

CRISIS IN THE HEALTH SERVICE

THE SOCIALIST SOLUTION



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I. THE INTERNATIONAL CRISIS OF HEALTH-CARE

People all over the world, from Britain to South America, are bombarded every day in the mass media with the wonders and marvels of "modern medical science"—kidney transplants, heart transplants, plastic bubble houses for the treatment of leukaemia, coronary care units, etc. ... These things are put forward to indicate that our medical problems are being solved.

But what do these "brilliant discoveries" really mean for the mass of the world's population, how do they contribute to the general state of health of the people?

The *potential* of scientific progress cannot be questioned. But what we must have is a balance sheet with which to assess if, and how, scientific discoveries have improved the health of ordinary people, and also the effect of the economic crisis of international capitalism on health care.

Such a balance sheet shows not the optimism of the media, but rather a story of pious promises and *increasing* disease.

During the last quarter of the nineteenth century and at the outset of the twentieth, the standard of health of the people of the imperialist countries, primarily Britain, USA, France and Germany, improved considerably. And in the first half of this century significant advances were made towards the elimination of diseases which have killed and disabled millions annually. This was done with improved nutrition, better, less crowded housing, new sewage, drainage and running water systems, measures which must be classified as methods of medical treatment.

Medical treatment was thus collectivised and demonstrated to all the material link between social deprivation and incidence of disease, and finally eliminated not one illness, but a number of diseases such as cholera, dysentery and typhoid. Similar, though much smaller, collectivised programmes followed on from this in the colonies of India, Africa and South America, which cut down malaria, smallpox and other endemic diseases.

However, the real balance-sheet of the last 25 years and the prospects for the future—often depicted as the golden age of medicine with great individual advances—is very different from this. The millions upon millions of pounds being spent throughout the capitalist world on research produced:

firstly, no significant improvement in death-rates from the major diseases in the advanced capitalist world. In fact, with lung cancer, heart disease, mental disorder and suicides, the picture is, if anything, worse.

Secondly, for the first time ever in countries of Africa, Asia and South America, still deep in the grip of capitalism and imperialism, we are seeing the beginnings of a roll-back of the advances made in health over the past 75 years. We are seeing how the deepening economic crisis of international capitalism is forcing an *actual deterioration in world health*. The possibilities of the beginnings of a return to the famines and epidemics of the nineteenth century are placed on the agenda.

Even the Journal of the right-wing "American Medical Association" admitted last year, "modest progress towards improving world health was made in the first half of this century; in the third quarter (last 25 years), progress halted or, worse, regressed."

Further, the recent "Third Report of the World Health Situation" (Geneva, WHO) states that "one of the features of the past decade was the reappearance of certain diseases ... The outstanding example was the revival of venereal diseases, plague, the spread of rabies and trypanosomiasis (sleeping sickness) and the re-establishment of ancylostomiasis in areas from which it had apparently disappeared some years ago. Even more troublesome are

the diseases that seem to be extending within or beyond the territories in which they usually occur." The same WHO report concludes "the connection seems to be loose between the modern medical scene and the death rate of these people." Absolutely 100% right!!

Finally, even an open capitalist concern like the World Bank is forced to admit, "Malaria eradication campaigns launched in the '50s were largely successful in 37 countries. However, there is evidence of recent setbacks in Indonesia and the Indian sub-continent." "Sleeping sickness (Trypanosomiasis), by the 1950s was under control in most areas. However, the disease has started again to become more serious since the mid-60s. ... Schistosomiasis, a disease transmitted by snails, of which there are now perhaps 200 million clinical cases in the world, and its impact is growing." (Health Document, March 1975).

Now, with increased incidences of diagnosing rickets (for the first time in fifty years) in the deprived and overcrowded estates of Glasgow, we are seeing the beginnings of a return to the dark ages even in "advanced" capitalist countries.

This then is one aspect of the situation—the failure of capitalist medicine to meet the needs of health care on a world scale, with the appearances of specific examples of a worsening of health care. Yet this is at a time of fantastic developments in science, diverted into defence forces, rather than used to improve general health standards.

THE OTHER SIDE OF THE COIN

But there is another side to the coin. We have been looking at the situation in the two-thirds of the world still strangled by capitalism. In those countries which have broken historically with capitalism, such as China, Cuba, Russia and Vietnam, health care is not deteriorating but taking massive strides forward.

Firstly, starvation and famines have been eliminated entirely in some of these countries. The resulting improvement in the level of nutrition is strengthening resistance to other diseases. This is a startling contrast with the situation in capitalist India.

Secondly, with the mobilisation of the mass of the people, *endemic diseases are being eliminated*. In the case of infestations this means action such as that taken against the snail-borne schistosomiasis. With mass health education and the involvement of millions in the search for the river bank snail, this has been virtually eliminated in many areas.

Yet in a capitalist state such as Egypt, fifty per cent of the population has the disease.

Thirdly, in the workers' states, the incidence of venereal disease has been reduced almost to zero. Yet in the USA and Britain, despite all their much publicised antibiotics, these diseases are becoming more common.

The capitalist method of delivering health care is able to contribute less and less to the health of humanity. Against the buffeting of the chronic economic and social crisis of capitalism, the discovery of yet another 'super-drug' counts for nothing in the general health of the population. Against the social organisation of society, which dictates the organisation of its health service, the training of twice as many doctors or the building of another ten open heart surgery units are mere pin-pricks.

But this does not mean that socialists should sit back while past gains in health services are torn down as sacrifice to the economic crisis. Analysis of the reasons for the situation is needed and armed with this a campaign of action against all threats to the health care of oppressed sections of capitalist society must be mounted.

In the course of such a campaign the labour movement as a whole can debate the health needs of the working class.

class and push forward the struggle for a health service and a society organised, in the interests of workers.

II. CAPITALISM & HEALTHCARE

The crisis of capitalist healthcare is reflected in various ways in different places. Nonetheless, in the arena of health care, as in any other part of social life, the class struggle is manifested very clearly. Even in the countries where the working class have won many reforms, the interests of the ruling class are dominant and consequently there are clear differences in the method of delivering health care from a health system where working class interests dominate.

It is our contention that the capitalist type of health service is incapable of furthering the welfare of humanity and that it must be transformed. Further, that no amount of patching up of this, or papering over of that, is going to produce a service to cater for working class interests while the state machinery is in the hands of the capitalist class.

Despite all the good intentions of reformists, the political ideology and priorities of the capitalist system will produce a health service downplaying policies to meet the needs of the working class.

What are some of the most important characteristics of this ideology? There are four main categories:

1. Economic priorities;
2. Separation of social factors from physical causes;
3. Health education and preventative medicine;
4. Individual solutions and collective solutions.

Although these questions are interlinked, by examining each individually, at the risk of repetition, we can gain important insights.

1. ECONOMIC PRIORITIES

When it comes down to basics, for the ruling class health care is to provide and maintain a productive work force. All other aspects are secondary. Thus, illnesses or conditions which last a long time or for which there is no known cure, and illnesses difficult to treat are relatively ignored, because it is unlikely that these people will be able to get back to full time productive labour.

