WHAT *RED PULSE* STANDS FOR

AN ACTION PROGRAMME FOR HEALTH WORKERS

WORKERS POWER
Pamphlet for NHS workers 30p

CONTENTS

Page 1. EDITORIAL

3. THE TORY ONSLAUGHT

8. LABOUR'S RECORD

11. WHY LABOUR & TORY ATTACK THE N.H.S.

13. CRISIS OF LEADERSHIP IN THE UNIONS

17. FOR A RANK & FILE MOVEMENT

17. PUT THE UNIONS ON A WAR FOOTING

20. STOP THE CUTS

20. PRIVATISATION IN THE N.H.S.

22. WAGES, CONDITIONS & UNEMPLOYMENT

24. DEFEND THE TRADE UNIONS

25. DEFEND THE OPPRESSED

25. WOMEN WORKERS

28. RACISM & FASCISM

29. YOUTH

30. GAYS

32. THE WORKING CLASS & INTERNATIONALISM

34. THE QUESTION OF GOVERNMENT

Editorial

This pamphlet is a plan of action for fighting the Tories, or indeed any government that places profits before working people's needs. A plan of action for health workers could not be more timely. Our defeat in the pay struggle last year has been taken by the Tories as a sign of weakness. The confusion caused in our ranks by the irresolute leadership of Bickerstaffe, the late Albert Spanswick, and Charlie Donnet have emboldened the Tories.

Over the last four years they have wanted desperately to cut the public sector, including the NHS, to the bone. They have not done that yet. Our resistance to their cuts has been one factor in slowing them down. Another has been the staggeringly high costs of mass unemployment. Now that they are in with a big majority, they will become more ruthless in attacking the health service. They have made their intentions fairly clear. Former health minister Gerard Vaughan said that a free health service was both 'undesireable and unrealistic'. This is why the Tories have been putting the squeeze on Health Authorities through cash limits. This is why they have been holding down health workers' pay, leaving 40% of us below the official poverty line. This is why they have increased prescription charges by 600% and introduced charges for overseas users of the NHS. Of course in 1979 the Tories denied they would increase prescription charges or introduce any new ones. They lied. Now they are lying again. They say they have no intentions of implementing the 'Think Tank's' report on dismantling the NHS. They say they will not completely privatise the health service. They say they will not make further cuts. We confidently predict that they will do all of these things and more besides.

The Tories' plans for privatisation were leaked during the June 1983 election campaign. They included:

- The extension of the private sector into the geriatric, long stay, convalescent, post-operative, and terminal care spheres.
- They will encourage the NHS to use private hospital premises, equipment, and staff.
- They will introduce private sector investment into the NHS on profitable for the private sector. For example, BUPA has bought a machine that removes kidney stones for St.Thomas' Hospital, London. BUPA is thereby allowed to use it for a quarter of the time the NHS does. But the cost of use for a quarter of the time is £1·64 million. BUPA is only paying £1·05 million. The NHS is subsidisnng its use for private work to the tune of half a million pounds!
- NHS premises, equipment and staff will be made even more available to private hospitals which contract services from the NHS.
- The government will encourage the NHS to sell to the private sector hospitals, wards, and land with the guaranteed access to all NHS hospital facilities for people treated in private wings.
- Private sector managers - to manage pay beds to begin with - will be put on the management boards in hospitals.
- Staff accomodation vital to many nurses, doctors, and other staff is to be sold off to property sharks to be run at a 'commercial rate'.

In addition to all this Geoffrey Howe has stated that in the late 1980's there will have to be massive cuts.

The dire economic situation he forecast meant;

> This calls in my view for some thorough study and new insights, leading at a later stage to radical decisions, affecting most if not all of the major programmes.

The message is quite clear. If we thought the last four years were bad, wait until we see the next four.

In the face of these attacks there is no reason to feel despondent or pessimistic. They can be fought. The Tories can be defeated. But to achieve victory over them we need to be clear what we are fighting for. We need to organise ourselves around and make any leaders we elect accountable to clear policies that put our interests before the priorities of the Tories and the profit-hungry pack of bosses who stand behind them. We believe the policies outlined in this programme can do just that.

Red Pulse is a regular bulletin put out in hospitals by members of Workers Power who are working in the NHS. Workers Power is a revolutionary communist organisation. Workers Power is what we want to achieve. This pamphlet explains in detail what we stand for. After you have read it, if you are interested in its ideas contact us at: Workers Power, BCM Box 7750, London WC1N 3XX

The Tory Onslaught

The last decade has seen a new period of capitalist crisis open up.

In the 1950's and 1960's successive Tory governments insisted that workers 'had never had it so good'. Minimal unemployment, substantial improvements in wages, the National Health Service - a component of the 'social wage' - were all cited as evidence for this claim.

The gains that were made in that period - including the NHS - have proved to be temporary and, in real terms, very shallow. They were the crumbs from the table of a relatively stable capitalist system. With the onset of capitalist instability in the 1970's, even the crumbs are no longer forthcoming. In fact, many of them are being taken out of our mouths.

Elected on the promise of tax cuts - a promise which in itself implied the need to cut public services - the Thatcher government have been hell-bent on savaging the 'social wage'.

The NHS has been a prime target. Not only is the NHS an expensive item of state expenditure, being one of Western Europe's biggest employers, it is also an ideological affront to the ruling class. Forthem, the market place should be allowed to extend into all spheres of life, including that of health care.

A 'free' (ie. paid for by taxes) state-provided health service, even one as limited as the NHS , is for them an expensive luxury which workers should not be allowed to have. By their attacks on the NHS, the ruling class, through the Tories, are attempting to split it into a section which they can not avoid paying for, the so-called Cinderella services for the elderly, the mentally ill, and a section that can be opened up to massive exploitation by private medicine. Even where they do have to spend state money, they will try to ensure that a large proportion of it finds its way back into the pockets of their friends - the bosses - through contracting-out.

The Tory attacks are being waged on several fronts - blatant cut-backs in services; income restrictions for the workforce; and concessions to the private sector, through privatisation and private medicine.

THE CUTS

Tory Health Service ministers are fond of claiming that they have in fact maintained, and even expanded, health service expenditure. The claim is spurious. They have claimed, for instance, that under their 1979-1983 administration, 45,000 extra nurses have been employed. While it is true that several thousand nurses have been employed, they have not added to or improved upon the overall level of service. The extra recruitment was to compensate for the reduction of the nurses' working week to 37½ hours and to fill gaps that existed in the hospitals. Meanwhile there are still staff shortages and thousands of nursing staff on the dole.

The Tories claimed to have expanded the NHS between 1978/79 and 1983/84 by 7% plus 0·7% efficiency savings, the latter having to be found from within existing authority budgets. Despite this increase in spending - and the figures are open to debate - it has not been enough to keep up with the changing demands on the NHS. As a result, despite the claims for expansion, cuts in services are

very real.

Since 1979, 109 hospitals have been forced to close and thousands more beds have disappeared. A similar number of hospitals are still faced with the axe. Over the years, numerous familiar names have disappeared. In Sheffield, two major hospitals have closed, along with several smaller units. In London, Hounslow Hospital and St.Georges, Hyde Park Corner, have been followed by, among others, St.Benedicts. In many areas new hospitals are opened only at the expense of others - the new Telford hospital will only be opened if several others are closed - or are not opened at all, because it is claimed there is no money to run them.

The cut-backs also show up in the waiting list figures. Since the beginning of 1982, 147,000 have been added to the waiting list for admission, which now stands at a staggering 785,000.

Another cut in the service is shown by the 600% increase in the prescription charges-from 20p to £1·40.

The Tories have implemented their cuts by means of the cash-limit system. By imposing a ceiling on the increase in spending by District Health Authorities and because costs have invariably risen by more than the 'standard' rate of inflation, because of increasing high technology and the super-profits of the drug industries, for example, authorities have been literally squeezed into cuts to stay within their budgets.

In relation to this, a former Tory health minister , Gerard Vaughan, made the effects of cash limits absolutely clear:

> Cash limits are paramount once the year starts. They take precedence, once they are set for the year, over the volume; that is why we have the phenomenon called squeeze.....If anything is to give, it is the volume. So the half percent (ie. 1980-81's promised real growth - ed) I agree, would be the margin that would be squeezed if the cash limit were not adequate.

The reality of all this is clear to see. In 1982, Oxford and Wirral health authorities produced plans that would have reduced the NHS to a level that was less than that necessary for accident and emergency cover. In Oxford, the plans included having just one accident and emergency centre per county, moves towards day surgery and 24 hour maternity care, and the charging of patients who had only recently arrived in the region.

Just as obscene was the closure of St.James Hospital in South Wales. The Health Authority spent £1 million modernising it. The squeeze then took effect and the same Health Authority paid £95,000 to dismantle the hospital.

Yet, with all this and more, there were some who felt that the Tories were not persuing this strategy with enough vigour. Walter Goldsmith of the Institute of Directors spelled this out:

> The greatest failure of the Thatcher government and that giving greatest concern to its business supporters is the fact that it has proved unable to reduce the 45% of Gross National Product consumed by the public sector.

This is the sort of advice the Tories are only too eager to respond to, by cutting to the bone the existing service.

