and Win', has since joined forces with other communication workers unions to form the modern **Communication Workers Union.**

Occupational Hazards

Occupying Hospitals: inspirations and issues from our history

A past tense Dossier

Between 1976 and 1994. more than twenty hospitals in the UK were occupied either wholly or partly by either staff who worked in them, or by local communities, or both; usually to prevent threats to close or merge them, cutting services and slashing jobs. Some were successful, some were not, but work-ins or occupations were a widespread and accepted tactic.

With the looming threat of 're-organisations' and further cuts and closures in the NHS looming, could occupations and work-ins be back on the agenda?
Occupational Hazards documents some inspiring tales from the past, and asks some questions about some of the issues and problems arising from taking over a hospital.