

the



UNITY
Network

Campaigns and Activists Unite to Save NHS!

Closure: Not a Done Deal! Prepare to Occupy!

Petitions and demonstrations are essential to building any campaign but rarely sufficient to stop an attack. We have to be prepared to occupy to stop the closure of Lewisham Hospital.

What is an Occupation of a Hospital?

It's when health workers organise to take over the running of a building or buildings (in some cases a ward or wards) to STOP the

management closing them down. Occupying space in a hospital to prevent closure is in effect a WORK-IN. Nurses, doctors, consultants, ancillary staff etc all work together caring for patients, keeping up-to-

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date all necessary paperwork, using and maintaining equipment, keeping the fabric of building in a good state of repair etc etc.

The whole purpose of an occupation is STOP closure, to keep services running for those who need them both immediately, and importantly, at some unknown point in the future.

Planning and Preparation

When the likes of this Tory/Lib-Dem government decide they have to make cuts it's not because there is no money to pay for the service they are cutting. It is about them having a different set of priorities and concerns. The £20 billion cuts being forced on the NHS now is an ideological attack on the very idea that there should be a National Health Service free at the point of delivery. It's nothing to do with not having the money to pay for it.

The Tories, in particular, have influenced the discussion about the welfare state for the last 30 odd years or more. Year on year they have corroded away the idea of the welfare state (of which the NHS is a big part). This is their plan. They have prepared for this in all sorts of ways.

We have to plan and prepare for the fightback to save the NHS and immediately to Save Lewisham Hospital, with the same passion and vigour the Tories have employed to attack it. This means we have to understand what tactics are available to us and we have to convince other people of the need to use those tactics. We know what we want, now we have plan and prepare to fight for it.

Nurses, Consultants, Doctors and Ancillary Staff Must Talk, Plan and Organise!

There is a rich history of hospital occupation and not just in Britain. We need to learn from others who have taken such actions and we need to spread the word about why and how an occupation to keep the hospital running could be the only tactic we can usefully

employ when Matthew Kershaw, the Trusts' Special Administrator' (TSA), makes his final decision in February, 2013.

Users, Patients, Trade Unionists, and Other Campaigns Will Rally to Support the Occupation

Any occupation or work-in needs the support of many, many more people on the outside. Spreading the word, multiplying support, putting pressure on MPs, organising actions such as demonstrations, pickets, lobbies etc. Unions in other industries and sectors should organise ways of showing their support and solidarity with the occupation. They should offer financial support and other resources. Hospitals belong to the community and the community will want to help defend their local hospital. There will need to be regular supporters meetings so that everyone knows what is going on and there needs to be good communications between supporters and the occupation committee with regular bulletins for sharing information.

Press and Publicity

Getting the local press on side is important, some of the national media will be sympathetic but much of it will be hostile. Management will want to discredit the work of the occupation. Organising press conference so that those in the work-in can tell the story as it is will be crucial. Management and papers such as the Daily Mail will do all they can to trash it.

Prepare to Occupy!

There are many things we need to think about, learn about, prepare for and plan. It is likely that we will have no alternative but to take this kind of action sooner or later to defend this or that hospital. Lewisham Hospital is one of the first significant district hospitals to face such attacks. We have no choice but to defend it. **Prepare to Occupy!**

Stop the Closure

A Successful Occupation

The Elizabeth Garrett Anderson Women's Hospital (EGA) in Central London was occupied or conducted a work-in from 1976 - 1978 and they won!

David Ennals, the then Labour Government Health Minister announced the closure of EGA in 1976. In July workers protested against the threatened closure of EGA, and staged a 'Day of Action' and marched to the House of Commons. By November 100 nurses and 78 ancillary staff began the occupation of the hospital making the demand that the Area Health Authority repair the lift and undertake necessary maintenance work (EGA had been massively under invested in for some years in an effort to run down the Service to close it).

They continued to admit and care patients, and keep the hospital in a working state of repair. Organising committees were set up by general meetings of those in the occupation.