INCOMES POLICY

Cuts do not only hit beds, buildings and jobs in the NHS. They also hit the wage packets of health workers. The Tories have consistently used the cash limit system as a public sector incomes policy, holding down - and in real terms, cutting - the wages of the workforce. Where the threat and fear of redundancy has warded off high pay rises in the private sector, cash limits have been used in the public services, including the NHS. As the Department of Employment Gazette made clear in June 1982;

> The doubling of unemployment during the last two years has held wages in the private sector to about 17% below what they otherwise would have been.....Incomes policies are clearly crucial in the public non-trading sector.

The NHS is not only one of the largest employers in the country. It is also one of the lowest paying employers. Of the 172,000 ancillary staff, 95% are still on a basic wage of £77.14 for a 40 hour week. The use of cash limits and two year deals as well as varying offers to different sections of the workforce were all designed to keep things that way.

PRIVATISATION

In the last two years, the emphasis of the Tory attacks has shifted towards privatisation - that is, insurance based medical care in pay-beds and private hospitals and, more recently, contracting out - and the use of the charity sector and voluntary organisations.

In 1974, there were 2.3 million subscribers to private health schemes, such as BUPA and PPP. By 1978, this had reached 3.4 million. But in 1981, the number had rocketed to 4.1 million. The rate of growth in 1980/81 had been 27.5% and if this rate were to continue, 10 million people would be subscribing by 1985.

Virtually all occupational based health schemes are already financed privately and private hospitals are mushrooming at the expense of the NHS. Within the NHS itself, there still exist the notorious pay beds, which should have been phased out under the last Labour administration, but which have been added to under the present regime. One of the earliest acts of the Thatcher administration was to abolish the Health Services Board, which was supposed to oversee the phasing out of pay beds.

However, as a result of the Tories' Health Services Act, the private sector is being allowed to feed off the NHS even more.

An attempt to build a private hospital on NHS grounds in Hanstead was justified by its sponsor thus

> "We share the opinion that the concept of the integration between the independant sector and the NHS, which is being promoted by so many members of this government and others, represents a major step towards achieving a harmonious integrated health service."

The entrepreneurs who trade in illness are growing more confident under the protective wing of the Tories.

Socialists object to private medicine, not just because of the inequalities which it produces - Thatcher's private operation, at £600, for varicose veins, during the 1982 pay dispute is a damning example. We object as well, because private medicine exists at the expense of the NHS. The private sector could not exist without some form of NHS.

Under the Tories, an 'integrated health service ' has been encouraged. What this has meant in practice has been private hospitals using NHS equipment - particularly for diagnostic techniques - and using the emergency services; health authorities are being encouraged to use private facilities for NHS patients, at a cost; and there has been the continued poaching of staff who have been trained at the expense of the state. All of this has increased and will further increase under the Tory administration.

Private hospitals have developed alongside the pay beds that are based in the hospitals. After all, patients who are prepared to pay cash, or through an insurance scheme to be treated in a private hospital, may, from time to time, find it beneficial to slip into a hospital bed, where the more extensive back-up facilities can be made use of. These beds have been used by full-time NHS consultants, who can now spend 10% of their time doing private work, without loss of salary - consultants, who will have a finger, or hand, in the private pie.

To enable patients to take advantage of private medicine, the insurance schemes have been given a substantial boost, with private subscribers being given tax concessions and, for example, pay deals, which incorporate membership of these schemes. In 1982, in the middle of the pay dispute, the Government offered the civil servants such a deal.

While hospitals have been closed down everywhere, the private sector has developed rapidly. Between 120 and 150 acute care private hospitals exist in Britain and the number of private beds is probably around the 10,000 mark. The expansion of the private sector, which the Tories hope will eventually relieve the ruling class of the to fund the acute service, has been accompanied by a parallel growth in the charity and voluntary sector.

Voluntary work has long been part of hospital life, but mainly in the areas of supplementing basic care. Hospital Leagues of Friends have visited patients, provided them wit entertainment and arranged flowers, although they have, from time to time, overstepped the acceptable limits. The Tories have shown, however, that they envisage a different role for volunteers in the future. Their document, 'Care in the Community ' proposes transferring responsibility for the elderly, mentally subnormal and mentally ill, to the local authorities, where care would be supplemented by voluntary organisations and, with the complete return to Victorian values, the family. With ever increasing squeezes on local authority budgets, it should be clear that the role of volunteers will be extended.

Tory Home Secretary, William Whitelaw, announced that; ' we must encourage people to take up voluntary service.' Former Health Minister, Patrick Jenkin, declared that, ' we must create vigorous involvement '.

The charity sector is also booming, with appeals to the public

for money coming from almost every hospital. In Sheffield, for instance, almost every hospital has an appeal, which is either on the go or just recently completed. In that one city alone, there are appeals for money for a special care baby unit, a day centre for cancer patients, a body scanner, a gymnasium for paraplegics and a laundry for patients' personal clothing. All of these should be being provided through state spending.

The craven propagandists for the Tory Party in the media have filled the T.V. screens with pictures of happy hospitals, financed by charity, while the NHS, particularly during disputes, is given nothing but bad press. The opening of a private childrens' hospital in Oxfordshire by a nun was given massive airplay, while at the same time, plans were being finalised for the closure of Tadworth Hospital, part of the Great Ormond Street Hospital for children. That has been the logic of Tory strategy.

The final string to the Tory bow centres around contracting out- the hiving off of laundry, catering and domestic services to private contractors.

Four years of Tory rule have seen them advance rapidly along their chosen path. Their goal is clear. They want to create a two-tier system: A national health system, with barely enough funds to cope with the old and terminally ill and run by private contractors. And a bouyant, profitable private sector to deal with those who can afford to subscribe.

The Principal Finance Officer at the DHSS recently expressed the situation in a nutshell;

> "We would have a second class health service in ten years. "

Labour's Record

Since the Labour Government established the NHS in 1948, they have always proudly claimed the service as one of its greatest achievements. However, like the Tories, Labour Governments have repeatedly attacked the NHS and have prevented it from becoming the comprehensive, free service that was promised. Indeed, when the NHS was established, Aneurin Bevan, the 'left' Labour Minister responsible, had already compromised with the fat-salaried consultants of the British Medical Association. And this was at a time when Labour had a huge parliamentary majority and massive public support for the new Health Service. Bevan, nevertheless granted to the consultants the right to conduct private medicine within the NHS itself. Since then, Labour has slowly, but steadily, retreated before the demands of the profiteers and privateers.

Labour were the first to implement prescription charges. And Labour remains committed to maintaining the private sector in medicine, as a permanent challenge to the NHS. The most they will concede now is that the private sector should be kept entirely separate from the NHS. This pledge was made in 1973:

> ' Medical need shall determine the right to a hospital bed. This can only be done by the total separation of private practice from the Health Service. '

Despite the setting up of the Health Services Board in the mid 1970's, supposedly to oversee the phasing out of pay-beds, and a noisy campaign by NUPE, the reduction in pay-beds during the Wilson/Callaghan administration was barely noticeable.

When the Bill, which set up the Health Services Board, was going through Parliament, Lord Goodman wrote to the 'Times' : ' If this Bill is approved, I believe it provides a secure base for private medicine and a springboard for its continuation and, I hope, enlargement. '

The National Health Services Act was a boost for private medicine. It set no date for the phasing out of beds, there was no restriction on provident association advertising and there were only weak restrictions on private hospital development. While legislating for the phasing out of pay beds, Labour also guarranteed the right to private medicine.

NUPE had demanded that by 1976, all pay-beds should be phased out. But between 1977, when the first reductions were made, and 1979, less than half of the 4,444 pay beds were cut. At the beginning of 1979, 2,819 pay beds remained. Given that the government oversaw the phasing out of mainly under-utilised beds - some 1,000 - it can be seen that queue jumping was still rife after nearly five years of Labour rule.

The maintainance of the private sector was only one of the ways in which Labour attacked the NHS. A more dramatic attack came when the Government bowed to the pressure of the ruling class and the IMF.

Instead of defending the welfare state as socially useful and beneficial to the working class, the Labour Government under Callaghan (and first Wilson) tried to regenerate the national economy by boosting the private capitalist sector, in part at the expense of the public sector. In 1931, a similar response had been

made by a Labour Government, when it cut unemployment benefits as a way of tackling economic problems.

The major step on this path was the November 1974 mini-budget, which aimed to boost company profits. Companies received tax relief on the increase in the value of their stocks, which had risen sharply with inflation. The relief was back-dated, and amounted to £2.5 billion. The following month, price controls were relaxed to boost profits further, and retail prices went up by 1½%.

These handouts to the bosses meant that there had to be further borrowing to finance services. But this was a short-term solution, which to served to increase pressure from the banks on the Government to cut borrowing and to cut the Public Sector Borrowing Requirement (PSBR) in particular. The Government duly responded in the April 1975 budget, which increased taxation on consumer spending and cut the public sector funding by £1 billion. It also contained the first announcement that public sector spending would be curbed by introducing cash limits on the amount of money available, so that if costs and wages rose above a certain level, then services and jobs would have to be cut. So Labour has the ignominious distinction of having introduced cash limits.

The rest of 1975 saw a consolidation of this approach. A wage limit deal was cooked up with the TUC for civil service workers in July, against the background of a series of runs on the pound. Local authorities were told to budget for no increases in 1976-77.