Example 1. Mentally handicapped kids are packed like animals into isolated understaffed underheated institutions in the middle of nowhere. On average £25 per week is spent on each person for full services compared with £100 per week in an acute hospital for the simple basics. Community facilities for these people are undergoing 50 per cent cuts at the present time.

2. The elderly, considered an unproductive section of the population, and afflictions associated with old age, are regarded as unimportant. Virtually no facilities for research or rehabilitation are provided and the longest waiting lists in the whole NHS, between two and three years in many places, are for operations on arthritis of the hip, a problem many old people face.

3. The second longest waiting lists, one to two years, are for operations for vaginal and womb conditions of women in their late forties. Yet there is no waiting period at maternity units. The priorities are obvious; women bearing the next generation of workers are cared for, but others, no longer able to bear children are forced to a painful wait before attention is given.

There are just three examples. There are many more. But not only does the capitalist state have priorities within the health service itself, but within its general expenditure. Examining this it is evident that such items as nuclear submarines and investment handouts to company managements are invariably cut back after health, education and housing services have had their budgets plundered.

2. SEPARATION OF PHYSICAL CAUSES FROM SOCIAL FACTORS IN ILLNESS

The central theme of medicine under capitalism is the forced separation of the physical cause of an illness from social and environmental situations. Capitalist medicine concentrates on curing life threatening diseases by the intervention of one individual (always a doctor) dealing with the individual patient.

Medical technology by itself has not contributed to health care to the extent portrayed. 'Increases in health standards in Europe were brought about much more by improving social and economic conditions than by medical care per se'—*World Bank health paper*, March 1975. 'In the United States, TB deaths went down from 200 per 100,000 population in 1900 to 3 per 100,000 in 1967. Yet the modern chemical drugs for TB became available only in the 1950s, when the rate was already below 30 per 100,000' (Same source).

Infant mortality in Scotland remains relatively high despite spending more than England on these medical services. A Government department study has shown that infant deaths are directly related to overcrowding in certain areas.

But perhaps the most naked example of medical distortion is in the treatment of mental and nervous disorders. There can be no doubt that social and economic factors are often of primary importance in this field. Yet psychiatrists are obliged under the present system to pay no more than lip service to altering social conditions. Instead, almost all attention is devoted to filling patients with drugs. For a short time this may appear to improve things for the patient, but may be creating more difficulties in the longer term as the basic problems remain.

The separation of physical and social factors in the face of overwhelming evidence against this is jealously guarded. The most recent example of this was in 1974 when under NHS reorganisation and the Seebohm report which was accepted, all NHS social workers came out of the department of health and went into local authority services. And these are the very people who spend most of their time in the homes of those they are trying to help, seeing and knowing how important the home and family conditions are to their health. The reason why these extraordinary things take place is clear if the links start to be made between the social and physical causes of illness, and these are developed and discussed in the working class movement, they open enormous questions and lead to demands and actions about health care and its relationship to where people live or work. This the ruling class can not afford.

No-where is this point more clearly brought out than the situation of occupational health services. In many of these cases the environmental element cannot be ignored. But the medical profession and the state have historically used their monopoly of knowledge to obscure the real causes and real responsibility for such hazards.

Of course, it is always said that it is the fault of the individual worker and not of the company or state industry. Asbestosis, and bladder cancer from aniline dyes tell a different story.

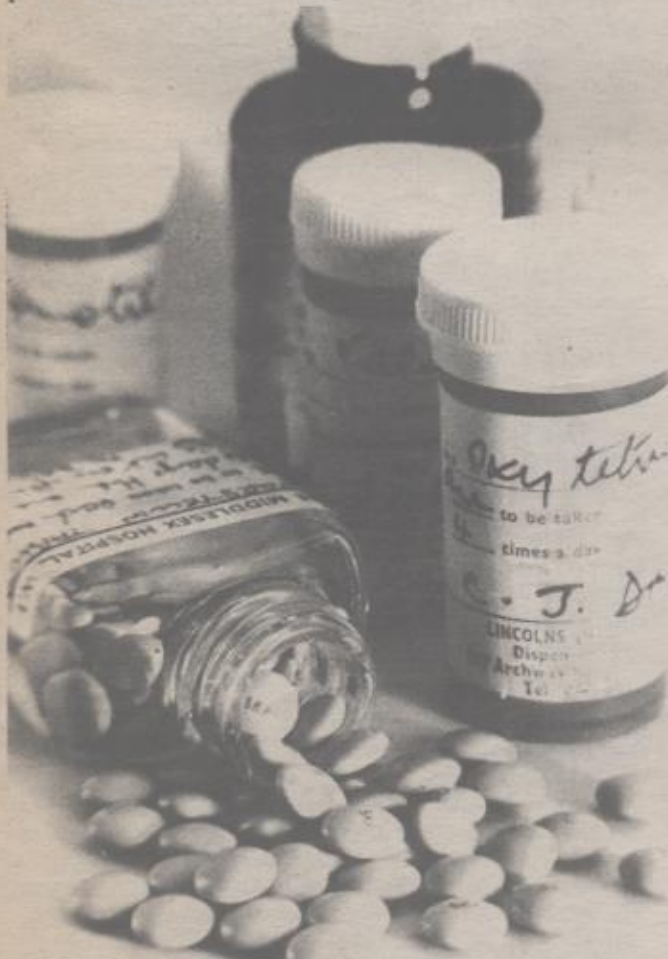
3. HEALTH EDUCATION AND PREVENTATIVE MEDICINE

If disease is to be eliminated it is essential for understanding of the most common and discomforting diseases to be shared by all. Health education can be done in a

way that reaches the maximum number of people, through television, radio, newspapers and comic books. But the ruling class refuses to organise this. Although this would lead to a reduction in the cost of health care, there is no attempt to push forward such an education scheme because of an over-riding fear that it would open debate within the working class likely to spill into directly political questions.

This dilemma is faced in different ways by different states. In New York the authorities have started a limited health education scheme in an attempt to save money. In contrast the British Government responds with a miserly one million pounds on health education, one fiftieth of one per cent of total health spending.

4. INDIVIDUAL SOLUTIONS AND COLLECTIVE SOLUTIONS



The ruling class strives continually to keep oppressed sections of society fragmented. As a consequence, except in rare circumstances, it refuses to implement collective solutions to health problems. An exception is where the patient remains a passive uninformed receiver of treatment, as in the case of immunisation schemes. But this is quite different from the type of active popular involvement needed to push medicine forward.

The refusal to countenance such involvement results in massive inefficiency. In the United States, for instance, seven per cent of its gross national product is spent on health care, yet its infant mortality rate is actually climbing. Expenditure of this order is only operated in times of boom, in recession the state attempts to cut back, as is the case today.

