Socialist Organiser

INDUSTRIAL SPECIAL

5p if sold separately

If NUPE leader Alan Fisher has his way and the NHS pay dispute drags on from a 'spring offensive to a summer of discontent', health workers could be the first guinea pigs of Norman Tebbit's anti-union laws:

- **'Political' strikes would be unlawful — so what about fighting government pay limits?**
- **Solidarity action — blacking or supporting strikes — would be unlawful, leaving NHS workers isolated, and NHS unions exposed to claims from damages by supply firms.**
- **Militants and strike leaders could be given an ultimatum — return to work at once or be sacked, with no legal protection.**
- **The few sections with 100% trade union membership or closed shops would face regular ballots.**

To fight now and win on NHS pay is part and parcel of the fight against these savage new laws and the Thatcher government.

Health workers' pay fight

UNITE - IN STRIKE ACTION!

THERE is plenty to unite health workers in their struggle on pay this year.

For the first time ever, all sections of health service workers – from nurses and ancillaries through to craft unions, technicians and clerical workers – have had a common date for pay negotiations.

They have a common 12% claim. They face the same inflation – currently running overall at 12% – bringing increases in rents, rates, prices and charges, all fuelled by Tory policies.

And they have all received an insulting reply to their claim – ranging from no increase at all for young technicians, through 4% for ancillaries, 5% for ambulance crews and a miserable 6.4% for nurses. In each case this amounts to a savage *cut* in real wages among some of the lowest paid workers in the country. The extra 79p for a domestic for instance will be gobbled at once by increases in national insurance; nurses increases will be eaten up by a huge rise in lodging charges.

Health workers are clearly united in their anger over pay, as shown by the strong response to the April 14 day of action. All the conditions seem ripe for a concerted, all-out fight against the Tory pay limit.

But there has been no such lead from the unions involved. Only *one* union – COHSE – has called for any action at all – and that is restricted to 2 hour strikes and bans on non-emergency admissions. Other union leaderships are either stalling, leaving COHSE members isolated in their struggle, or (like NUPE) openly dragging their feet.

The NUPE leadership, under the guise of 'democracy' has called a time-wasting ballot, while also effectively abandoning the claim, calling for it to be referred to arbitration.

They are using as justification the recent arbitration award of 6% average increases to civil servants – ignoring the fact that a 6% award falls in any event far short of the rise in the cost of living.

The fact is that health workers have only *one* means of securing decent living standards: to organise and to fight for them. We must mobilise the health unions at section, branch, area and national level to demand united, indefinite *strike action* in pursuit of the 12% claim.

This means in the first instance fighting alongside COHSE members and any other sections that embark upon action seeking to extend the impact and duration of that action. And it means demanding that union officials stop crawling to management and looking for compromise and start the fight for strike action. It means building links with other trade unionists in local industries and supply firms, to mobilise them in support of the NHS unions.

Without this clear strategy, all of the fine talk of "unity" among the NHS unions means in reality that every section of workers will share in a miserable sell-out.

Together with strike committees controlling the provision of essential emergency cover, the trade unions could rapidly bring all but the emergency functions of the NHS to a halt, winning the full claim and dealing a major blow to the Thatcher government and its policies of cuts and cash limits.

Instead, there is a very different type of "unity" – with NUPE, TGWU, GMWU, ASTMS and other union officials uniting to *isolate* the COHSE action and sell out their own members.

It is for this reason that *Socialist Organiser* urges health workers to lobby the May 7 meeting of NUPE's National Executive (where the results of the ballot will be discussed) demanding that the biggest union in the NHS give the lead in calling all-out strike action.

And we urge militants in other health unions to take up the fight to force their leaders to call action to win the 12% claim.

Only by starting *now* from the fight in defence of jobs and living standards can we construct the kind of leadership in the working class necessary to defeat and remove this Thatcher government and carry through the struggle for the expansion of the health and other public services as part of a planned socialist economy.

A meeting of health union activists has been called on Sunday May 2, at the Labour Club, Bristol Street, Birmingham, starting at 1pm.

Lobby NUPE – May 7th

Hampshire

THE April 14 one-hour official stoppa brought a sizeable rally of health servi workers on the combined site of Basin stoke District Hospital and Park Prewe Psychiatric Hospital.

About 150 workers from vario unions attended, with the biggest conti gent coming from the manual worke organised in the GMWU Hospital Branch.