Labour had set the ball rolling; profitability was given pride of place over workers' needs; taxation was used to shift the burden from capital and onto workers and consumers; new controls were put on public spending, while relaxation of controls on companies, and handouts to them were the order of the day for the bosses. Then, in 1976, the Labour Government went even further. The International Monetary Fund, the world's most powerful parasites, dictated that Britain was living beyond its means. The solution to this problem was to slash public expenditure. Labour Chancellor, and arch bosses man, Dennis Healey, willingly obliged. Huge cuts packages were announced in 1976: the projected spending for 1977-78 was to be cut by £3.6 billion, and that for 1978-79 by £4.5 billion. Included in these cuts were specific targets for eliminating jobs in local councils and the civil service. The implementation of the new cash limits system also began in 1976. Further administrative curbs were imposed, including using the contingency reserve - formerly just a sum used to cover unforseen needs - as a Treasury ceiling on any political decisions to improve services. The control system was much strengthened by this; public services were firmly subordinated to the confidence of the financiers. The priority for public services was now the reduction in the PSBR.

The cuts had the intended effect; by 1978-79, the last year of Labour's office, non defence spending was 8½% lower than 1975-76, - excluding social security benefits, which had gone up by 18% because of unemployment. Civil service jobs had fallen by 15,000, food subsidies reduced and rents and charges increased.

The NHS also suffered terrible blows under Labour. Between January 1977 and October 1978, Labour approved the closure or transformation of 214 hospitals (transformation, involving the loss of beds) Of their programme, 143 closures/ transformations went ahead. They approved the actions of an Area Health Authority- organised police

mob, which broke up the Hounslow Hospital work-in. The hospital looked as though a bomb had hit it after those thugs had finished. Labour approved a programme that, in London alone, 31% of its beds would disappear. £110 million would be cut from the budget for London and 24,548 jobs would go. (Under The Axe. Pamphlet by NUPE.) After 30 years of the NHS, the number of hospital beds in Britain had fallen! At the end of Labour's last reign, the number was down to 9.3 beds per 1,000 people. In 1949, the figure stood at 10.3 per 1,000.

Throughout the 1970's, cash limits were used to control and limit the public sector and after 1975, programmes were never again drawn up on the basis of what the services needed.

On the pay front as well, Labour attacked NHS workers. Its pay limits differentially hit the low paid. Its final 5% pay limit was a joke, given the already appallingly low wages in the NHS. The Callaghan Government steadfastly refused to lift health workers from the poverty line, by granting a minimum wage. The compromise of comparability did nothing to achieve an end to low pay, as wage levels today clearly show.

These policies were not in Labour's 1974 election manifesto. They were the result of Labour's willingness to accept the priorities of the IMF rather than the needs of the workers who had elected them to office. When Healey went, cap in hand, to the IMF, they laid down conditions for their loan. These were to be cuts and a governmental commitment to keep within specified targets for the PSBR and money supply in general. That was another 'first' for Labour. They, not Mrs Thatcher, get the dubious credit for introducing monetarist policies in the British economy. They were not just unwillingly forced into this by the IMF - they had made the decision a year earlier in giving precedence to the requirements of the finance markets over political commitments. Nor were policies changed when the need for IMF support for Sterling was over. At the end of 1977, when the loan was repaid, Healey announced he would be sticking to the policy guidelines, laid down by the IMF.

Labour's record then, is not one of it defending the NHS from cuts. At best it is a record of maintaining the status quo. At worst (the 1976 cuts) it is one of attacking the service, every bit as vicio sly as the Tories.

Why Labour & Tory Attack NHS

The NHS was established in the aftermath of World War Two in response to enormous pressure from working class people. The involvement of millions in the war, not only in the armed services but also, and especially for women, on the home front, produced a great radicalisation of the population. People remembered the post First World War swindle of a land fir for heroes to live in . The overwhelming mood was No return to the Thirties . Labour promised to 'win the peace' for the millions who had suffered during the war. That is why they won the 1945 general election. Workers' votes threw out the great statesman and victor Churchill. The trades unions had mushroomed during the war. The bosses and the Tories were demoralised and divided. The NHS - part of a liberal welfare system designed by people like Lord Beveridge - was carried through with relatively little resistance. This reform, plus the reforms in education, the nationalisation of public services and the housing programmes kept workers radicalism within the bounds of what Benn correctly calls 'Welfare Capitalism'. The onset of the long boom in the late 1940's, which was to last until the late 1960's, provided the basis for the maintenance of this system by Labour and Tory governments alike. The idea of a 'social wage' made up of free health treatment, social security, low-cost housing and subsidised public services was widely canvassed by the Labour right as having replaced the need for socialism or nationalisation. Capitalism, they said, was an old-fashioned concept.

But below the surface capitalism's profit rates were falling - and British capitalism's rates more than those of its rivals. The concessions of the post-1945 years, which the bosses felt they could afford in the fifties and sixties, came to be an intolerable burden eating-up their profits via taxation in the 1970's and 1980's. Thus the NHS became target No.1 for the grab-back brigade that Britain's bosses put at the head of the Tory party. But as they never tire of saying, 'It all started under Labour'.

Why have both Labour and Conservative governments attacked the NHS, which is so important for our health needs? To answer that question you have to put the NHS in the context of the wider society that pays for it and uses it. The economy in this country is capitalist. Capitalism is an economic system in which the production of goods, the supply of services, and so on is carried-out in order to make profits, and not in order to advance what people need. Under this system a tiny part of the population own the factories, construction companies, the money to invest etc., and therefore these people - the capitalists - get the bulk of the profits. That is what they are in business for. In fact in Britain today, 1% of the population owns 50% of the wealth. 7% owns 84% of it. And less than 5% own more than 95% of all company shares. This doesn't just mean that they are much richer. The money which they invest, or don't invest, the companies which they control, means that <u>they</u> decide what is produced, how, where, and when. And all to make profits for themselves. This means that they are a very powerful small group of people - the capitalist class. Because they have this power, and their system dominates the economy, they are a <u>ruling</u> class.

Their system has a tendency to go into crisis. It can't always make enough profit for it to be worthwhile to produce much; workers, who actually create the wealth through their labour, are thrown out of work. The only way in which the rate of profit can be kept up is for workers to be exploited more, by having less pay and by having

to work harder. But more than that, the money in the economy must be redistributed in order to keep the capitalist system afloat. Money must be transferred from the social welfare services into the private (capitalist, profit-making) sector. This is in order to reduce the taxation on capitalists and to free more money to be invested in production for profit. As we have seen, this is often done very simply by government hand-outs to the bosses. It is supposed that the capitalists will invest this money in modernising their factories, setting-up new industries, setting people back to work, and the economy becoming lively again. But in a period of recurrent crises they simply do not make enough profits to make such investment worthwhile. Needless to say, we need the services which are cut - we cannot pay for health care like the capitalists, we need cheap bus-fares, we need low rents and cheaper houses, decent education, old peoples' homes, and childrens' nurseries.

The Tories are the open party of the capitalists. It is obvious why Tory governments attack our living-standards. But what about Labour? We have seen that their policies are often very similar to those of the Tories. Labour governments attack workers too. Yet the Labour Party is based on the trade-unions and claims to represent workers.

Labour sometimes claims to be 'socialist'. But the Labour Party is also committed to the 'mixed economy', which is capitalist. There is no secret about this - it is the open and avowed policy of the Labour Party and its leaders. Sometimes the leaders pretend that they will shift the balance of the economy towards predominantly public ownership, and control, so that things are produced to meet the needs of the bulk of the population - the workers. But no Labour government has ever gone near to doing this. Just think about it; to get rid of private ownership of production and wealth, a Labour government would have to take away the property of the capitalists. The capitalists - the ruling class - would fight, tooth and nail, to defend their power and privileges. Labour has no intention of challenging them.

What Labour actually promises is to reform the system, to win a better condition for workers in it without actually upsetting the system. But we have seen that the system depends on exploiting workers to continue making profits. When profits are small, there is no room for reforms to be squeezed out of the bosses. You either have to challenge the system, or carry on trying to coax it back into life out of its crisis at the expense of the working class. It is this latter path which Labour always follows. In a boom, reforms are possible. But in a recession, remaining committed to 'the mixed economy' means siding with the capitalists. This is what Labour is committed to. That is why we say it will always, in the end, side with the bosses and betray the workers. And that's why Labour cuts the health service.

Their 1983 election manifesto offers nothing that was not offered in their 1974 manifesto. It promises to expand services and the public sector by.....borrowing.....and we have seen the record of that policy. In fact there is only one real difference between 1974 and now. Whereas Labour limited wages in 1975 after it was elected, in May and June 1983 it promised openly to do that right from the beginning of the election campaign, through the National Economic Assessment!

Crisis of leadership in Unions

In the face of the attacks on every section of workers, the leaders of the NHS unions - like the leaders of every other section of the working class - are incapable of making a fundemental challenge to the root cause of the attacks; the capitalist system. Both right and left wings of the trade union leadership are incapacitated by the logic of their position. All wish to see the system reformed, for their members to achieve better pay and conditions. But all the trade union officials owe their very existence to the continuation of the capitalist wages system. They mediate for better pay and conditions between us and the bosses. They have an interest in keeping both sides of the (unequal) partnership in existence. Their whole reason for being is to bargain within the existing system not to overthrow it.

Of course, the other side of this is that they need to stop us, the rank and file, from taking matters into our own hands. This means that, time and again, they are forced to betray our struggles, rather than let them develop into mass struggles that might actually challenge the bosses' system. They are forced to negotiate the 'least bad' terms for us in times of economic crisis - redundancy pay instead of jobs! They do the bosses' dirty work by tightening their members' belts for them! Promising of course that one day, when the world crisis is over, or when we have import controls or have pulled-out of the EEC, that the jampot will be back on the table.