This strategy is falling apart at the seams. A further example of the failure of this type of medicine concerns the epidemic of coronary heart diseases in the western countries. Attempts to deal with this have been made in two ways.

Firstly, in the last ten years by building 'coronary care

units' to treat the individual person in a very intense way after the individual heart attack. As it happens in the last few years these units have been proved to have been a complete waste of money, as the incidence of recovery from the heart attack is the same, in or outside one of these expensive units.

The second way is a distortion of health education and preventive medicine, whereby one individual doctor does blood fat tests on one individual patient and advising him/her alone what diet changes ought to be made. However, outside, ten to twenty million men and women in danger from this disease remain unhelped in any systematic way. Meanwhile as these two capitalist methods continue to fail, the death rates continue to rise.

We can see from these four sections that wherever health care systems are attempting to operate, if capitalism holds the reigns of power, then these four forces — *economic priorities, ignoring social factors, absence of mass health education and therefore preventive medicine, and individualised solutions*—gain a deeper and deeper hold over the running of that health system.

THE POWER OF THE MEDICAL PROFESSION

At present the pivot around which healthcare revolves, is the doctor. The doctor is the only person supposed to know all; the doctor's decision is final and not to be questioned; the doctor can prescribe any and all treatments, and the jealously guarded monopoly of medical knowledge stays locked in his/her head. These backward characteristics are defended vigorously by doctors. Around them a whole cult of importance has developed about doctors and with their inflated social position and strong economic bargaining power, they have a very clear material interest in maintaining the status quo of the patient's ignorance, and of capitalist medicine in general.

What follows from this is that this whole picture has an important effect on the doctors' relationships with other health workers. Despite the partial attempts in one or two places to develop a team experience, the ideology obscuring the role of the doctor has forced the return to rigid hierarchy structures almost everywhere. The idea that 'doctors can be left to look after our health' because 'doctors know best', can lead to the most absurd misuse of resources by doctors. For example it was reported very recently in Argentina, a country in great crisis with thousands unemployed and virtually no adequate health facilities, that six top surgeons are spending their time finding ways to put hair back on bald men's heads.

In Britain the working class won a significant victory in 1946, when it forced through the setting up of a national health service. The task of the labour movement now, thirty years later, must be to examine and debate through how the crisis of international capitalist health care has worked itself out in our situation; and what has been the real balance sheet of trying to operate for these last thirty years a health service through bodies of the state, without having broken the stranglehold of the medical profession. Has this reform been able to serve the needs of the working class, or has it been even further withered away from Bevan's proposals.

This analysis and debate is of central importance for the whole workers' movement, for dependent on it will be *how* we fight and *what* we fight for in the struggle to defend the NHS against the Healey cutbacks and against private practice in the next period.

III. 30 YEARS OF THE NHS — A SHORT BALANCE SHEET

The working class in Britain was the first to win a relatively free, almost comprehensive system of health care in a capitalist society. However, from the very beginning it had a restricted conception of what a national health service should do. This was a reflection of its origins in that capitalist society. In the struggle over the formation of the NHS in 1946-48, there were three elements operating. For the working class the inadequate and appalling standards of the pre-war years were no longer acceptable.

For the ruling class two things stood out — on the one hand it was clear that the pre-war system with its separated voluntary and municipal hospitals, and its poor distribution of doctors, was too inefficient to maintain at low cost, a healthy labour force: on the other hand there was a genuine fear about what the mass of the working class would demand after giving up millions of lives for capitalism in the war. This fear was born of the experience after the first world war, when 10,000 mutinied in Calais on the way to being de-mobbed, and when regional strikes, forced the calling in of the army to crush workers' revolt on Clydeside.

The combination of these two factors made the ruling class not unsympathetic to the setting up of the NHS at that particular time.

At the outset there is no doubt that the interests of the capitalist class won through in the formation of the NHS.

That is not to say that embodied in the NHS there were no advances in health care for the working class. But it is important to realise that these reforms were only conceded in the face of massive working class pressure. At the same time the state never let go of the reins, at no time did the workers movement have any control over the newly emerging National Health Service. The Regional Health Boards set up by the state to administer the NHS and run the NHS hospitals at a local level, were composed mainly of business men, local dignitaries and doctors, who could be relied on not to ask too much of capitalism.

One central defeat that the workers movement suffered which to this day hangs around its neck in this respect was at the hands of the medical profession. By allowing private practice to be practiced both inside and outside the NHS, the Labour government of the time ensured the dominance of the consultants in the NHS. It is important to understand the lessons of this defeat.

BEVAN AND THE MEDICAL PROFESSION

In the struggle with the medical profession it would have been quite possible to win, and not to allow private practice to flourish and to prevent the GPs getting away with their inefficient and complicated system of payment according to the number of patients on their books (capitation fee). When their threats to resign and refuse to give treatment were being bandied about, many Trades Councils and union branches showed openly that they were prepared to launch a campaign to defend the NHS and put a block on these reactionary doctors in the localities.

Instead of mounting a broad working class mass campaign inside and outside parliament, inside and outside the Labour Party, which would have isolated the medics and forced them to join the NHS, Bevan and the Labour government contented themselves with friendly professional negotiations. The medics were not so short sighted. They launched petitions amongst their patients calling for "freedom for the doctors" to see patients as "friends and individuals". The doctors mobilised support from

the mass of the people, Bevan on the other hand put more emphasis on the Parliamentary aspect — on talking. Inevitably Bevan was forced to back down by mass action, and the NHS is to this day suffering from that defeat.

The way Bevan and the reformists fought out this battle is important to draw out and to bear in mind for both the present and future struggles that will be fought in the NHS; we shall return to these later.

DRUGS AND OTHER SUPPLY INDUSTRIES

The second central defeat suffered by the working class in the setting up of the NHS, was the refusal of the Labour Government to nationalise the drug and other supply industries, in order to properly plan and organise a comprehensive health system.

The drugs, as well as all the other medical equipment and machinery industries have been able to grow fat out of the exploitation of illness on a world scale, and in particular out of the NHS. Drug sales in 1971 were estimated to be around 16 billion dollars and the profit rates of the drug companies easily outstrip those of any other manufacturing industry. Roche, the British part of the biggest company in the world, has recorded rates of return of up to 2000 per cent. That the drugs industry can be so successful in making huge profits is directly related to the practice and nature of capitalist medicine. As we have shown the ideology of capitalist medicine justifies medical treatment as almost exclusively concerned with the physical symptoms. Instead of investigating social causes, capitalist medicine has two main ways of treating the illness. By surgery and by the use of medicine and drugs. The prescribing of drugs is both more profitable and less politically dangerous than probing the changes in social conditions needed to combat most illness, for example in depression, anxiety, alcoholism.

The results of this are the most cynical exploitation of illness, and the keeping of the mass of the people in complete ignorance as to the nature and use of the treatment they are given.

The failure to nationalise this section of private industry meant a massive waste of resources with duplication of research, actual reversals in scientific progress by the use of drugs as false short cuts, and the loss of human life. At present some 95 per cent of drugs coming on to the market for the first time are direct copies or only slight modifications of existing medicines.