Now a joint shop stewards committ in Basingstoke has called a one-day stri on May 19, together with a demonstrati and rally.

Manchester

OVER 1,000 workers in the Manches and Salford area responded to a half-d strike call issued from the local Joint Sh Stewards Committee for March 23.

Now a further half-day strike has be called for April 28 of NUPE, NALG ASTMS and the craft unions at Prestwi Hospital while COHSE's attitude loca remains in doubt.

Oxford

In Oxford, a successful demonst tion on pay on April 17 secured supp from all health unions organised in local Joint Trade Union Committee.

The concluding rally heard repo from local COHSE militants on th decision to strike on Thursday April – the day of the next meeting of TUC Health Services Committee.

But NUPE leaders are insisting t no action should be taken by their me bers pending the result of the unio ballot at national level.

Leicester

In Leicester, a good turn-out on April 14 1-hour protest has been follow by demands from health workers t their leaders give a call for action.

Despite local rivalry between NU and COHSE, a NUPE shop stewards co mittee has voted to support COHS action, and to start the dispute together

It is expected that action will incl work-to-rules, overtime bans and possi lightning strikes in the future.

Edinburgh

NURSES and ancillary workers in E burgh went on 2 hour strike on 23 Apr part of COHSE's campaign on pay. workers from the Royal Edinburgh H pital, including about 20 nurses, were by 25 workers from another nearby H pital at the gates of Woodburn Ho headquarters of the Scottish Health Ed ation Group

South Wale

THROUGHOUT South Wales COH members have been taking action in with their Executive Committ decision. Two-hour stoppages have b occuring and hospital workers h banned overtime.

Other hospital workers in other un are still awaiting Executive Comm decisions, but the mood is very milit with most hospitals setting up joint s stewards committees. While the leader hang back, the rank and file are de mined to win their claim.

Most NUPE branches in the So Wales area have now met and the vot far is for industrial action in suppor the 12% claim.

When members of our NUPE branch read in the press a statement from Alan Fisher that NUPE ruled out strike action by nurses, our Secretary phoned up to complain.

We were told that Fisher was 'misquoted'. But since then he has again been reported saying the same thing.

It is not NUPE policy. So why has NUPE issued no official denial?

Socialist Organiser INDUSTRIAL SPECIAL

The rise of health serv

ANNA LUNTS looks at the struggles of the last 10 ye

The 1970s were a period of rapid change in the NHS. By 1975, after years of inactivity, virtually all grades of hospital staff had taken industrial action in pursuit of wage claims. Among them were 370,000 nurses.

Yet until 1972 there had never been an official strike over pay in the NHS and almost no rank and file activity.

One exception had been female domestics in London who held a series of mass meetings in 1956 in pursuit of their demands for a 44-hour week.

Undoubtedly the burst of unofficial strike action in the early 1970s was influenced by a number of factors, not least of which was the rising level of confidence and scope of shop floor organisation throughout the working class. This could not fail to have its effect even on less well-organised sectors such as health workers.

Inflation had cut mercilessly into the miserable pay packets of NHS workers, and the appalling working conditions in many hospitals caused by persistent under-financing and staff shortages led to an explosion of rank and file anger – which shocked both the government and the union officials who had previously themselves accepted and fostered the myth of their members' supposed 'passivity' and 'lack of fight'.

In 1970, unofficial strike action was taken by ancillary workers at the Royal Free and other hospitals in London. In the same year COHSE nurses at the Leavensdon Psychiatric Hospital struck over a range of grievances extending from staffing levels to conditions in the nurses' homes.

Most of these nurses were from Senegal and Mauritius and indeed, over the next few years it was those very sections, blacks and women workers, who had been least represented in the official union structures who were to prove to be the best fighters.

They were at the forefront of demonstrations and picket lines and found their own ways of organising even in the face of varying degrees of hostility from union full-time officials.

Over the next four years, layers of oppressed and exploited workers moved into battle.

It is all the more remarkable for the almost complete absence of militant activity and shop floor organisation in the past.

In the autumn of 1972 unofficial action was taken by TGWU ancillaries in Bristol, and on 27 November the London Alliance of Stewards for Health Workers (LASH) an entirely rank and file body called for one-day strike action and got an unprecedented response.

Immigrant workers in the forefront

Hundreds of strikers demonstrated outside the DHSS demanding an £8 wage increase, a 35 hour week and four weeks paid holidays.