The basic conservatism of the trade union officials stems from their very position as negotiators with capitalism. However, this conservatism is greatly reinforced by the way the unions are presently organised.

In many unions the officials are not elected at all but are appointed. Even where they are elected, they are often elected for life. In NUPE, the General Secretary is appointed for life. In some unions, like the AUEW, the officials are subjected to re-election but the periods (five or seven years) are long and allow the officials to remain unchecked and unaccountable at the time when they are actually making decisions against the interests of the rank and file. Certainly some national officials are subject to control by a lay executive or by a conference but, again, the indirectness or the infrequency of elections to these bodies and the fact that the lay delegates to these bodies are increasingly drawn from the ranks of stewards, convenors and branch officials who are engaged nearly 'full-time' on union business, all tends to weaken this control.

A crucial factor in the distance between full-time officials and the membership is the wide difference in income and life-style between them and their members. Generally, national officials are paid double or treble the average wage of their members. Obviously they are not directly spurred to struggle in the same way as the rank and file are. They are not under the same material pressures and as a result often do not understand the urgency of meeting a claim in full. They will be more open to pressure from the bosses to negotiate a compromise.

These 'compromises' - in plain language, sell-outs - become the aim and object of the bureaucracy. Obviously, in a strike, the members have to be mobilised in such a way as to frighten the employers into conceding something. However, this is normally done in such a way as to ensure that the members do not get out of hand .

In other words, the members must not take democratic control of the dispute. This is especially the case when such struggles hold the potential for becoming political struggles against a particular government - and thereby against the capitalist system.

The 1982 NHS pay dispute gave us excellent examples, both locally and nationally, of the union officials' sabotage. Their desperate desire to compromise and, at times frenzied, efforts to tightly control the action revealed quite clearly their unwillingness to fight, to a large number of frustrated militants. Throughout the dispute the real initiative came from the rank and file. It was the local Joint Shop Stewards' Committees (JSSC's), Area Stewards' Committees, strike committees etc. which actually carried out the work of mobilising for the (inadequate) days of action, and attempted to extend that action. It was they who were left to approach the miners and council workers - the rank and file who initiated imaginative tactics such as hospital occupations. They pressed for and organised solidarity action and financial support from their brothers and sisters in the localities. And it was the rank and file who demanded from their leadership that they call on the only tactic that could have won the dispute - the all-out strike.

The response from the officials? Nationally NUPE head office responded to the call from its own conference (the highest bodyof the union) for an all-out strike by sending out a circular instructing local officials not to act on the resolution. One local official warned a hospital mass meeting that if they took all-out strike action they could expect no support from him. Albert Spanswick of CoHSE repeatedly declared that a national strike would be a challenge to the government which he wanted no part of. A spurious, bureaucratic "unity" between the top officials on the TUC Health Services Committee was substituted for a resolute united strategy which could have won the claim.

The TUC's handling of the dispute did not go entirely unchallenged by the rank and file. There were sporadic outbursts of local all-out strikes and occupations. But these instances were fragmented, isolated, and uncoordinated. And the militants who organised them were, above all, unclear as to their goals, their programme. Knowing that something was going terribly wrong with the dispute, distrustful of their leaders, yet seeing no alternative - and not anticipating the full depths of bureaucratic manoeuvre and sabotage; they lacked a clear, coherent strategy for taking the dispute out of the hands of the TUC.

For this reason we describe the crisis of leadership as not being simple confined to the summits of the trade union leadership, but as extending right down to the workplace stewards who are prepared to fight but do not have the arguments necessary to combat a leadership committed to propping up an ailing capitalist system. To defend the working class successfully and to form this defence into an offensive means welding militants into a unified force. Unified by a communist programme, by class struggle tactics, by the leadership of a revolutionary party - such a unified force could seriously challenge and ultimately replace the present TUC (and Labour) misleaders.

For a Rank and File Movement to transform the Unions

The tasks which the present period of capitalist crisis faces the working class with, both of a political and an economic nature, both defensive and offensive, requires organisations, methods of struggle, strategic goals and immediate tactics which present-day reformist (or a-political) trade unionism is completely unable to provide.

The old reformist programme of piecemeal trade union improvement of living standards, allied to parliamentary reforms, which did receive a boost in post-war capitalist expansion, has now become a terrible straightjacket on the working class.

No programme, no strategy can be adequate to these needs except one which calls for the direct militant action of the workers themselves at all levels and in every phase of the class struggle from the strike over a wage claim up to and including the taking of state power by the working class.

The trade unions, essential mass organs for the defence of the economic interests of the working class, can not limit themselves to this task alone. Today, unions which do not take up the tasks of political struggle against the bosses, which do not actively train and prepare workers for socialism end up, via the medium of the trade union bureaucracy, tying the workers movement to the bosses system, crippling even the elementary struggle of economic self-defence and educating the masses in passivity and self-sacrifice for the continuation of capitalist society.

It is vital that we win the unions from the grasp of their bureaucratic leaders, who collaborate in tying them ever more closely into the capitalist state in return for privileges and positions in the lower echelons of its machine (Government commissions, councils etc.) This means transforming them from their present narrow stultified form as organisations of, at most, half the working class into real fighting organs of the great mass of the working population. This necessitates transforming them politically, breaking down the bureaucratic rules and regulations and the sectional attitudes which sustain them - which exclude politics. It means taking politics into the unions, making the unions take up the question of women's rights, such as abortion, of the British oppression in Northern Ireland, of action in support of the African masses against apartheid and in support of struggles against Imperialist domination throughout the world. It means taking up the struggle against racism in the unions, in the workplace and on the streets.

To achieve these aims, the rank and file militants of the unions must be rallied into a movement which has a definite fighting policy on the key issues facing the class; which recognises the necessity of winning the mass of the membership to the struggle for socialism; which trains and puts forward an alternaltive leadership to that of the bureaucrats.

In the health service, this means immediately building local rank and file organisations, based on the workforce in a particular workplace. These local committees must be linked into a national network ofrank and file committees, within which communists can argue for the programme that will meet the demands of health workers.

This form of organisation should be seen as distinct from other forms of "rank and file" bodies, which are either fronts for political organisations, eg. the hospital worker group (SWP - now demised.) or are loose collections of militants that can best act as a broad left caucus existing only for electioneering purposes and annual conference interventions. Group'81 in COHSE looks to be in danger of falling into this category. Neither version of rank and file

movement will help N.H.S. militants in their struggles. Only a genuine rank and file organisation such as we have outlined, in the unions and workplaces, and across them, will.

Put the Unions on a War Footing

In the key health unions - COHSE, NUPE, ASTMS and NALGO - a rank and file movement would have to fight for policies that could transform the unions into real fighting organisations.

The fight to defeat the bosses' offensive can not be effectively carried through with the unions and shopfloor organisations in their present state. In the health service this problem is acute.

The question of unionisation itself is still a problem for health workers. Many workers, particularly among nursing, and other professionals and administration and clerical staff still remain unorganised. A massive unionisation campaign, particularly among part-time workers and women, should be waged. Without this, a solid base for putting the unions on a war footing can not be built.

Alongside such a campaign, efforts must be made to win staff out of the 'scab' professional organisations, such as the R.C.N. The role of such organisations was adequately illustrated during the 1982 pay claim, where their existence was used by the government to split the workforce, giving preferential offers to the grades of staff where these organisations predominate. The newer, unofficial organisations such as the National Institute for Caring Employees (NICE !) which base themselves on hostility to industrial action, must also be destroyed.

But to win workers to the trade unions, they have to be shown to be democratic organisations that will fight. As we have said, workplace organisation in the health unions is extremely weak. COHSE only introduced a stewards system in 1972, NALGO in 1977 and NUPE in 1967. Thus there is little in the way of an established tradition of stewards' organisation. Indeed, in NUPE, for years there was an almost exclusive reliance on local full-time officials, whenever ba basic workplace grievances arose. This state of affairs was no good for strikes. The 1982 dispute highlighted the central importance of workplace organisations as the instigators of effective action.

* We fight for an extensive shop stewards network in the hospitals. Joint shop stewards committees, representing all grades of staff, must be built, with meetings being held in work-time and on full pay.

* All stewards should be regularly elected and made accountable to their members. The right to recall stewards, who should have no privileges beyond those necessary to carry out their jobs, should be firmly established.

* The committees should be real representatives of the whole workforce, free from craft and inter-union divisions. In order to keep members involved and info informed, stewards committees should report regularly to mass and section meetings and should produce regular workplace bulletins and newsheets, the content of which should be democratically controlled by the members.

* The joint stewards committees should fight for 100% trade unionism - for the closed shop.

* To ensure the full involvement of union members, it is essential to organise branches that are based on the workplace and that meet in work time. This is doubly important in involving the whole workforce, particularly women, who may not be able to attend meetings outside of working hours.

* A crippling weakness in the N.H.S. is inter-union rivalry. After the 1979 dispute, the leaderships of COHSE and NUPE indulged in disgraceful and divisive antics. Even in the 1982 dispute, where such great play was made of unity, divisions between the unions played a vital part in defusing the action. NUPE failed to fight for their own conference decisions, using the argument that the campaign had to be a united campaign - around the lowest common denominator. At the same time, both COHSE and NUPE vied with each other for the most militant 'face' - angling for members rather than fighting to win the struggle.