The strains of trying to bring together a partially planned health system and a private drug industry result in a number of problems.

1. The over-prescription of drugs which are either useless or too powerful — but often more profitable. As with anti-biotics, this can lead to a drastic decrease in usefulness as bacteria develop resistance. Penicillin is a good example of this; after years of use — not against specific infections — but for ailments like colds its effectiveness is greatly reduced.

2. The lack of any scientific monitoring system exposes people to the dangers of inadequate testing. It was only in the last decade that the state set up a drugs commission to evaluate drug safety (Committee on Safety of Drugs). But this body only discusses the research and testing results submitted by the industry itself, and does not concern itself about whether the new product is any improvement on existing drugs.

The results of this are that the dangers are often not seen for a few years. Thalidomide was prescribed for over 3 years before ill effects were noticed. Over 500 children were maimed as a result. At the same time, people are

given, and pay for, relatively useless drugs.

3. The drug companies justify their high profits by the risks involved in research. But only 10-20% of drug research is devoted to the development of useful medicines. The rest is concerned with slight chemical changes in already existing drugs to avoid patent laws, to the production of relatively useless drugs (such as cosmetics) and the replacement of one drug by another which offers very little advantage but are normally more expensive. In fact the 'risks' of such drug research are no more than in developing a new model of car.

This practice is encouraged and protected by the states patent laws - which protect the monopoly of production and selling of any drug for years, enabling firms to accumulate massive profits.

4. The state has done little to combat or even limit the extremely dangerous anarchy of drug research, manufacture and use. Its failure to provide adequate education for doctors after they qualify, has meant that they have to rely on the advertising propaganda of the drug companies. The learned journals of the medical profession, mainly financed by advertising for drugs, are a mixture of a little medical science and a lot of business propaganda.

The link up between the medical profession and the drug companies is very clear - from the very inception of the NHS they have both fought to keep private medicine leeching off the NHS. It is very clear therefore that these central problems, which the reformists failed to tackle adequately in the setting up of the NHS, namely the questions of the medical profession, private practice, power at the regional level, private capitalist control of the drug and other supply industries, stored up a Pandora's box of mechanisms to be opened up and used to sabotage the very basics of the NHS. All Bevan's paper plans of a community based health system have foundered on these very rocks.

STRUGGLE OF THE CLASSES IN THE NHS

From the beginning the capitalist class only grudgingly accepted the National Health Service, and have seen its sole essential task as that of maintaining a healthy workforce, only conceding reforms under the pressures of the working class.

The working class on the other hand have fought tooth and nail to extend the NHS to make it as comprehensive as possible: (i) through the building of a new generation of district hospitals and old peoples homes; (ii) through the setting up of a fully comprehensive free ambulance service; (iii) through launching massive health education programmes and programmes of preventative medicine.

The class lines between these two perspectives could not be more clear. From the heights of 1946 the initiative has been lost and the balance sheet is that of a subtle, slow but virtually immediate counter offensive by the ruling class. Just 3 years after the NHS's inception charges for prescriptions, spectacles etc were introduced by a Labour Government pushed on by the state. Harold Wilson, whose Government initiated cuts plunging a dagger into the very heart of the NHS, made a big stand and resigned from the government - well, for a little while at least. This was the state testing out the ground.

At this time the ruling class could afford to run the NHS as a result of the post-war boom, and as the workers movement had been prevented from gaining any degree of control over the NHS the state could afford to tread carefully, waiting to intervene in the NHS, pare it down and re-organise it, when the time was right. As the boom began to tail off time began to get short.

The state then began to take stock. It had swallowed to some extent the Beveridge report (1942) that with a rational planned health service, the cost would gradually decrease as people got more and more healthy. This was proved wrong. From the cost in 1948 of some £400

million it has progressively increased till now it is more than 10 times that - approximately £4000 million excluding inflation. The state on behalf of the capitalist class began to tackle this problem.

THE STATE PREPARES FOR THE OFFENSIVE

It began, initially with the Younghusband report of 1958, commissioning report after report, on every conceivable aspect of the running of the NHS - for example about staff there was: Doctors (Cogwheel reports), nurses (Salmon and Briggs), technicians (Zuckerman report), social workers (Younghusband and Seeborn), and about re-organisation there was the Poult report, about productivity and bonus schemes amongst ancillary workers, about day care hospitals, private practice there was the Sainsbury report, about medical administration there was the Hunter report etc. etc.

This was for one reason and one reason only. Not to find out whether the NHS was working to the best in terms of delivering health care, but to see where rationalisation and cost cutting could be brought in and how they were going to prune the NHS down to the bone, when it might be necessary. Armed with all this information and all these possible 'solutions' to these problems, the determining factor of how hard to strike at the NHS was the state of the British capitalist economy, and that time now in the seventies has arrived.

The first strategic implementation of this pruning was to take place through the Mental Health Document (later Act) of 1959. Historically, half the NHS beds were in appalling 19th century mental asylums, with almost half the cost of the NHS used in them. This was too tempting a morsel for cost cutters. The Act initiated a programme of closing down these asylums with the corresponding based hostels in the local communities. This was a progressive plan to be supported, as long as no jobs or money were cut in the process. We see now after 15 years what the situation is. The cutting back of the mental hospitals began and is continuing at an ever increasing rate, BUT the building of local community hostels for the patients has never been implemented, resulting in the scandals like Birmingham, where the patients, with no support, move from one derelict doss-house to another. This is now the state can use in a contradictory way, what seem progressive steps - and it is repeating this very thing with the National Priorities White Paper - to implement the savage cuts that British capitalism is driving it to.

The first ever strategic cutback was the programme to close large mental hospitals and build hostels in the localities in 1959. The first part of this is increasing at an ever faster rate, whilst the second of hostel building was NEVER STARTED!!

That experience of the Mental Health Act serves as an important lesson for us. The state had taken what seemed to be a progressive position on treatment of mental disorders. Yet, in a contradictory way, by getting people's support for the Act, it was able to move onto the attack simply by not implementing one half of the policy. It was to do precisely the same thing with all the other one hundred and one reports it had commissioned in the first 25 years or so of the NHS; namely to implement the reports or those aspects of them in such a way that it served the interest of the capitalist class in health care.

The watering down of the four NHS Hospital Building Plans is excellent testimony to this analysis. In 1962 (i.e. after 13 years of no hospitals or plans) a national network of 265 seven hundred bed District General Hospitals (DGH) was proposed. In 1966 this was thought too ambitious, less new hospitals were thus projected. In 1969 the DGH was thrown out in favour of the "Best Buy Hospital" which was cheaper because it provided fewer beds per head of population (2 per 1,000 vs. 3-4 per 1,000). Yet again in 1974 this was thrown out to be re-

placed by the Modular Hospital Plan, in which the bed number is down to 300, and which can be built up in stages of 100 beds or so. This process was a mirror of the decline of the British capitalist economy, with the state tailoring its health building programmes in parallel with the needs of capital rather than on the needs of working people. Bevan's reforms have remained and will continue to remain paper plans with nothing on the ground, as the reformists have never seriously posed the question of workers control over the state and private health industry. Newham, in East London, has nothing to thank the reformists for. It was promised a DGH in the sixties, then a smaller Best Buy Hospital in the early '70s, now a Modular hospital is projected for the late '70s of 200 beds. Meanwhile in those 15 years infant mortality, and the incidence of TB and other diseases have kept at 30% higher than the national average!