Again, immigrant workers who made up half to two-thirds of the workforce in many London hospitals emerged as some of the most militant and determined workers.

On 17 December in the face of mounting rank and file pressure the union leaders terrified of losing their grip on the situation – called for a one-day strike.

In January 1973, TGWU ancillaries in Bristol took all-out strike action for four days before being blackmailed back to work.

Eventually after a long-winded and complicated process of balloting, national industrial action was called including selective strikes, overtime bans etc.

The half-heartedness of these measures, the delaying tactics and lack of real opposition meant that by the end of March 1973 demoralisation began to set in.

The eventual award was woefully inadequate but the NHS could never be the same again.

A long history of passivity and servitude had been decisively broken with and the effects of the ancillaries' action continued to reverberate throughout the NHS. Over 400 hospitals had been hit during this period by action ranging from one-day strikes to all-out action.

The involvement and determination of women and immigrant workers had dealt a death blow to that divisive myth that these groups of workers were responsible for inactivity and low pay.

It had also been firmly established that there was a real alternative to productivity schemes and overtime as a means of dealing with low pay.

The ancillary workers' struggle placed strike action on the agenda for thousands more workers in the next three years.

In Autumn 1973 ambulancemen challenged phase 3 of the Heath government's pay code. But NUPE withdrew official backing after only 15 of the 140 areas had settled locally, completely capitulating to Tory wage restraint.

In the same year, the nurses woke up from their harsh history of Victorian discipline, stifling hierarchy and severe exploitation, to take their part in the pay struggles.

During this period over 350,000 nurses took part in some form of industrial action to the amazement of the government, the upper echelons of the nursing profession and the union officials who had written the nurses off as an inherently passive, conservative female workforce.

For some time nurses' anger had been growing. In 1969 the Royal College of Nursing's "Raise the Roof" campaign had involved nurses for the first time in campaigning actively despite its hopeless emphasis on petitioning and lobbying.

The huge discrepancies between nurses pay claims in 1970-73 and what they were actually offered fuelled their anger. For example, in 1972 a 25% claim was met with an 8½% award while in 1973 a 40% claim (the minimum needed to keep up with inflation) was met with an award of £1 plus 4%!

In April and May frustration built up after the miserable March offer. Nurses' action groups were set up, rallies and meetings organised and there was a wave of nurse recruitment to the TUC-affiliated unions.

900 nurses packed a meeting in Manchester after which they surged out of the hall and sat in the road holding up the traffic.

Gone was the image of the genteel nurse for whom such things just weren't proper! On 8 July there was a national day of action on nurses pay.

In Swansea, 1500 miners stopped work for 24 hours in solidarity with the nurses after flying pickets of uniformed nurses asked miners to "strike a blow for the nurses".

Engineers in South Wales and Manchester also responded with sympathy strikes.

The action resulted in the Halsbury inquiry into nurses pay. After months of deliberations the inquiry awarded increases averaging 30%.

However these were highly differentiated according to grade, offering for example 58% for management grades, but only 5.6% for first year student nurses whose basic wage went up from only £23.30 to £24.43.

Medical technicians in ASTMS were the next to strike, followed by radiographers.

3,000 of the 8,000 radiographers marched through central London on 6 July 1974.

Radiographers at the Royal Free became the first ever to strike, followed by a stoppage in the North-East region.

Their action resulted in an interim settlement and a Halsbury inquiry.

NHS engineers and junior doctors were the next to take action. In fact by the mid-seventies virtually every non-management grade of hospital worker had taken some form of action.

The years 1975-78 were characterised by vicious wage controls under Healey's Social Contract. But in the winter of 1978-79 there was mass national action throughout the NHS and local government.

The so-called 'winter of discontent' was again notable for the militancy of the rank and file and the totally inadequate leadership of the union officials.

The ancillaries were awarded 9% plus £1 "on account" followed by the Clegg inquiry. This eventually awarded ancillaries between 3.8% and 16.6% – though most got only between 3.8% and 6.5% and wound up having to pay back money to management.

Clegg awarded ambulance drivers 12 25%, while nurses received increases from 25% for a sister to 13% for student nurses

Cuts – and the fight for w

by Jane Gos? (CoHSE)

After some tentative moves by the Heath government, which were never fully implemented, substantial cuts in NHS spending first began in the mid-seventies under a **Labour** government.

They heralded a new era of reductions in staff, services and facilities.