The only sure way of removing such damaging divisions is to fight for one health service union - one democratic union, controlled by the members. We would be opposed to any amalgamation that led to a federalist structure, with the component parts acting independently of each other, as in the engineering union, with its four sections. A single health service union must be fully integrated, with the entire membership deciding policy for the union as a whole and not just for their particular section.

DEMOCRATISE THE UNION STRUCTURE.

At present, the unions are hopelessly undemocratic. In NUPE, Bickerstaffe, Keating et al are all appointed for life, as are the COHSE leadership. They are paid salaries, far higher than the members wages. NALGO has some 700, non-elected full-time staff, 220 of whom are organising officials. The situation ensures that the trade union bureaucracy have a free hand, not being under the direct control of the rank and file. Their ability to betray is considerable.

* For this reason we argue for all full-time officials to be regularly elected, by a show of hands at branch meetings in worktime, and constantly accountable.

* The sovereign body in all unions should be the annual lay delegate conference, the decisions of which should be binding on all officials and with all disputes based on the defence of trade union principles and on support of conference policies being immediately made official.

* Health service unions should take their place within the wider labour movement, including affiliation to the Labour party. Delegates to the Labour party at all levels should be democratically controlled by the rank and file. The block vote, wielded at Labour party conferences, should proportionately represent the views in the union, as decided by annual delegate conferences. Delegates to the conference should be elected via the branches.

THE T.U.C.

Within the TUC, the health unions should fight for policies that strengthen trade union solidarity. They should pledge support to all workers striking in defence of trade union principles. Local trades councils should be opened up and transformed into action-based councils, organising around struggles of the rank and file, rather than being local mouthpieces for the TUC bureaucracy.

In particular, health workers in dispute should seek to link up in action with other workers in struggle. A democratic, fighting public sector alliance can link up and strengthen workers in struggle.

The trade unions should fight for a fully democratic TUC, composed of lay delegates, who, alone, should have voting rights. A general council should be elected from among the delegates of the TUC.

The TUC should have the power to call out all unions in general strike action.

STRIKE ACTION IN THE HEALTH SERVICE.

But the question of strike action poses particular questions for health workers. To put the health unions on a war footing, the arguments must be won in advance.

Failure to defend jobs and services or win pay increases is in part due to the ruling class having won the arguments, imposing responsibility for patient welfare on the workers themselves.

Health workers must recognise that it is the state that bears responsibility for health care. If they want to avoid strike action, which does put patients at risk, then they have to shoulder their responsibility and concede to the just demands of the health workers.

Strike action must be all-out, with emergency cover, if any, only decided after the action has been organised and by the workers themselves. It is essential that these arguments are clinched as this form of action is crucial to winning demands based on working class needs.

Stop the Cuts

The N.H.S., along with all other services connected with the Social wage must be defended against Tory attacks. Under the slogan "We will not pay for the bosses' crisis" we must fight for direct action against cuts and closures.

Strikes, occupations, solidarity action by other workers, mass picketing, no cover for job vacancies, these are the forms of action to defend the N.H. S. and our jobs. The language of reason will bring nothing from the profit-system. Only a determination to act and win, will.

We must not only stop the cuts but force a massive injection of cash into the public sector so that the cuts already made are restored and improved. As part of a programme of public works under Trade Union control a massive hospital building programme must be undertaken.

Social Expenditure must be protected from inflation and stagnation by a sliding scale of social expenditure. For every 1% rise in inflation there would be an extra 1% rise in expenditure.

In 1981 when, according to the Bank of England, profits were at an all time low, Glaxo - a major drug company made £125 million profit. Only advertising and oil are more profitable. Drug companies spend twice as much on advertising as they do on research. Most major research is carried out by Universities. Generic drugs cost one quarter to one tenth of brand name drugs! These companies are a drain on the resources available to the N.H.S. They must be nationalised with no compensation, under workers' control and integrated into the Health Service, geared to its actual needs.

As well as the drug companies, the parasites who dictate how much we can and can't have for our N.H.S., the banks and finance houses, must be nationalised. Again no compensation should be granted to the multi-millionaire owners of these enterprises, and workers' control must be introduced. Public spending should be based on what is needed <u>not</u> on what the sharks in the City of London say capitalism can afford.

Privatisation in the N.H.S.

Health workers face a new threat to their jobs and incomes - Privatisation. The Tories' aim is a wholesale handing over of the profitable sections of the N.H.S. to the private sector. Health workers must fight for a health service free at the time of need and against the introduction of a two tier service, one for the rich and one for the poor.

The first steps towards privatisation came through pay beds in the N.H.S. The Labour government equivocated on the issue and made it easier for the private sector outside the N.H.S. to take a firm toe hold. The Tories, through the 1980 Health Services Act, at a stroke, knocked down virtually all barriers for the private sector. Consultants have new contracts allowing them to undertake private work without damaging their N.H.S. status and pay beds are not to be phased out.

Moreover, the Secretary of State under that Act is empowered to make N.H.S. services and accommodation available to private patients and authorise private practice in an N.H.S. hospital where demand requires it. Health workers

must black all private work in the N.H.S., that is pay beds, diagnostic procedures such as blood tests, X-rays and all operations and treatment. There should be no co-operation with consultants or other medical practitioners using N.H.S. time or equipment for their profiteering.

The private sector, outside the N.H.S. has grown considerably with the encouragement of the Tory government both directly through legislation and indirectly through the cuts. In 1982 there were 140 acute private hospitals with 35,000 beds. There are plenty of profits to be made out of acute health care, so much so that companies not connected with health are taking a keen interest. British Caledonian Airways and Trafalgar House are in discussions over the building of a private hospital near Gatwick Airport. This private sector has grown up on the back of the N.H.S. and its workforce, milking it of funds, technology and staff. These private consortiums should be immediately rationalised without compensation and integrated into the N.H.S. under workers' control.

Another area that has profited considerably under the Tories is the private health insurance companies like B.U.P.A. The number of subscribers has more than doubled between 1979 and 1983. Subscriptions of £125 million yielded profits for B.U.P.A. and P.P.P. of £40 million. Ill health is a very profitable business. E.E.T.P.U. negotiated entry into a private medical sheme for 40,000 electricians as part of a wage deal. All such deals should be scrapped. There should be no encouragement of such schemes in the Trade Union movement.

Geoffrey Howe is obviously pleased with the growth of these schemes but is keen to force them to grow even more.

"Private health insurance is already one of Britain's growth industries. We must encourage it to grow faster". (July 1983)

The one way the Tories can ensure the growth of private health insurance is through privatising the N.H.S. This is the aim of Tory strategy. Their attempts began in June 1980 through a circular encouraging contracting out, which was largely ignored by Area Health Authorities at the time. The Tories in March 1983 have made it clear that laundry, catering and domestic services (to start with) must be tendered out. Financial incentives have been offered. These moves are a direct attack on those sections that have traditionally been better organised and taken action on pay, conditions and the cuts. Privatisation is a political move against health workers and against the N.H.S. It will mean a break up of union organisations, redundancies, lowering of wage rates, deterioration in conditions, scrapping of health and safety. It must be fought nationally and locally with direct action, mass pickets, occupations to prevent moving out of equipment, strike action. No contractor should be allowed inside the hospital gates. All present contractors should be kicked out. There should be no co-operation with contract workers already there. Workers committees should be elected to monitor all attempts at contracting out and all other private work. The D.H.A. should open the books to workers inspection to pin point all areas of private work.

Health workers must fight for a health service that is absolutely free at the time of need.

Wages, conditions and unemployment

N.H.S. workers are amongst the lowest paid workers in the country. Even if the 1982 claim of 12% had been met in full, most N.H.S. workers would remain on incomes below the official poverty line. Low pay particularly hits women. In 1981, 59% of the female full-time workforce were on less than £75 a week - gross earnings. Even now, in 1983, many ancillary staff still take home little more than £50 a week. With many of the 75% of the N.H.S. workforce that are women, being part-time, it is clear that the fight against low pay is a priority. At the same time, staff often have to work unsocial hours, with overtime and special rates being very poor. Many staff still do not get double time for working week-ends or bank holidays.

Add to that staff shortages, heavy work with patients, risk of infection or, in some cases violent attacks from patients or the public and the picture of working conditions in the N.H.S. is complete - and it's not particularly rosy.

The trade union movement in the N.H.S. must take up the fight around all these issues, in such a way that the demands and needs of health workers are met. The 1982 pay dispute showed us that, to win these demands, the only action that can be contemplated is all-out strike action, with emergency cover being decided by the strikers themselves.

Health workers should fight for <u>policies</u> that can end the problem of poor pay and conditions.

* For a guaranteed national minimum wage, which should be in line with the national average industrial wage.

* For catch-up claims to restore the loss of living standards caused by years of pay restraint.

* For a sliding scale of wages, based on a 1% rise for every 1% rise in a cost of living index, worked out by price-watch committees of N.H.S. workers and their families.

This is necessary because of the phoney retail price index which does not reflect the needs of working class families.

* No to <u>all</u> incomes policies in whatever guise. The trade unions should oppose any deal with the government, whether Tory or Labour, that seeks to restrict wage increases. Incomes policies under capitalism mean attacks on our living standards.

Wage increases should be achieved through free collective bargaining. The antiquated and bureaucratic system of Whitley Councils should be abolished. The Whitley Council System was first introduced during the first world war, as a way of taking the negotiations out of the hands of local militants and concentrating it in the hands of national committees - half management and half workers. This system, designed to undermine militancy and to promote a more efficient war economy, was in 1948 found to be ideal for the N.H.S.