Committees organising the work-in included the Joint Shop Stewards Committee, the Medical Committee and the Action Committee (the latter was made up of representatives of the different sections of workers in the hospital and linked trade unionists and consultants).

The Campaign Committee (Save the EGA) consisted of supporters from outside the hospital and was set up by Camden Trades Council, it then became autonomous, drawing in residents, users, patients, housing and childcare campaigns. In other words, it was broad community campaign. The main support for the occupation came from the Campaign Committee.

In order for the work-in to have insurance cover they had to have a member of the hospital management on-site - in the case of the EGA occupation the hospital secretary played this role and was sympathetic.

As the occupation/work-in progressed ideas and demands developed from keeping the EGA open to the EGA becoming an upgraded 'centre for innovation and research' in women's health matters and being a community resource.

Campaigners sponsored and organised discussion meetings relating to women health issues often over 200 women would attend. There were also arguments between doctors and women users of

the service challenging the medical establishment.

In 1978 a big demonstration stopped the traffic on Euston Road outside the hospital.

In 1979 campaigners won the battle to keep the EGA open as a gynaecological hospital.

"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".

Occupy and Win, London Health Emergency pamphlet published 1984.

Cancel the PFI Debts! ...continued from back page. anything from a third to half as many services and staff as it would have done had the scheme been funded through conventional procurement. In other words, for every PFI hospital up and running, equity investors and bankers are charging as if for two".

The socialist solution is to cancel the debt and take the hospitals into public ownership. By doing that we can liberate the NHS from its role as a slush fund for private investors and free up taxpayers' money to be spent on equitable healthcare.

Labour pledged at its last conference that it would "liberate the NHS from extortionate PFI debt"; but the Labour leadership will need to feel the force of a mass working class movement behind them before they stand up to capitalist class interests and reverse their former policy. **Even the Tories could easily take the PFI debt onto the public accounts, thus cancelling it for South London Healthcare Trust and enabling it to continue without closures.**

Cancel the PFI Debts!

South London Health Care Trust has excellent clinical outcomes and enormous PFI debts. Last year the Trust 'overspent' by £65 million and paid out £69 million on PFI. Instead of cancelling the debt, the government wants to close down wards and services.

PFI (Private Finance Initiative) was a scheme set up by a Tory government led by John Major in the 1990s and was continued with enthusiasm by New Labour.

PFI allows a consortium of private investors (usually a mixture of finance, construction and service industry capitalists) to build and maintain a public building, like a hospital, and then rent it back to the public like a massive hire-purchase scheme.

Extortionate

The consortium also locks the public sector into maintenance contracts. After several decades of extortion the building eventually falls into public ownership.

Alto of PFI contracts were sold off after the initial building work. Carillon, for example, sold its rights to a future PFI income to Portsmouth's Queen Alexandra Hospital for £31 million after an initial investment of just £12 million - a 160% profit!

According to analyst Dexter Whitfield, a great majority of PFI assets are now held by private individuals in offshore tax havens.

If the government wishes to borrow money for big capital investment projects (like building hospitals), it can do so at rock bottom rates. By using PFI, the government is choosing to pay more to private contractors for less for the NHS.

Total PFI payments will reach £65 billion by 2048 - for hospitals that cost just £11.3 billion to build. South London Healthcare now pays out 15% of its operating budget on servicing PFI.

Allyson Pollock states: "the high costs of PFI debt charges means that the NHS can only operate ...continued inside back page.

Converge on Kershaw!

Matthew Kershaw, the Trusts Special Administrator (TSA) author of the consultation report threatening to close Lewisham A&E, Maternity Service and complex and emergency service is paying us another visit in Lewisham. He will be addressing a meeting at the Calabash Centre - join us to tell him what we think of his proposals.

6pm Tuesday 4 December.
at the Calabash Centre,
George Lane, Lewisham,
SE6 3HH.

To contact the NHS UNITY Network or to find out more information email us at: nhsunity@yahoo.co.uk or visit our website www.nhsunity.com