They also brought into budget systems 'cash limits' – and consequently pay offers – well below industrial rates and well below inflation.

What the Labour government started (with IMF urging) as a money saving operation the Tories have continued with a vengeance as an onslaught on the whole concept of a National Health Service.

There have been several notable battles around cuts and particularly around closures of wards/hospitals.

Among the hospitals, Hounslow, the EGA, St. Benedicts, Longworth and St. Mary's have all had strong fightbacks centred on occupations by staff in defence of services.

But the cuts begin with low wages and go much deeper than most people realise.

Because of their appallingly low basic wages, health service workers are particularly susceptible to 'extras' such as bonus schemes, overtime, and various extra payments in lieu of a decent basic wage.

Union bureaucrats often find it easier and simpler to negotiate extras than to fight a good strong campaign for wage claims or against the cuts.

Acting-up allowance, originally negotiatedc as a protection **against** exploitation, is now increasingly misused to cover for unfilled vacancies.

Until the cuts began it was very difficult to get management to even consider bonus schemes. Now, hospital administrators are initiating discussions on bonus schemes as a way of cutting back on staffing levels and to get workers to take on jobs which have been left vacant but need to be done.

It is, of course, essential to oppose any attempt to introduce bonus schemes. But it is also a very difficult position to argue in Health Service branches when it is very often only bonus and overtime payments which give workers enough money to pay the bills and survive.

Are low wages then related to cuts? The answer is a resounding yes. Continued unfilled vacancies begin the creeping cuts which signify plans to close a ward or department and possibly the whole hospital.

A ward without its own domestics and ancilliaries and staffed mostly by agency nurses is much easier to close down than a ward with permanent staff.

Absurdly, the lack of staff, engineered by management, is often the excuse given for closing wards.

Low pay, deliberately kept low by the Tories, also makes it more difficult to recruit workers — some of whom are financially better off claiming benefit than working for Health Service wages.

This is again used as an excuse for poor services which increase the waiting lists and waiting time in clinics, and helps to create a general sense of frustration in the public.

Private medicine then seems more attractive and 'worth the money'.

If all health workers earned a decent basic wage it would be much easier for us to carry out union policies of no cover for unfilled vacancies.

If we knew that our wages would pay the bills, there would be no need to work extra hours or 'fill-in' at higher grade

Socialist Organiser INDUSTRIAL SPECIAL

ice militancy

ars

In 1980 nurses got 13% and ancillaries 12%. In 1981 ancillaries were awarded 6% over 15 months (averaging 4.5%) and nurses 6%, despite a 15% rate of inflation.

The history of pay since the NHS was first set up in 1946 is one of exceptional exploitation. There has been continual underfinancing of the NHS in which labour costs make up approximately 70% of the NHS budget and any restriction or cuts in the budget directly affect pay and/or services.

The decisive factor has been the temerity and sometimes the outright treachery of the officials, selling out and undermining struggles, weakly giving in to government pressure and conducting negotiations in an atmosphere of secrecy.

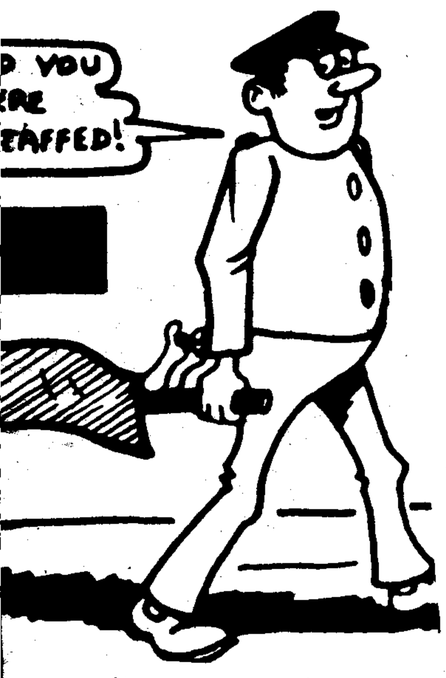
This has severely affected the ability of the rank and file workers to mount a consistent challenge to successive governments, who have been intent on using NHS workers as the backbone of their wage cutting policies.

And only in response to angry struggles by the rank and file have the officials been forced kicking and struggling into any form of action.

ages

jobs for extra money. One of the main weapons in the bosses' attempts to dismantle and ruin the NHS would be taken away.