The added problem of having representatives of professional organisations, with no trade union connections, sitting on the committees and deciding the pay and conditions of health workers, means that health workers have little control

over negotiations.

Health workers should have full control over their pay claims, deciding what should be accepted through mass meetings of health workers in the work places.

Votes should be taken on a show of hands.

There should be special payments for all staff working necessary unsocial hours, with at least double time for evenings and week-ends and more for nights and bank holidays.

Health workers should fight all redundancies or 'natural wastage' in the N.H.S. The N.H.S. is understaffed and more staff and hospitals are needed to provide a service.

The deceitful claims of the Tories that they are employing more nurses, does not explain why thousands of nurses find themselves on the dole queues, while the jobs of ancillaries, administrative staff etc. are lost through cuts and 'natural wastage'. The unions must fight for direct action to protect jobs - and therefore services.

There should be no cover for unfilled vacancies, no overtime working and no cuts and closures.
* Health workers should oppose all bonus schemes or 'productivity deals' (which sell jobs for a little more cash) all speed-ups and deliberate understaffing.

They should fight for a sliding scale of hours under trade union control. When the work slackens the hours should be reduced, with no loss of pay. The number of hours worked should be geared to the needs of the job. By controlling hiring and firing, an important step can be taken in alleviating the deadening weight of shift-work. Whilst unavoidable in the N.H.S., shift-work, and therefore the associated social and psychological/physical problems, could be reduced. To achieve this we need to struggle for workers control in the industry.

To combat redundancies and relieve unemployment, there should be work-sharing - not the job-splitting that the Tories propose as a way of cynically reducing the unemployment figures, while paying a pittance - on full pay and under trade union control. All work in the N.H.S. should be paid work and at the agreed rates. Health workers should oppose work by volunteers and workers on government schemes.

There should be an immediate introduction of a 35 hour week, with no loss of pay and a negotiated reduction thereafter. Cut the hours not the jobs.

Heath authorities which claim they cannot meet the cost of these demands must be forced to overspend.

Trade unions in the N.H.S. must have full access to minutes of management meetings and authority plans. When management say they have to close a service or default on a pay deal, then health workers can defend their jobs and living standards and the N.H.S., on a fully informed basis.

Open all the books and committees to health workers' inspection.

At the same time, the government must initiate a massive injection of cash into the N.H.S. along with a crash programme of public works, involving the building of new hospitals, health centres etc.

Unemployed health workers should be involved in campaigning around these demands retaining full trade union rights when they become unemployed. Trade unions should organise unemployed sections and encourage the setting up of unemployed workers unions, which should be under the control of the unemployed

themselves but which should receive real-assistance from the rest of the labour movement.

Defend the Trade Unions

A major obstacle to the British bosses' plans for wage cuts, service cuts and job cuts, is the organised struggle of the working class. The trade unions, particularly at the work-place level, have been a thorn in the side of all governments trying to manage capitalism's crises. The last Tory government - helped by fear of mass unemployment and a cowardly T.U.C. - did manage to pass extensive anti-union laws. More will be on the way.

Prior's 1980 Employment Act restricted the ability to take solidarity action and picket other places of work. Tebbit's Act was the Tories' second - more severe - stage of union bashing. The closed shop - 100% trade unionism - and the right to take political strike action were attacked. Blacking of goods in other disputes was outlawed and workers claiming unfair dismissal have lost more of their rights. The Tories are making sure that if, in the event of an economic upturn, militancy increases, they have the legal weapons to attack the unions with. That is why a third stage of legislation is planned which will make strike ballots compulsory - an affront to workers' democracy and a gift to the bosses' yellow press, the Sun et al who will do everything they can to influence results in favour of the bosses. This round of legislation is also going to break our right to dispense of our political funds how we want. It is out to break the links between the unions and the Labour Party, not democratise. Also, crucial from the point of view of health workers, Tebbit has proclaimed to ban the right to strike in essential services - like ours.

All of these measures are aimed at weakening effective rank and file trade union action. The bosses will use their laws, when the time is right for them, to stop us striking for a decent wage, or against job cuts.

The Tories have proved themselves both determined and well prepared in their attack on the whole of the working class. Success in fighting them requires, as resolute an approach by us.

Their attacks on the unions are central to their plans and only the most wide-spread and militant action will force them to retreat. It means mobilising the rank and file for direct action to stop the rot and throw back the Tory offensive. A class wide mobilisation is necessary to defeat their class wide attack on us. The laws are an attack on the rights of every single trade unionist. For this reason it is necessary to recognise that only a General Strike can wipe the Tories' laws off the statute book. We must campaign in every union and work-place to demand that the leaders of the T.U.C. call an indefinite General Strike. We cannot have any doubts that this will only happen if the T.U.C. is under massive pressure from the rank and file. If they fear that developing mass action will get out of their control they will try to strangle it. That is why the rank and file must be ready to organise and control such action themselves.

The best means for doing this is to ensure that in the fight against the Tory laws we organise cross union and cross industries committees in every locality. Not only are such committees the best means for mobilising action, their existance is as controllers of the strike which is also the best means of stopping the bureaucrats demobilising a general strike.

Defend the Oppressed

Workers can only win the battle with the bosses if they draw into their class struggle all those who suffer extra oppression or exploitation in capitalist society - women, blacks, the young, the aged, gays. In the first place this is a fight to unify the working class itself. Divisions between women and men, black and white, enable the bosses to weaken and defeat us. To forge unity the unions, especially in the work-places must become champions of the special needs of these groups. They must fully open the workers' organisations to the oppressed.

Women Workers

Over 75% of the N.H.S. workforce are women, a large number of these women are part-time workers. In NUPE in 1982 66% of the membership were women and it is said to have more women members than any other British trade union. In COHSE 75% of the membership are women. Most of these women were at the forefront of every march, picket and lobby of the health dispute in 1982. In 1982 the percentage of women stewards in NUPE increased to 42% - the 1980 level was 27%. In the dispute women played an active and decisive role, well beyond the 'normal' levels of involvement of women in the unions. But this was a vital issue for women - the fight against low pay. In 'normal' times women are less involved, not because they are naturally passive or not interested in the union which the leaders would have us believe, but because those leaders have erected a whole series of barriers in the unions to women's involvement. For example, meetings outside of work time cause enormous problems for women, and yet there is much resistance to organise work-place meetings. Still of the 127 Area Officials in NUPE and 125 in COHSE only 6 in each are women. NUPE leaders pride themselves on taking women seriously - they organise Womens schools, there are 5 seats (out of 21) on the executive committee reserved for women, there are special leaflets on women. But these measures amount to little more than window dressing. When it comes to taking action on the issues most key to women, cuts, privatisation, defence of jobs, abortion, the leaders duck out. The attitude of the trade union bureaucracy is essentially one of helping women out of playing an <u>active</u> role in the union.

The real attitude was more accurately revealed by the "left" bureaucrat Bernard Dix (recently defected to Plaid Cymru) who stated:

"We tend to get women in our union who are married but unable to move away from home. This makes it very difficult to appoint any of them as officers. You don't need women to recruit women. During the last five years we have achieved equal pay for women. In terms of results they've seen what we (the men) have achieved for them."

In other words don't worry your heads or leave the hearth girls - the men will fight our struggles for us. This scandalous attitude is rife in the unions, just as it is in everysphere of life. Why does it exist and how can it be fought?

Under capitalism women remain condemned to the role of domestic labourer and child-bearer within the confines of the family. They are shunted in and out of work by the employers as a source of expendable, cheap labour and used to foster divisions in the working class. Oppressed as women,

super-exploited as workers, the struggle by women for their emancipation must be the goal of the organised labour movement.

The struggle for the emancipation of women is inextricably tied to the struggle for socialism. Only a socialist society, where the productive forces are planned and democratically controlled, can release women from their centuries-old oppression, laying the basis for them to achieve full equality with men. Only a socialist society can socialise housework and child-rearing thus freeing women from domestic drudgery and oppression.

On a world scale the employing class is organising to force women to pay for their crisis, to attack those reforms and social provisions won by women and the labour movement in the last period. Incomes Policy and inflation cut real wages Cuts in public spending injure women as workers through the loss of jobs in the social services and as "consumers" for whom the shrinking of these services means heavier and heavier burdens in the home caring for the young, the sick and the elderly.

Unemployment strikes particularly sharply at women - often unorganised or weakly organised. Even in strong unions the "first in last out" principle works to women's disadvantage - given their childrearing breaks in employment. All too often the attitude of male trade unionists - "women out first", "women only work for pin money" blocks the use of the full strength of the union to fight women's unemployment.

Everywhere the extremely limited and circumscribed right to abortion is under constant attack as a focus of the ideological campaign to drive women back into the home - most noteably the "Woman as Mother" campaign spearheaded by the Catholic Church.

The Trade Union movement must take up the struggle against these attacks. But in order to do so, in order to draw women into the class struggle, they must put their own house in order. They must be organised to lead a determined struggle against women's exploitation and to open their ranks to the fullest participation by women workers. The Trade Unions's record of support for women's struggles is lamentable. Here, as in the general class struggle, the bureaucracy has made its peace with capitalism. It is thus the entrenched enemy of women within the labour movement. Yet women have fought back against the attacks. They have struck, occupied, marched to defend their jobs and social service provisions. This gives the lie to the claim that women are 'naturally' passive or indifferent to trade union and political struggle.

