

Issue 1 (5 December 2012).

Keep our A&E and maternity – by any means possible!

Lewisham

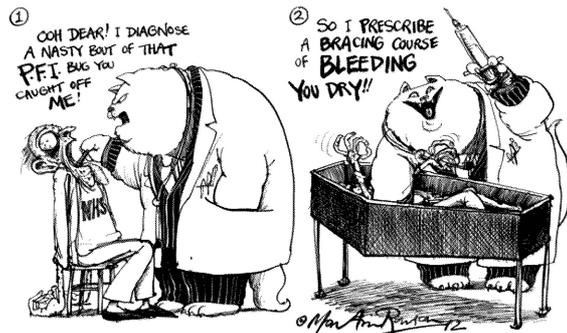
HOSPITAL WORKER

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WHOSE HOSPITAL? OUR HOSPITAL!

The main reason that Trust Special Administrator Matthew Kershaw gives for closing Lewisham Hospital is that he needs to find some money to pay the Public Finance Initiative (PFI) debt of South London Healthcare Trust (SLHT). Each year SLHT pays out £69 million in PFI repayments and slips £65 million further into debt. But instead of cancelling the PFI debt, Kershaw and his political overlords have decided to shut down our parts of our hospital and threaten its the long-term future.



PFI was set up in the last years of the John Major government and was continued during the New Labour years. PFI is basically a complicated mechanism for channelling taxpayers' money into the pockets of the super-rich. The government cooked up a scheme in which extremely rich individuals and capitalist firms club together to stump up the initial investment to build a hospital. In return the NHS pays the money back, at rates that make a Wonga loan look reasonable.

So far PFI consortia have built and equipped around £11.4 billion of hospitals. In return, the taxpayer will shell out £65 billion before 2049. Many of the initial investors sold off their entitlement to PFI repayments at an early stage for bumper profits. PFI debt is now bought and sold on a multibillion pound financial market and a lot of PFI repayments now sit in offshore tax havens.

The Princess Royal Hospital cost just £118 million to build but it is estimated that the PFI repayments will cost £1.2 billion (1000% profits for some lucky individual). Across the SLHT, hospitals that cost £210 million to build will cost the taxpayer about £2 billion. Already we have paid for these hospitals 2-3 times over!

Somewhere (probably in the Channel Islands) there are scraps of paper that read “This piece of paper entitles the owner to £x million per year from South London Healthcare Trust”. The people who own these bits of paper have already been handsomely rewarded. They have bought their luxury yachts and their millionaire mansions with our taxes. Now they want to take our hospital as well.

The Tories want us to *believe* that these pieces of financial paper have the power to open and shut down hospitals. In the same way that primitive tribes used to *believe* that old bones and bits of wood had magical powers to heal and change the weather. We should have no such illusions. The hospital can only be opened and shut down by the people make it work – domestics, consultants, porters, midwives, nurses, radiologists, maintenance and administrators.

In a short time, all of us will be faced with a decision. Either we bow the knee to these bits of paper, do as we're told and allow the hospital to shut down. Or we ignore the bits of paper, refuse to follow orders and continue to save lives and provide this essential service to our patients. We should prepare now for a work-in!

Workers' Liberty is a revolutionary socialist organisation active in the British labour movement fighting for an alternative to capitalism and Stalinism based on common ownership, democracy and workers' control. *Lewisham Hospital Worker* is produced by supporters who work in Lewisham Hospital and activists involved in the Save Lewisham Hospital Campaign. We will distribute the bulletin on a weekly basis outside the hospital gates. If you like what you read then get in touch, download copies from the website (www.workersliberty.org) and distribute them, write for us. We welcome criticism and debate.

Contact us: office@workersliberty.org

DIRECT ACTION GETS RESULTS!

After the formal consultation process is over, we have handed in our petitions, demonstrated, and exhausted all legal challenges, what do we do if Jeremy Hunt decides to shut down the A&E?