By calling for strike action (with workers defining emergency cover) and by staying out until we win our demands, we can begin to halt the cuts and start to rebuild the NHS.



Vital fight for women

In 1975, over 75% of Health Service workers were women, of whom 50% were part-timers. Women in the NHS are predominantly employed as nurses or as ancillary staff – doing what is commonly regarded as "women's work". Senior positions throughout the medical profession are almost entirely monopolised by men. Less than 20% of medical posts in the UK are filled by women. The vast majority of NHS employees fall into the low-paid grades: ancillaries and nurses make up 64% of the workforce · The practice of successive governments of awarding percentage pay increases weighted in favour of the top pay grades has increased this inequality. And cuts in service hit women the hardest. Not only are they denied necessary health care, including family planning clinics and abortion facilities: but it is primarily women who suffer the burden of caring for sick and elderly relatives who ought properly to be in hospital.

Stop the profit privateers!

Well, Mr Thompson , you can either die, or have private treatment

By 1980 3.3 million people were covered by private health insurance schemes. The largest of these operations, BUPA, had an income of £82 million in 1978, of which it paid back £52.7 million in benefits.

Since then private medicine has further expanded. The Tories have scrapped the Health Services Board whose task had been to limit private hospitals and phase out pay beds in NHS hospitals. They have made it obligatory for AHAs to provide pay beds 'where there is a demand for them' and given increased scope for expansion of private hospitals.

The cuts in the NHS – with a national waiting list of over 700,000 in 1979 – have helped persuade many to seek private cover. But BUPA-style schemes are no answer to workers: they are not cheap – as much as £40 per month: and they do not cover geriatric or mental illness, conditions requiring long stays in hospital or chronic conditions such as asthma, arthritis, or diabetes.

They feed off the NHS, which alone trains doctors, nurses and technicians, and whose resources are milked by consultants.

Other lucrative sources of profit from the NHS are drugs – £125 million profits were made by drug firms from sales to the NHS in 1979 alone.

The nationalisation of private medicine, the drug monopolies and other suppliers would be a major step towards the planned expansion of the NHS under the management of elected committees of health trade unionists and consumers.

To achieve this means first to defeat and drive out the Tory wreckers and the Labour leaders who began the attack on the NHS.

In this, health service militants must fight side by side with the whole working class.

The mysteries of Whitleyism

by Anna Lunts (NUPE shop steward, Prestwich hospital, Manchester)

MOST NHS workers have only a dim conception of the complicated and bureaucratic system by which their pay is determined – the Whitley Council system.

Daniel Vuillamy of WEA describes Whitleyism as follows:

"Whitleyism can be compared to a long playing football match where the management have a moveable goal (the elusive DHSS and Treasury) and are allowed to foul at will (particular favourites are obstruction and time wasting!). The staff side have improved in recent years, although the team selection remains strange and some members (the professional associations) are reputedly bribed by the opposition and they always have to play uphill. The spectators are getting frustrated and logic seems to demand a change in the rules."

Whitleyism as a system of pay bargaining actually originated from a series of recommendations made by a parliamentary committee in 1917 under the chairmanship of J.H. Whitley.

This system was in fact an attempt to break the back of the growing shop stewards' movement by imposing industry-wide, centralised pay bargaining which would shift negotiations from the arena of the workplace to national committees set up for that purpose.

The idea that a "consensus" could be arrived at by both parties and that any breakdown in negotiation could be settled by arbitration was an essential part of the recommendation.

The Whitley recommendations were vigorously opposed by the shop stewards movement and were thrown out in industries such as engineering which were relatively well organised.

Before the legislation of 1946 which established the National Health Service in 1948, hospital bargaining followed the lines of hospital ownership.

Trade union organisation was weak, with the exception of some of the large mental asylums, which had their own national negotiating machinery.

In the Second World War, national machinery was set up for nurses and domestics as part of the centralisation of the economy under war-time conditions.

The Whitley Council system was introduced into the newly established NHS with the support of NUPE who favoured a joint national negotiating approach b with the opposition of the general union

From the outset, the Whitley Coun system was cumbersome, bureaucratic a heavily weighted in favour of the NH organisations. There was no region machinery resulting in the rigid applic tion of national rates of pay.

The negotiations on the form whi the Whitley Council would take we heavily dominated by government officia and union full time officers.

Both groups had an interest in securi a system of centralised bargaining.