OPEN THE UNIONS TO WOMEN WORKERS

Through their particular oppression as wives, mothers and workers women face problems of confidence in raising demands in the Trade Unions and practical difficulties in attending meetings outside work time. They often face the hostility of male trade unionists and trade union bureaucrats..

We must fight for:

1) Union meetings in work time and on full pay,

2) For women's right to caucus in the unions,

3) For democratic women's sections in the unions, while in no way restricting the right of women to participate in the unions as a whole, in no way allowing the women's sections to become a means for ghettoising women workers,

4) Trade Union membership rights for housewives and unemployed women,

5) For the right of gay people to caucus in the unions.

We must fight for the opening of all skills, trades and professions to women. Only such measures will allow women to play a full role in the working class movement and will prevent the employers using women as a source of cheap and insecure labour against the working class as a whole.

1) For positive discrimination in favour of women in training schemes and education ... under Trade Union control,

2) Equal Pay for Equal Work NOW: The 'Equality' legislation produced by the Labour Government has proved to be completely inadequate. Only direct industrial action by women workers themselves - rather than reliance on government tribunals - can secure equal pay;

3) Against discrimination and victimisation on the grounds of sexual orientation;

4) For the defense of protective legislation and for its extension where appropriate to cover men ... under Trade Union Control. No dismissal during pregnancy - adequate paid paternity, maternity and child care leave with no loss of benefits.

WOMEN AND UNEMPLOYMENT

In the struggle against unemployment the workers' movement must oppose all attempts by employers to force women out of the workforce. We must therefore fight for: Opposition to all 'women out first' solutions,
For a Woman's Right to Work,
Only by taking up these demands can we prevent the employers using women to divide the workforce, stop them exploiting the prejudices of sections of the male workforce to their own advantage.

PUBLIC WORKS PROGRAMME UNDER TRADE UNION CONTROL

We must ensure that the trade unions take up the fight for massive government spending on a programme of social services that enable women to play an ever greater role in social and political life.

For free 24-hour nursery and creche facilities under trade union control;

For free laundry and canteen facilities under trade union control.

For a Woman's Right to Choose: Free Abortion on Demand; for the provision of day care centres.

FOR A WORKING CLASS WOMEN'S MOVEMENT

The whole working class movement must take up and struggle for these demands, but we must recognise the backwardness of male workers on the question and struggle to overcome it. This backwardness of male workers makes it necessary for women to organise together at the workplace and on the housing estates to lay the foundation for a fighting women's movement. For full time housewives the possibilities of organising together are made more difficult through their isolation from one another within the home and their isolation from the collective potential of the organised trade union movement. If these women are to be won they must be drawn into the structures and organisations of the working class including all rank and file bodies of struggle, e.g. anti-fascist committees, cuts committees, from which as individuals they may at present be excluded. The building of committees of trade unionists and housewives to monitor prices is an important immediate step in raising workers' control and drawing women into struggle. Equally important is the drawing of women into shop stewards committees. Full time housewives must be drawn by women workers into building of a working class women's movement.

Such a working class women's movement, though independent of the rank and file

movement will fight alongside it to achieve its aims.

Racism and Fascism

Racism is a sickening and divisive creed which serves the bosses, not the workers. In the 1950s many thousands of black workers were recruited to the NHS (by none other than Enoch Powell !) Now that capitalism can no longer afford to employ them they are being dumped on the dole queues, blamed for unemployment and subject to harassment by the police, and white racists incited to act against them. The Home Office now accepts that its figure of 7,000 racist attacks each year is 'on the low side'. Meanwhile, the policy of the government has been a 'respectable' complement to the attacks of the racist boot boys. The Immigration Acts brought in by previous Tory and Labour governments had already made coloured immigration all but impossible. Only some categories of dependents of those already settled here could gain entry. The Tories' Nationality Act is the centre of this attack - it creates three classes of British citizenship in order to ensure that whites only can get into the country. This Act has been designed to make the intimidation of the black community acceptable and to pave the way for repatriation. It places all black people under suspicion and opens them to spot checks and harassment, eg. in the health service, the checking of passports before health care is given. Deportations have increased with an estimated 250 being deported each month (Guardian). These laws encourage a view of blacks as alien, it encourages an acceptance of discrimination as justifiable. In the Health Service, black workers fill the lowest paid, low status jobs, black nurses are diverted into SEN rather than SRN training. Black patients are confronted with racist passport checks. This intimidates and demoralises black workers, its acceptance weakens the struggle faced by both black and white health workers. While some sections are low paid, all pay is downgraded; while race checks continue, payment for health care, ie. privatisation, will creep in through the backdoor. All these 'respectable' measures, along with Margaret Thatcher's speech about black people 'swamping' Britain, are designed to intensify racism and so divide black and white workers. Yet in the 1982 pay campaign it was the white Norman Fowler who was <u>equally</u> attacking black and white health workers. This demonstrates who the real enemy is - the bosses and their government, not workers of a different colour. We must fight all forms of racism inside and outside the NHS.

* No to all race checks in the NHS or other branches of the social services.
* Repeal all racist legislation.
* No immigration controls.
* For full equality for black people at work. No discrimination against blacks - for positive discrimination to ensure the opening up of job/apprenticeship opportunities to blacks, <u>under trade union control</u>.

To fight for these policies racism must be smashed in the unions, which after years of supporting the sanctity of the exploitative 'British Empire', are saturated with it. Open racists must be deprived of office and black workers must have the right to caucus, to pressure for their neglected needs to be taken up by the unions as a whole. The fascists of the NF and the BNP etc take advantage of racism to create further divisions in the working class so that they can physically destroy our organisations. The NF's racism is the equivalent to Hitler's anti-semitism. It is the means to an end, the end being the smashing to smithereens of our unions and parties. We must physically prevent the fascists from succeeding by driving them out of the Labour Movement and denying them any platform whatsoever from which to organise or perpetuate their views. In 1978 NUPE members at the Sheffield Middlewood Hospital forced the resignation of the branch chairperson - Ken Brack - previously a candidate for the NF in the local election. This shows what can be done if health workers organise against racism and fascism.

Youth

It is vital that youth are won to the side of the workers' movement. Only decisive action by the working class to fight unemployment, deteriorating social services and racism can prevent fascists gaining credibility with a section of youth. Full defence of young workers by the unions can win real class fighters to our movement. The YOP and YTS aim to turn youth into slave labour. The pittance paid, forces youth into dependency on their families, thousands of which will have other unemployed members as well. Youth on the YTS will be carefully vetted by prospective employees who will receive a cash bonus for taking on trainees. This bonus does not oblige them to give the trainees jobs, however. Employers get £1,850 for each trainee, £1,400 of which is paid to the worker. The chairman of the MSC wrote in The Director (Oct '82) "You now have the opportunity to take on young men and women, train them and let them work for you almost entirely at our expense and then decide whether to employ them or not."

These so called training schemes will also rob us of full time jobs and undermine the trade unions. Tebbit has made no secret of the fact that he wants to see youth in jobs now done by women (women don't register as unemployed) and it doesn't take much imagination to forsee how low paid, unorganised youth could be used by contractors in the hospital ancillary services most likely to be privatised, and those which now mainly employ women workers. The government hope to bring up a whole generation who will accept less and will fulfill the function of disciplining the unions and destroying their power. Also, these young workers are asked to work in dangerous conditions - some were found sawing asbestos sheeting by hand while wearing paper masks, totally inadequate for their safety. Young people have lost limbs and the mortality rate on YOP schemes is not insignificant. Derek Cain, a 16 year old, killed on a Sheffield scheme was working at an unregistered, ie illigal factory - the MSC hadn't checked the place at all.

We must fight for full union rates for the job and full union rights on these schemes as long as they are in existance, but our aim must be the abolition of these schemes and their replacement by a massive programme of useful public works at full rates of pay, fully unionised and under trade union control.

For unemployed young workers a fight must be launched to win these rights in all apprenticeship and training schemes. The labour movement must help organise and provide to youth, **premises** and facilities for recreation and education. It must help youth to rise in revolt against the repression of the state, the school and the family. To achieve this it must fight for:

* The extension of study and apprenticeship facilities. For a government financed opening of the colleges and apprenticeship schemes to <u>all</u> youth. For the provision of adequate leisure and study centres under trade union and young workers' control.
* For democratic youth sections in the unions which should in no way restrict the rights of young workers to participate in the union as a whole.
* For the provision of confidential contraception and medical facilities for youth. The age of consent - that is the age at which the <u>state</u> says that youth have the right to have sex with each other - is a gross violation of democratic rights. Youth under 16 who have sexual relations live in fear because they are 'breaking the law'. This breeds sexual repression, taboos and can be the cause of damaging and even violent attitudes about sex. Against this, we say that the state has no <u>right</u> to interfere with anybody's sex life - abolish the age of consent! It does have a duty, through schools, to provide extensive sex education which should destroy the taboos, end repression and include courses designed to show the legitimacy of gay relationships.

Gays

Discrimination against workers on the grounds of sexual orientation or suspected homosexuality is another aspect of the way capitalism can divide and rule us. These attacks, always present, are part of the moral reaction that intensifies during economic crises, as scapegoats are sought, and resulting prejudices are encouraged.

Irrational prejudices against gays help legitimise the oppressive nature of capitalism, as it leaps to defend the sanctity of one of its basic social units - the family.