CENTRALISING THE ATTACKS

During the post-war boom the above piece-meal strategy was just about adequate to the task. With the permanent character of the economic crisis of British capitalism in the late '60s and '70s, a stronger medicine is required. In this period capitalism is increasingly unable to provide both adequate profits for the bosses and adequate public and social services for the workers. The international finance houses are demanding a radical restructuring of the political, social and economic fabric of British society in return for continuing financial loans. Both the Labour Government and the capitalist state which historically, but in different ways, will always serve the interests of capitalism, are falling over each other trying to do this: — Incomes policy, mass unemployment, public service cutbacks, £7,500 million of handouts to private industry are the results. It is in this framework that we must understand what is planned for the health service. The central planks for this are the '74 Reorganisation and the '75 Royal Commission.

1. Reorganisation of the NHS

Since the early/mid sixties (starting with the Porritt Report), the ruling class has been in favour of re-

organising the three aspects of the NHS (Local Authority Health Services, the Hospitals, and the GP's) under more centralised state control. It wanted this for one reason only, that of carrying out a radical restructuring and rationalising in the health service sector to make the NHS work more effectively and more cheaply for the capitalist class. Even Richard Crossman's watered down proposals for a reorganised NHS made during the '60-'70 Labour Government were inadequate for this task. It was only under the Tory Keith Joseph, that a sufficiently centralised bureaucratic structure with the chairman and half the members of the Area and Regional Health Authorities appointed from the Department of Health was achieved. The Re-organisation of the three sections of the NHS, because it was not carried out under workers' control, lost its potentially progressive aspect of allowing a better planned and integrated health service. It was now going to be used to provide that centralised administrative structure which the state could use as a more effective tool in implementing those suggestions that had come up in the 20 years of those reports from the '50s to the '70s.

2. The Royal Commission

The suggestions that will be implemented, and the restructuring and reorganisation that will be needed to do this in reality *simply mean the planning and carrying out of cutbacks*. However, the Labour Government and the state fully understand that closing wards and hospitals; sacking nurses, ancillaries, technicians and even doctors (especially foreign junior doctors) and thus decreasing health care and increasing waiting lists will provoke a *massive* response from the working class. The new streamlined bureaucratic administration of the NHS could be too blunt an instrument to cut back the NHS without causing the blood-letting of demonstrations, strikes, occupations etc. It is in that situation that we must see the role of the Royal Commission.

Although it was created at the time of the consultants' threatened resignations, it is now being turned into a means for pulling in the trade union and Labour Party bureaucracy behind its aims. The solution to the crisis in the health service can only be resolved on the basis of a



re-allocation of money *within a framework of an overall cutback in finances available to the NHS*. With the participation in this so-called impartial enquiry of labour movement figures, the road to saying to workers that they must shoulder the capitalist economic crisis will be that much easier. The recent document on Health priorities indicates an increasing cutback of the annual rate of growth of NHS funding from 4.3% in 1970 - 1974 to 2.1% in '75 - '80. If we subtract the inflation of 20% - 30%, the reality begins to be seen.

IV. THE TRANSFORMATION OF THE NATIONAL HEALTH SERVICE

In the first three sections of this pamphlet we have looked at the class nature of health care and the inadequacies of the National Health Service. In the rest of the pamphlet we will examine the different ideas put forward about how to transform the health service into a socialist health service—that is, a health service that is responsive to the health needs of working class people.

In doing this we will leave out the views of the right wing in the labour movement. Those people who are prepared to see the cuts in the NHS continue, and even take part in carrying out those cuts, not only see no need to go beyond the present NHS, but are quite content to allow the re-emergence of large scale private health care. We intend rather to examine the views of those opposed to the cuts, those who do see the need for both defending the gains made by the working class when the NHS was set up, and going beyond the NHS as it exists today. We believe that within the unity of the left in taking action in opposition to the Labour government's attacks on the NHS, there must be the maximum debate and clarity about what alternative policies there are to those of the government, and how to take up a struggle for such policies.

DEMOCRACY AND THE NATIONAL HEALTH SERVICE

By far the most widely held view in the labour movement today about how to transform the health service into a socialist health service, is that put forward by the Socialist Medical Association, and campaigned for by 'Tribune'.

The policies of the SMA have not changed a great deal over the last 25 years, indeed the SMA has been campaigning for them since the NHS was first set up and has played an important role in drawing the attention of the labour movement to the problems of the NHS. They argue for three main things:

- i) They say, quite correctly, that there can be no room for private medicine in health care. When the NHS was set up they argued for the drugs companies to be nationalised and made part of the NHS along with other supply industries, they argued against the acceptance of pay-beds being part of the NHS.
- ii) They have consistently argued for major reforms in the NHS, and called for a massive increase of money for the NHS to win those reforms. An occupational health service, the extension of preventative medicine, a rehabilitative health service, the extension of health education—these were the things that the SMA constantly pointed out as missing from the NHS.
- iii) They argued that if these reforms were to be carried through, and if the NHS was to become responsive to the needs of working class people, then the NHS could not be left to the Consultants and DHSS bureaucrats to run—that there had to be 'the democratic involvement of the people who consume' in the running of the NHS. The call for the 'democratisation' of the NHS for the SMA meant involving GP's patients

The Royal Commission will be used as a battering ram against any section of the working class that takes any direct action against the attacks on the health services. Unless the representatives of the trade union and labour movement on the commission use their presence on it to issue minority reports, support calls for action and demonstrations against the cutbacks and private practice then they will be making legitimate a very subtle instrument which will be used against the working class and the health services it fought for and won.

in 'patients committees', having trade union representatives of health workers on management bodies of the hospitals, and above all having representation of labour movement groups on the administration of the NHS—most recently the Area and Regional Health Authorities.

If these policies were carried through by a Labour government, the SMA says, we would again be able to talk of the NHS being a socialist health service as we did when the NHS was set up. The 'Tribune' echoes the views of the SMA when, over articles arguing for the above policies, it puts the headline 'Putting Socialism back into the NHS'.

DEMOCRATISATION AS A STRATEGY

If we take a closer look at these policies we will see that, far from transforming the NHS into a socialist health service, these policies will actually lead the labour movement into turning its back on transforming the health service.