In the government's view it mea that labour costs could be easily co trolled and uniformly applied; while t trade union officials saw it as shiftin control over pay bargaining into the han of the "professional negotiators" – t full time officials!

Minimising the power of the unions

In fact it ensured that the power of t unions is minimised – particularly on t issue of nurses' pay, where the anti-unio 'professional' association, the RCN, retai a majority vote on the council.

Last year, for example the RCN vo to accept the government's pay off secured its unilateral imposition management – despite the fact that bo COHSE and NUPE remained formal opposed to it.

The collaborationist structure of t Councils perpetuates this role for no union bodies and for the top consultan whose colossal salaries are a sign of the influence.

Some groups of workers such as engi eers and electricians, have refused accept the Whitley system and negotia directly with the DHSS.

The medical profession have an ind pendent review body set up in 1961 a have much greater access to the DHSS.

Abolish the Whitley Councils!

Whitleyism in the NHS gives pap guarantees of the right to trade uni membership which was one of its init attractions to the trade union officia who were anxious to increase membersh figures.

In practice, management intimidatio and an absence of effective union orga isation has meant that it was only duri the pay battles of the 1970s that heal service trade unionism expanded rapidly.

The unions themselves, whether rig wing or left talking, were characterised a lack of internal democracy and accou tability, a totally inadequate system workplace organisation, a largely passi membership, huge, inactive branch which met infrequently, and a near path logical reluctance to use industrial actio to pursue wage claims.

The majority of members we estranged from their own union – t immigrant workers, the part-timers a the thousands of women workers le adrift by the inaccessibility of their unio structures.

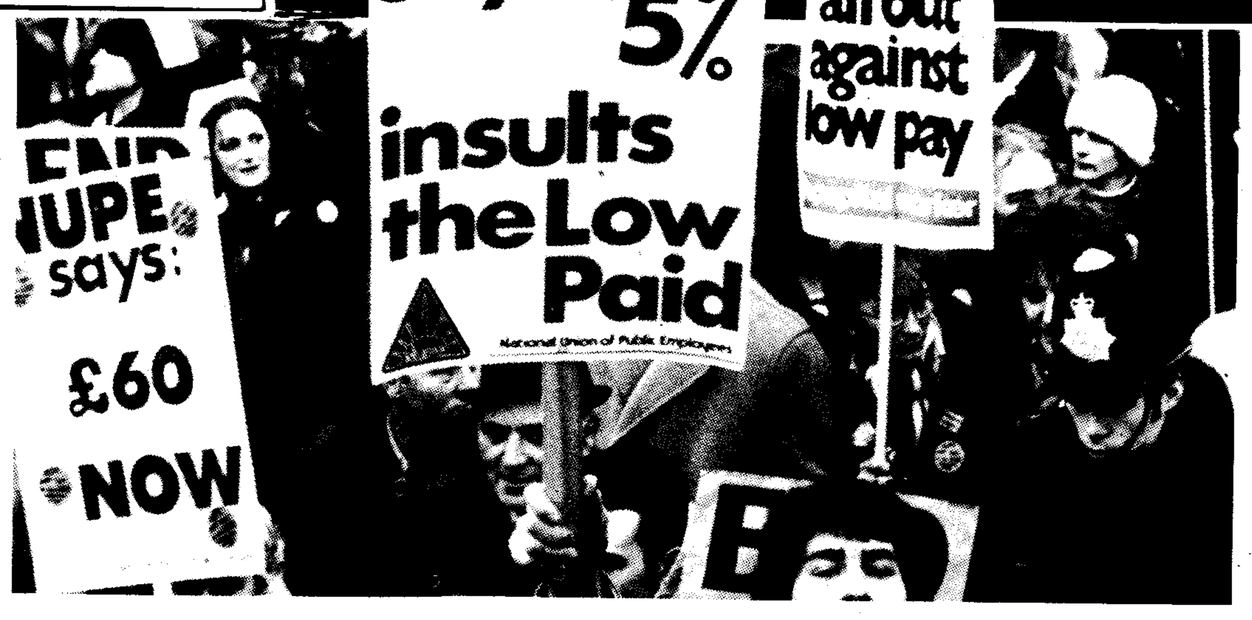
So what is the way forward. We ne to abolish the bureaucratic Whitl Council system and we need to encoura rank and file activity at all levels by bui ing and strengthening Joint Shop Stewa Committees.