Our task at present is to build a mass movement of resistance to the closure plans. This involves using every means we have to slow down, sabotage and challenge the decision making process. However, this Tory administration has given us fair warning that it intends to reduce the NHS to a rump service for the poor and create a for-profit US-style healthcare system. We should be under no illusions that the consultation is anything but a tick-box exercise. At some point in the near future the movement that we have built will be faced with a decision – to accept the decision to close most of our hospital or to defy this ruling and take mass direct action in the form of a hospital occupation.

Occupy the hospital? Wouldn't that be very irresponsible? This is supposed to be a place of healing not a protest site!

When we talk of occupation we don't mean pitching up a load of tents like last year's "occupation" outside St Paul's Cathedral. We mean a different sort of occupation: a hospital "work-in". The "work-in" tactic has been used successfully to defend NHS hospitals in the past and is being used today by doctors, nurses and other healthworkers in Greece, Egypt and Spain.

What is a 'work-in'?

To 'work-in' is simply to carry on working when management is trying to stop you. In the case of Lewisham Hospital's A&E a work-in staff will continue working to provide the service when management want to shut it down.

This is the best strategy to keep a place open. In the case of a health service it's not enough to just take control of a space, it's the service we provide that is the really valuable thing.

How will this work in practice?

On the day that management try to shut us down, we will simply continue working as normal. It is quite likely that management will feel obliged to also stay on site if the patients and staff are continuing to treat the space like the A&E it always has been. That's okay. The potential conflict comes when management try to change things to downgrade the A&E. One way they might do this is by trying to get ambulances to ferry patients to other hospitals away from the A&E. The argument here will simply be that it's in the best interests of the patient to have treatment immediately and where they are.

Won't patients just stop attending the A&E and go somewhere else?

No. Most people don't plan to go to A&E. When you're suddenly ill or injured lots of people just go to the nearest hospital whether it's got an A&E or not. After A&Es have shut down in the past patients have continued to go there for emergency treatment years and sometimes decades later. What normally happens is the staff at the hospital just get an ambulance to transfer them to the nearest A&E.

By having a work-in, we'll be continuing to provide an accessible service to the patients that continue to come to Lewisham hospital in emergencies. If the work-in wasn't happening they'd have a delay in treatment because they would have to be transferred somewhere else.

What about other services? It's not just A&E under threat.

No, but... Many many services provided by the hospital will be under threat if the A&E goes, most of the patients come into the hospital via A&E. Other services such as maternity and emergency surgery will not be as easy to provide if the A&E is not there. This means that the A&E is probably the best place to do a work-in, but if you have ideas about other types of work-ins, then come and discuss them.

Kershaw gets a shock

At a "public consultation meeting on Tuesday 4 December, a panel of "experts" including Special Administrator Matthew Kershaw turned up expecting to see a meek and mild audience wanting to ask polite questions. Instead they met an angry, well-informed and oppositional group of local people who needed to tell Kershaw & Co. exactly what they thought.

The panel wanted to show a PR film about the plans. The panel wanted to impress on the audience – in a very patronising way – that self-designated "experts" such as themselves, not Lewisham people, were going to make the ultimate decision about the future of *our* NHS. But they were told by the audience "Forget that, we want to tell you what we think, you shouldn't be making cuts for the Tory government, and you better pay attention!"

That's the kind of determination we need if we are to win this campaign.

How was the NHS won?

How was it defended?

How can we save it now

A public discussion organised by
South London Workers' Liberty
6.30pm Tuesday 11 December
Richard Hoggart Building
Goldsmiths University

Hospital Workers Group

Our only weapon in the struggle to save our hospital is working-class solidarity and organisation. This means we need to organise in our trade unions. We should call on the unions to organise regular mass meetings. We also support the self-organising efforts of the Hospital Workers Group – an ad hoc group of hospital workers that is meeting every week to organise campaign activity.

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