Let us look at them policy by policy:

Firstly, the abolition of all private medicine. This would undoubtedly be a major step forward for the working class. The abolition of drug production for profit and hospitals only for those who can pay, would at a stroke do away with the cynical profiteering on the basis of other peoples bad health by the financiers, and free these resources for more rational planning. The advantages are clear for all to see.

Nationalisation of the drug and supply industries without compensation would mean an end to the racketeering of charging the NHS inflated prices, an end to the misuse of resources in advertising, an end to drug research to avoid patent laws, and an end to research into new drugs being shelved because they are not profitable.

The taking of private hospitals and clinics, as well as pay-beds, into the NHS would considerably strengthen the NHS, allow the shortening of the waiting lists, stop the consultants use of NHS facilities to line their own pockets through private patients who jump the queue.

These policies must be fought for as part of the fight to transform the NHS, but would they make the NHS a socialist health service? The answer is no. The fact that health care is nationalised will not make the health service socialist any more than the transport system is at present a socialist transport system. The result of the nationalisation of the railways has not been socialist planning of the railways but a provision of cheap transport for private industry, improvement of the 'Inter-city' route, and the closing down of most of the lines along with the increase of prices for working class users.

The socialist planning of health care and provision of health care does not only require that hospitals, staff and supplies are brought together in one planned national system—it also requires that health care gets at the *social roots* of illness. Socialist health care depends upon the democratic planning of all social life—drainage, housing, production processes in the factories: all have to be freed from the anarchy of the capitalist market before socialist health

care can begin.

It is not possible to bring about socialism piece-meal, first the health service and education, later private housing and industry. It is because there can be no island of socialist health care in a capitalist country that the fight to transform the health service has to be seen as a part of the fight for socialism and the ending of capitalism.

We can see this still more clearly if we look at the second policy put forward by the SMA—the introduction of reforms into the NHS such as an occupational health service, preventative medicine and so on. Now we would agree one hundred percent with the SMA that we should be fighting for such reforms of the NHS; indeed, the fact that these are not a part of the NHS reflects the fact that the NHS sets out to provide individual solutions (patches people up one at a time after they have become ill) rather than getting at the social roots of illness through collective solutions—through re-organising society as a whole and educating people in health care. But if we forced an injection of cash into the NHS and these services were set up tomorrow, would that make the NHS a socialist health service? Again, we say no.

If we look at the example of an occupational health service we can see why. As soon as you seriously begin to examine health hazards at work, it is necessary to begin to question the whole of the way in which production is organised. In the car factories for instance, the speed of the line, the monotony of the work, the constant noise, and the machinery used, not only result in accidents on the shop floor but also affect the health of the workers in their personal life long after they have left the factory.

An occupational health service that accepted the 'rights' of employers to make a profit, and therefore to organise the speed of the line, the division of labour, the machinery used, and all other aspects of the production process in order to maximise their profit, could not even begin to get to grips with the problems of health at work. Indeed, because these 'rights' of the employer are defended by the courts and police, such an occupational health service would be forced to operate *within* those confines—trying to prevent the 'worst excesses' of the employers. An occupational health service run by the NHS today would be a glorified factory act, and just like the rest of the NHS would be there basically to keep workers healthy enough to carry on working for the employers. Indeed, like occupational health services in other countries, they would rapidly become a method by which the employers are able to 'get more work out of their workers'.

It is necessary to fight for these reforms in the NHS, but we should not pretend that, in themselves they will 'put a little socialism back into the health service', rather we should explain in the course of this fight that, at present, the NHS is not at all designed to serve the needs of the working class.

Let us now turn to the third policy of the SMA, because even they do not see the above policies as being, in themselves, sufficient to transform the NHS into a socialist health service. They would argue that this is only possible in a situation where the labour movement has a decisive say in the running of the NHS—for the SMA the 'democratisation' of the NHS is the main thing to fight for to create a socialist health service.

First of all, let us look more clearly at what the SMA and others mean by democratising the NHS. In the resolution to the last Labour Party conference (1975), which was a composite of resolutions from the SMA, NUPE and Waverley CLP, 'democratisation' was posed as follows: 'Management bodies to be democratically elected and to include representatives of all grades of employees within the health service'. What are these management bodies?

As we explained earlier in this pamphlet, the present administration structure in the NHS—the pyramid of the DHSS, the Regional and the Area Health Authorities,—was not created just because Keith Joseph was a Tory and wanted to exclude workers' representation on these bodies. The creation of this highly centralised structure was part

and parcel of the re-organisation of the NHS which involved closing smaller hospitals and concentrating resources in large ones, abandoning plans for new community health centres, etc. to achieve the massive cutbacks in spending that the government wanted to carry out.

In order to carry out this 'rationalisation', the new pyramid structure was created, with all the people on the Regional and Area Health Authorities being appointed by the DHSS. Only in this way could the rationalisation and re-organisation of the NHS be carried out with the minimum of fuss and the maximum 'efficiency'. At the time this caused quite a controversy. Organisations like the SMA carried out a campaign denouncing this as bureaucratic and undemocratic and demanded that these bodies include representatives of the labour movement.

Keith Joseph did not turn his back on these demands entirely. Partly as a 'democratic' window dressing he created, at the same time, the Community Health Councils. These were made up of 50% members appointed by the AHA's and 50% appointed by the Local Authority—and because of this they tend to include a minimal representation of labour councillors, trade unionists and trades council members. The purpose of these bodies, however, was certainly not to facilitate any labour movement control over the NHS.

To quote Dr. David Owen, now Secretary of State for Health in the Labour Government: 'The Community Health Councils could be very important in orienting people towards a philosophy that health is not just something that is provided for by the NHS, but that each individual has the responsibility for his well-being....They are very realistic about money and I think they could also be a way of bringing voluntary bodies into a closer relationship with the NHS.....The Health Service has used volunteers in hospitals, and I am now looking towards ways to make more use of voluntary effort in the community, in such fields as caring for the disabled, visiting the elderly, and looking after psychiatric patients who have been discharged'.

In short, when the NHS is cut back it has an effect on those needing health care, and the job of the CHS's is to find ways that health care can be thrown back onto voluntary help, and in particular—although Owen does not mention this—back onto the working class family. It will be the working class family which has to find ways of taking old relatives to the hospital for their check-up when ambulance services are cut; it will be working class families which will have to find the money and space to look after bed-ridden relatives rather than use nursing homes for the elderly.

The fact that these bodies are 'undemocratic' is neither here nor there. The point is that they were created to carry out a certain job for the state—to cut the NHS back which also required re-organising the NHS.

What sort of democracy is the SMA proposing? It appears that they are proposing that the workers movement 'democratically' participate in bodies that are implementing the cuts in the NHS, that are licensing private practice, that are making nurses redundant. For at no time have the different bodies running the NHS had any other role than to run the health service in the interests—not of the working class—but of the capitalist class.