But we also need a serious campaign reform the unions, to make them mo responsive to their members. We need encourage the involvement of blacks a women workers and part timers at levels. We need to democratise the uni structures and to force our leaders and f time officials to be accountable to t members that pay their fat salaries.

Finally we need to commit the Labo Party to a properly financed NHS und the democratic control of the labo movement and the community, and need to fight for a Labour governme that will actually carry out its responsib ities to provide a fully comprehensi national health service, free at the point need and which provides decent wages a conditions for its workers.

Socialist Organiser INDUSTRIAL SPECIAL

Bitter lessons of 'winter of discontent'



'SELECTIVE' ACTION MEANS BETRAYAL

by a NUPE ambulance worker

In the winter of 1978-9, two months of the most intensive industrial action ever seen in the public services brought struggles by hospital staff and ambulance drivers, alongside local authority workers and school staff.

The public sector manual workers however wound up with a miserable £2-3 in their pay packets — and for hospital ancillary staff even part of this increase was later to be snatched back under Professor Clegg's so-called 'comparability' inquiry.

The weakness was not that of the membership, whose militancy had reached an all-time high. On January 22 1979 over 1 million public sector workers took action in pursuit of their £60/35 hour week claim, and 60,000 marched through London.

From that point onwards hundreds of sections of workers showed time after time that they were prepared to face the most massive scabbing operation organised by the Labour government, involving the use of police, troops and 'volunteers', backed up by a large-scale Tory press witch-hunt.

They organised strike committees which for a period virtually took over control of the public services in whole cities, and formed links with trade unionists in supply industries.

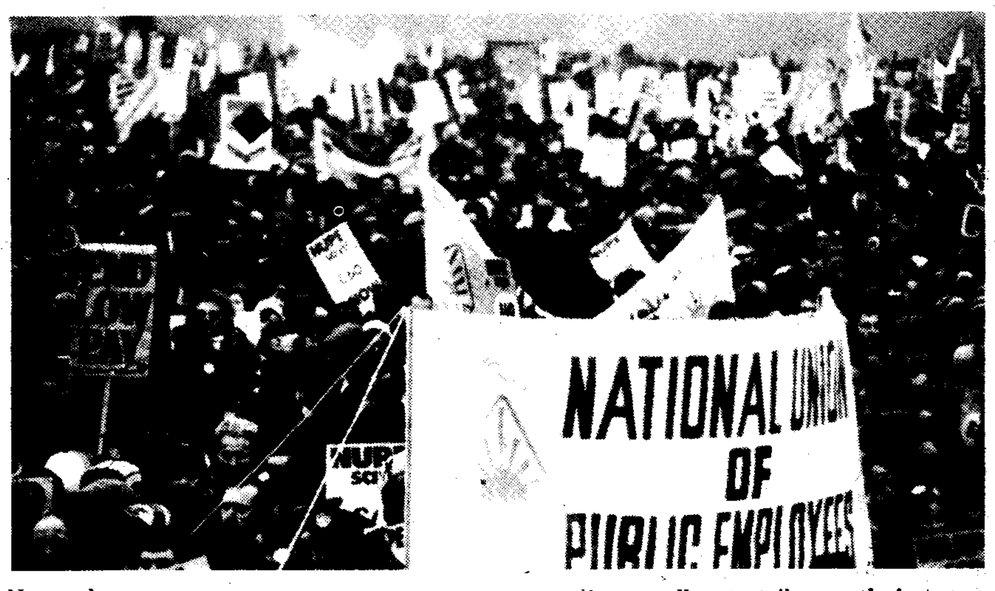
This action was defeated above all by the treacherous policies and practices of the public sector union leaders.

All out - with unions controlling emergency cover

The claim had been launched at NUPE's 1978 conference and quickly taken up as a common claim by the three other major public sector unions — COHSE, GMWU and TGWU.

But despite arm-waving speeches bellowing about the plight of low paid workers, NUPE leader Alan Fisher was in no way ready to lead a fight if it meant a head-on confrontation with the Labour government.

He was instrumental in delaying action on the claim, which should have begun on the earliest settlement date in November.



At that point Ford workers were already on strike against Healey's 5% pay limit, soon to be followed by bakers, tanker and haulage drivers.

But Fisher kept hedging and delaying, plainly hoping that the militancy of NUPE's rank and file would die away as the other struggles were defeated.

But they were not defeated, and instead militancy in the public sector grew with every blow meted out to Healey's pay policy.