Gay workers face particular problems if they work in the 'caring' sector like the N.H.S. because of the irrational view of them as a threat to young people or 'helpless' patients (mentally ill patients, for example) Gays, like heterosexuals, should be free to express themselves as such in public. Yet are gay workers in the health service likely to feel confident enough to "come out" especially if they work with children or young people. They will have seen that gays like Judith Williams who was sacked from her job as a 'house-parent' and Jim Saunders prevented from working at a youth camp, both lost their cases at Unfair Dismissal Tribunals despite proving that they were in no way corrupting young people.

The assumptions that all gays are 'sex mad', that they all have designs on all young people and are out to corrupt them are equally fallacious. This disgraceful and illogical argument is never used in relation to heterosexuals because rape exists, or because the great majority of cases of sexual activity between adult and children/young people are heterosexual!

Gays are not free to express themselves because of prejudice. The law makes homosexual sex illegal until 21 and discrimination on the grounds of sexual orientation is not covered by the Sexual Discrimination Act. Gays are subject to 'queer bashing', gay bars are frequently raided, gay marches have been attacked by the police.

We must get union support for all struggles, however limited to end the legal discrimination gays face.

* No discrimination on the grounds of sexual orientation

* Abolish the age of consent

* For gay self defence against police harassment and 'queer bashing'

To achieve this gays must have the right to caucus within the unions as a means of bringing their case before the union as a whole. We will have to take up the reactionary prejudices held by many workers through education and propaganda speaking tours by gay militants and so on. Steps forward have been made. While the TUC refuses to include a "sexual orientation" clause in its employment code, NALGO and NUPE are committed to such a policy. NALGO has given official support to Judith Williams in her struggle. It also supported Tower Hamlets NALGO workers who struck, and won reinstatement for a worker sacked for being gay. In the CPSA and SCPS similar steps forward have been taken at least at the level of policy. In some unions groups of gay workers have organised themselves as, effectively, gay caucuses - GAYPO in the Post Office and the Gay Teachers Group are examples of this.

The Labour campaign for Gay Rights has also done good work in the Labour Party. It has forced the gay issue onto conference agendas, challenged anti-gay statements by Labour leaders like Neil Kinnock and Michael Foot and organised an active campaigning presence in a number of towns. All of these developments are positive ones. They show that the labour movement is not immune to pressure from the oppressed. The task ahead is to ensure that gays, an oppressed group, take their place in the ranks of an organised workers movement that is fully committed to supporting the struggle against gay oppression.

The Working Class and Internationalism

a) COLONIES AND SEMI COLONIES

The capitalist classes of the major nations operate on a world scale. Britain's bosses and bankers exploit millions of workers and peasants in scores of "foreign" countries around the globe. In defence of those interests they take economic sanctions or wage wars - against national liberation struggles, against countries that try to nationalise "British" interests and against those countries where the workers and peasants have expropriated the capitalist class.

The working class will never be able to fight effectively for its own freedom while remaining silent over the question of the British ruling class' oppression of other nations. We must fight for the immediate end of the vicious policy of national oppression being implemented by the British Army in Ireland.

* Troops Out Now

* Let the Irish people as a whole determine the future of the Six Counties.

* Support the Irish republican resistance against the British Army

In the same way we must recognise Argentina's justified right to possess the Malvinas Islands and demand that British troops leave immediately. It is the same class who will benefit from the privatisation of the N.H.S. who benefit from a strong, belligerent imperialism abroad. Health workers interests lie with those oppressed by imperialism, their fight weakens those who control us.

It is suicidal and against the interests of British workers to link themselves to "British national interests". Under capitalism these are merely the interests of those who own and control the country. Throughout the world this class is fighting a desperate battle to maintain its grip on the markets and raw materials it has so ruthlessly exploited. Spearheaded by American Imperialism they are prepared for war to hold on to and ultimately to extend their possessions.

The Trade Union Movement must make it its task to support movements of liberation against imperialism in all ways possible.

* Black supplies to Imperialist war efforts

* Build solidarity campaigns to give financial support to freedom fighters

* Stop United States and British intervention in Nicaragua.

b) THE DRIVE TO WAR

Nationalism fuels hatred of workers in other countries and provides a popular basis for colonial wars and for an all out Imperialist War.

It will be in this "national interest" that we will be expected to give our lives in such a war, a war that promises to leave human civilisation in ruins. Wars and warmongering have always been pursued in the interests of capital. Today is no different as ailing Western capitalism seeking to solve the deepening economic crisis, casts a jealous eye over those areas of the globe it can't directly exploit - the USSR and the other degenerate workers states. Thatcher and Reagan successfully play on fears of the Soviet threat - they are supposed to be better armed (a nonsense) and eager to expand into Western Europe - again a nonsense. Power in the Kremlin is in the hands of a tiny and increasingly geriatric clique whose most compelling drive is to find a way of defending their power and privileges through co-existing with the western capitalists. Time and time again history has shown this to be the case. At the end of the last war they unscrupulously presided over the demobilisation of communist party-led resistance movements in Greece, Italy and France in exchange for Eastern European spheres of influence. Since then they have maintained an unswerving committment to peaceful co-existance with the Major capitalist powers.

* No siting of Cruise or Trident - Britain outjof N.A.T.O. now. Not a man, woman, or penny for the defence of this system.

* Defend the USSR and the other degenerated workers states against Imperialist attack.

Despite the fact that the bureaucrats hold political power the economies in these countries is no longer capitalist. Thanks to the genuine workers' revolution in Russia in 1917, capitalism was overthrown. It has not yet been restored, and we do not want it to be. That is why we defend the USSR etc., from imperialists who do want to restore capitalism.

c) NO TO FALSE NATIONALIST SOLUTIONS

At home we must be wary of falling prey to "easy" nationalist solutions to our own problems. Such solutions play into the hands of the racists. We must decisively reject Labour's nationalist and isolationist solutions to the crisis of British capitalism. Withdrawal from the Common Market wrongly sees British capitalism as preferable to a "foreign" European capitalism. We must say in or out the tasks of the workers movement remain the same.

* Develop and strengthen international unity in the workers movement.

* Build International Trade Unions to fight the bosses international combines

* Oppose all nationalist solutions such as import controls which aim to save jobs in Britain at the expense of workers elsewhere.

The Question of Government

Every one of the policies argued for in this pamphlet inevitably clashes with the needs and interests of a ruling class which puts one thing above all else - maintaining and boosting profits. The drive for profit is not something which is the fault of 'greedy' capitalists, though there are plenty of them. It cannot be reformed out of the system. We cannot psychoanalyse the top 100 capitalist families so that they will realise how much more pleasant the world would be if they were to redistribute their wealth. Profit is the very motor of capitalism, its mainspring. A programme which puts people's needs before profits thus challenges the very heart of the capitalist system and would be fought tooth and nail by its representatives. Only by capitalism's destruction could these policies be safeguarded and consolidated into lasting gains. Only an economy planned and controlled by democratic councils of the mass of society - the workers themselves - could lay the basis for a truly caring society, for a National Health Service, rather than a sickness industry.

We look to no saviours to achieve this. No Tony Benn or Arthur Scargill can do it for us. It must be the mass action of the organised working class - politically led by a revolutionary communist party - which opens the gates to socialism. It must be, because no one person or party or government can destroy the political power of the bosses, their armed forces and police, their unelected judges and permanent bureaucracy. The tragic experience of Chile in 1973 demonstrated that a naive faith in the sanctity of parliamentary majorities is not shared by a determined ruling class which feels its power threatened.

We recognise, however, that the lessons of history have not yet been thoroughly digested by the majority of our fellow workers. They do, to a greater or lesser extent, believe that a Labour government, possibly led by a left figure like Benn, can achieve socialism. In these circumstances, it is our duty, whilst not accepting this view, to join with them in forcing the existing reformist leaders of the working class - left and right - to carry out pro-working class and anti-capitalist measures. This is why, generally speaking and at this stage in the class struggle, we call at elections for a vote for Labour. We call for Labour to be put to the test of action rather than allowing it to pose as the party of the working class when in opposition - whilst at every stage we make clear its past record and present inadequacies.

Let us imagine a future Labour government which, under pressure from the mass of workers, took steps along the road of a struggle against the capitalist system. Not necessarily a likely scenario, but let us imagine anyway that it broke - even partially - with the bosses in whose interests it has up to now acted. Then, as far as it acted against the ruling class and for the workers, we would support it. But we would demand that such a government enact a programme of extensive pro-working class measures on wages, jobs, the social services, education, the N.H.S. and against oppression. This would meet massive resistance from the whole paraphernalia of official society. The City would provoke runs on the pound and a flight of capital. The judges would illegalise the government's actions; the House of Lords would obstruct its measures in parliament; the Queen could and would dismiss the government. The police and army would intervene against it. Faced with this resistance a Labour government would face a choice - fight or flight. The working class however would have no choice. Its slogan would have to be - a workers government based on and answerable to councils of action and a workers militia. Such a government could not be established without a massive confrontation and struggle. It would require the building of a revolutionary party capable of leading the working class into the decisive battle. It

would necessitate winning the troops away from their officers, arming the workers militia and proceeding to the expropriation of the banks and monopolies.

Only on this basis can an economy planned for need not profit be created. Only then can we be sure that the shadow of the workhouse has been lifted, that we will never again have to pay for the right to live a healthy life. Only then will the health of our fellow workers be put before the profits of the drug compan ies and arms manufacturers.

In the truest sense, then, this pamphlet has been an ACTION PROGRAMME FOR HEALTH.