To fight for representation on these bodies is to mislead working class people as to their real purpose and the true nature of the health service. For example, what would we say on an Area Health Authority when the DHSS says: 'cutback this amount now'. We would have to do what other 'representatives' have done in the past—either walk out of such bodies and say we will not participate in implementing the cuts, or start to haggle about 'the best way to make the cuts' as do those who argue for more for Brent and less for Merseyside, or those who say more for health and less for education. To participate with the state and the Medical profession in the running of the health service is to accept the arguments of Barbara Castle and the Labour leadership—that cuts are necessary and what has to be dis-

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cussed is how they are to be carried out.

And what happens when the labour movement launches a campaign against the closing of a hospital, or the sacking of nurses? The Area Health Authority will say: 'But your representatives participated in the democratic decision to make these cuts'. This is the confusion that participation in these bodies will sow amongst all those whose health care will be hit by the cuts. Workers will say 'How can we fight these cuts when our representatives have taken part in making the decisions about how the cuts are to be made'.

To participate 'democratically' in the running of the NHS is really to collaborate with the running down of the health service. Far from arguing about how the cuts are to be made we should be saying that we **ACCEPT NO RESPONSIBILITY FOR ANY CUTS**, that we are **OPPOSED TO ANY CUTS IN HEALTH, OR EDUCATION, OR THE SOCIAL SERVICES**. It is because we reject any cut in the social wage of the working class as a way of solving the crisis of British capitalism that we refuse to participate in any way in making those cuts.

IS TRADE UNIONISM ENOUGH?

Whilst we reject any idea of participation, whether it be in the AHA's, or in local hospital management by health workers, it is not enough to limit ourselves to keeping our independence from the attacks on the health service and relying on trade union militancy. The reason why such proposals as the SMA's have such a wide acceptance within the labour movement today is because these policies seem to offer a way in which the labour movement can take control of the health service. If the left is to meet the aspirations of many workers who want to see the transformation of the health service, then an alternative must be put forward to the SMA's strategy of 'democratisation'.

That alternative is not to be found in retreating into pure trade unionism, as groups like the International Socialists suggest. For the IS, who correctly reject participation schemes, the crucial thing is building up the trade union strength of health workers; joint shop stewards committees, rank and file papers: actions against the cuts and private practice in the hospitals—these are the most important tasks and anything else must fit into this framework.

Of course, it is very important to build up the trade union strength of health workers and these tasks are central to doing this—**BUT IN ITSELF IT IS NOT ENOUGH**. Even the immediate defence of the health service at this time requires more than the action of health workers alone—it requires the mobilisation of far wider sections of the working class. The willingness and ability of health workers to struggle will be, and has been seen to be around the nurses and private practice disputes, a major factor in involving other sections of the class in action in defence of the health service. In itself however it is inadequate—and the hesitancy of health workers to go into struggle at present for fear of being isolated is testimony to that. It is only class wide action that can bring about workers control of the health service.

WORKERS CONTROL

We have already explained that we are absolutely in favour of democratising the health service—but only if it means democracy in the interests of the working class and not the 'democracy' of participating in the state's attacks. We are for the democracy of the working class exerting control **OVER** the decisions and activities of the state and the medical profession. Not participation with, but **CONTROL OVER**.

There are many different ideas in the labour movement about what workers control means. For example, the Institute for Workers Control calls the participation that the SMA proposes Workers Control. However, no matter how you dress it up in radical terms, it remains essentially

the same—health workers and other members of the labour movement participating with the state and the capitalist class in running capitalist industry, or in the case of the health service, the capitalist health service.

The end result of such participation is also always the same. Workers representatives accepting that they carry a responsibility for implementing attacks on the working class, confusing the mass of workers about how to fight these attacks, and ending up trying to find ways of making these attacks somehow 'not as bad as they might have been'. The real meaning of workers control however is literally what it says—not workers participation, nor on the other hand socialist planning and management, but control *over* the activities of the state and the capitalists in managing the economy.

What would this mean in terms of the health service? It would mean a situation in which the state and the medical profession had to submit their plans to the workers movement *before* they went ahead with them, and where the workers movement would have the *right* to veto any aspect of that plan they wished. For example, the plans to centralise in large hospitals, closing smaller ones, and the building of community health centres, would first have to win the agreement of the workers movement both locally and nationally.

It would mean a situation where staffing levels could not be cut without the prior agreement of the local hospital and other workers. It would mean that hospitals could not be closed without the prior agreement of all workers in that area, who would decide not on the basis of how best to 'rationalise' the NHS so as to make cuts, but according to the needs of the working class locally. Such a veto does not come from participating in the running of the NHS with the state and the medical profession, but by retaining the organised independence of the working class, and exerting control over the activities of the state regarding the health service.

But to get to a situation, where the workers movement had a veto as of right, certain other things would be necessary.

First, in order that the workers movement could take informed decisions and be able to keep a running check on any attempts by the state and the medical profession to sabotage their decisions, all secrecy regarding the running of the health service would have to be abolished, so that the whole breadth of the states activities were revealed before the gaze of the whole of the working class. This would be real democracy, where 'professional' and 'state' secrets were no longer restricted to those who alone have the knowledge to look after the health care of the working class for them. The democracy of seeing the full extent of the cuts, and the priorities lying behind the health service; that is the sort of democracy that the working class needs.

Secondly, it would require the breaking of the dominance of the Consultants and professions inside the health service. An end to the threats of sabotage and emigration from the consultants every time their 'right' of private practice and other privileges are threatened. It would mean an end to the dependence of young doctors and nurses upon Consultants and senior nurses for promotion prospects. This would be an end to the democracy the Consultants put forward—the 'democracy' of private care for the rich and the introduction of the democratic right of free health care for all.

Thirdly, it would mean involving all oppressed layers, old people, women, students as well as the organised working class, in discussing and enquiring as to the sort of health care needed by working people. The maximum democracy and involvement of all layers in such discussion, in order to exercise a veto over the state, would allow the workers movement to begin the preparation of a *workers plan* for the health service, in preparation for the time when the workers movement directly takes on the job of managing the health service itself. This would mean more than just, for example, the health sub-committees of the TUC

and National Trade union executives taking decisions on behalf of the working class. It means the involvement of rank and file members of the trade unions and it means beginning to move beyond the present system and towards workers' democracy and the establishment of a socialist state.

Finally, we can see that to achieve such a situation of control over the running of the health service, the right of veto, will not take place overnight. Imagine a situation where 'state secrets' are abolished, where the AHA's have to submit their plans, let alone the DHSS. Clearly the capitalist class will not submit lightly to that. They would squeal 'this is an attack upon 'western democracy' itself, what you are proposing is that the workers and not the state shall have the final say'. But if we are talking of democracy—this is, surely, far more democratic than the 'democracy' of helping implement the plans of the state. To create a situation where the working class could force the acceptance of the right of veto, and the opening of the books, will take more than resolutions to the Labour Party conference or any other conference, and more than a militant fight by health workers alone. It will need the systematic mobilisation of the working class as a whole, in defence of the health service, beginning to organise in the most democratic fashion through such bodies as Action Committees, that we will move to a situation of workers control over the health service.