The response to the January 22 Day of Action was far beyond all expectations, forcing the bureaucrats to maintain the public appearance of fighting for the claim for fear of losing control of their membership.

Yet at the same time the bureaucrats did everything possible to isolate and demoralise those sections who were taking action and prevent the strikes from spreading.

The chosen strategy to achieve this objective was that of 'selective action'.

If there had been a call for all-out indefinite strike action with no return until the full claim was met, then the militant sections could have come out immediately and fought to bring out other sections, building the strike with the full backing of the leadership.

Instead, selective action presented tremendous difficulties for militants at branch and section level.

There was quibbling between sections over who should come out; the partial action often meant that non-unionised or weaker sections would do extra work. The levy to support the action was organised nationally and meant no extra strike pay: and most important, it enenabled management to step in and victimise a divided workforce.

This happened at Westminster Hospital where management were able to provoke an all-out strike on their terms by suspending six NUPE domestics who blacked the private patients' wing as part of the branch's selective action.

Meanwhile the officials were also employing another line in order to weaken the impact of the action that was taken — handing to management the initiative on the question of emergency cover.

Following on from the lorry drivers' strike, where pickets had undertaken the control of the flow of essential supplies despite a barrage of press vilification, public sector strikers too showed themselves willing and able to take over the running of the hospitals and other public services.

In the Westminster and St. Mary's hospitals pickets made agreements with stewards from the Esso tanker drivers branch which delivered to the hospitals, maintaining a supply of oil only sufficient to keep essential parts of the hospital heated, to be cut off at any time at the discretion of the pickets.

Despite this and many other incipient forms of workers' control, the bureaucrats used the issue of 'emergency cover', and their so-called 'code' for pickets, to withdraw support from and sell out many sections of workers.

Without making a single mention of the wide-scale army scabbing, the leadership refused to give official backing to striking ambulance drivers on the grounds that they had ignored the union's instructions to maintain emergency cover.

After two months of efforts to kill off the strikes, the bureaucracy finally managed to sell out the £60/35 hour week claim with a series of blatant manoeuvres which accepted the 9% offer — at a time when many sections throughout the country were still taking action.

RCN – a suitable case for treatment

Many nurses are afraid to act because of the fear of victimisation — nurses are always in a very precarious position.

Their jobs depend on ward reports from Sisters. Some nurses have even been intimidated by management from attending union meetings — never mind striking.

The key problem is unionisation — the fight to show that the so-called 'professional' organisation, The Royal College of Nursing, can do nothing for nurses.

The RCN is constitutionally barred from taking strike action. This leaves them prey to each and every government decision to penalise low-paid health workers by further poverty-line pay rises — and incapable of seriously fighting cuts and closures in the NHS.

But the RCN is not affiliated to the TUC and its members are not therefore covered by the Bridlington 'no poaching' agreements. They are not only 'fair game' for unionisation: nurses' interests can only be defended by their organisation into genuine trade unions such as COHSE and NUPE, coupled with a fight for action within those unions.

Socialists in the NHS should be at the forefront of this fight for unionisation and a new militant leadership.

Fighting for support

MANY nurses can't take all-out action because of the harm it would do to the patients. One answer to this problem is to ask other powerful sections of the trade union movement to take action on our behalf.

Last week a nurses' delegation went to the South Wales Area Miners' Executive to ask for the miners' support.

Unfortunately the full-timers of our union got to hear about it and sent one NUPE full-timer along with us which was inhibiting as he tried to tone down our militant call for an immediate pithead ballot of all the miners asking for strike action.

When we got into the meeting, attended by about 30 pit delegates, Emlyn Williams, in the chair, asked a man in our delegation – the only man there was the full-timer – to speak. This didn't go down very well with the rest of us.

He spoke on our behalf and outlined our case but didn't put it very strongly that we wanted all-out strike action now so the miners, while declaring their solidarity, gave no promise of strike action.

In fact Williams sounded quite apologetic when he said that as the miners had been unwilling to strike over their own pay claim, they were unlikely to strike over ours in spite of the massive sympathy that miners have for nurses.

We have been promised to be allowed to go as a delegation to speak to the miners' Area Confernece in about a week but we have decided that we will go to the Joint Lodges Committee – a semi-official body which is more powerful than the Miners' Executive and ask them to take strike action on our behalf.

We've now got to start calling on other sections such as the seamen, the transport workers and the railway workers.