This must be our central orientation in defending the health service. That of building a class wide campaign against the attacks on the health service, basing that campaign on mass action by all sections of the workers movement. We must reject the orientation of the 'left' MPs and trade union bureaucrats who fail to take any steps to mobilise the rest of the class preferring to carry out manouvres and put pressure on the government to allow them to participate in its attacks. What is more, we must demand that they put their weight into building a class wide campaign. Equally one must reject the view that trade union strength and militancy of health workers, in itself, is sufficient, as organisations like the IS seem to think.

Of course, this does not mean that we have to forget about workers control until we have built a class wide campaign. On the contrary, it is necessary for socialists to consistently take initiatives which can at one and the same time help broaden the campaign and popularise workers control of the health service amongst the mass of workers. We can begin the fight for workers control now.

Let us firstly look at the Community Health Councils which the social democrats see as bodies which are worth participating in. In some cases participation can have some minor advantages—as for example in Maidenhead where the CHC produced a report on the cuts for the local labour movement. But such advantages are lost when balanced against confusion that such participation sows—the illusion within the workers movement that participation of 'our representatives' in these bodies can allow us to exert control over the health service. As against participation we should demand control—if we are offered representatives we should demand that these bodies become bodies through which the labour movement can really exert control over the health service. We should demand that meetings be open to all living within the jurisdiction of the CHC, that *everyone* has a vote, that decisions by a simple majority vote are *binding* on the local health service, and that all meetings are publicised well in advance to allow the *fullest* involvement of workers in the area.

It is highly improbable that bodies of the state could be transformed in this way to bodies for workers control. But in so far as many workers have illusions in the 'democracy' of participation we should put forward demands which can point the way to real workers democracy and workers control.

THE MEDICAL PROFESSION

It is also possible to begin immediately to take steps to break the hold of the consultants and the medical profession over the health service. Two things underly the present dominance of the medical professions and in particular the Consultants in the health service. In the first place, the whole ideology of capitalist medicine is one of elitism, of the 'monopoly of medical knowledge'. Consultants are directly integrated into the Area and Regional Health authorities because of their vital role in the health service which results from this traditional 'monopoly of knowledge'.

The second consideration is the material benefits that result from this. The 'right' of private practice which the Consultants defend so dearly through threats of sabotage, represents the improvement in their standard of living that the Consultants gain from their privileged position.



The medical professions play the role of tying the Junior doctors to the coat-tails of the Consultants, because the Consultants hold the key to promotion and job prospects—for a junior doctor the possibility of becoming a Consultant is decided by those who are already Consultants, and becoming a Consultant provides all the gains of private practice for them.

To begin to break this hold it is necessary to break down the myth of the 'monopoly of knowledge' and also to change the material basis of the medical profession. The recent Junior hospital doctors disputes illustrate the need for the labour movement to take a stand which can begin to break the Junior Doctors from dependence on the Consultants. The labour movement should take it upon itself to champion the just cause of the Junior doctors for better pay and conditions, at the same time as demanding an **END TO THE INVOLVEMENT OF CONSULTANTS IN DECIDING THE CONTRACTS AND PROMOTION PROSPECTS OF THE JUNIOR DOCTORS.**

Similarly, the labour movement must be the champion of the right of immigrant and women doctors to practice medicine. It is by taking action for the just demands of the Junior Doctors, at the same time as fighting in every way the existence of private practice, that the labour movement will win sections of the junior doctors away from their present reactionary course, to the side of the labour movement. Initially, it will not be possible to organise large numbers of doctors in trade unions in any case, but if the unions are not at the forefront of winning other workers to a fight for the just demands of the doctors then the workers movement will always remain unable to win the confidence of the doctors. The ability of the working class to win over sections of the doctors and nurses in this way will be decisive in blocking any attempts of the Consultants to sabotage the health service.

OPEN THE BOOKS

Similarly, the fight for the opening of the books can begin now. We do not wish to open the books simply to see what money is available. On the contrary, we already know that the governments cuts are behind the current crisis in the NHS. We wish to open the books firstly so that we know in advance what cuts are being made. In fighting against, for example, the closure of hospitals or the sacking of nurses, it is necessary to know of these cuts in advance so that the most effective possible campaign can be mounted against them. Secondly, there are many cuts which are not obvious to all—for example the cutting back of ambulance services to take old people to and from hospital; initially this is only obvious to the families of these old people who have to take time off work to take them by car, or in many cases the old people themselves, who somehow have to find the taxi fare out of their pension.

In opening the books, we do not simply want the bare figures about cuts, we want to know exactly what effect they are going to have, so that the full breadth and effect of the cuts is revealed to all who rely on the NHS. Finally, the opening of the books is not only a defensive measure—it is a way of revealing the way in which priorities are arrived at, the causes of the lack of money, and the whole class nature of health care. When the books are opened the AHA or the DHSS may well say 'There you are, we told you that there was no money available'. And the workers must say 'We knew that there was no money available, but we wanted to know why—and now we see that all the money is being spent on repaying loans to cut-throats who make a profit at the expense of our healthcare'.

Why is there no money available?

1. Because most of the money raised for social spending in the past was raised through loans, and with inflation the loans are demanding more interest and shorter repayment times. This is true not only for local authority spending, where the amount of money spent on repaying debts is well known, but also nationally. In 1974 the amount spent on interest repayment on national loans for social spending as a whole was £750 million; by 1978-79 the Financial Times estimates that it will be in the region of £10 billion. The current cutbacks announced under the last White paper by the Labour Government are simply aimed at preventing this getting any larger! But why should health, education and housing suffer just because the financiers who are now clamouring for their pound of flesh want to increase their wealth still further through loan charges? Why should these people be allowed to extort more money at the expense of the social wage of the working class? We should demand an immediate end to all loan repayments, both locally and nationally.
2. We are told that this money is needed for re-investing in industry. In reality the government is making massive free handouts to the capitalist class, rather than maintaining the social wage of the working class. If capitalism is so anarchic that there are 1½ million unemployed while hospitals are not being built and bricks are being stock-piled in their millions for want of a buyer, then let us see why the capitalist are not investing. We must demand the financial affairs of the capitalists are put under workers control, through the nationalisation of the banks and the finance houses so that investment can be planned and not left to the anarchy of the market as it is now.
3. At the same time, as money is being spent on 'defence' the social services are being cut back. Of course there is no money available if it is spent on all the wrong things. We must demand a major cut in defence spending to allow the expansion of the social services,

health, education and housing, through a CRASH PROGRAMME OF USEFUL PUBLIC WORKS.

BUILDING A CLASS WIDE CAMPAIGN

Neither the defence, nor the transformation of the health service today, can be carried through successfully without adopting a programme of the most radical measures. The fight for workers control of not just the health service but of the economy as a whole must be at the very centre of any programme of the working class to meet the crisis. The fight for such a programme must start from uniting the whole of the left in action against the Tory policies of the present leadership of the Labour movement, and the Labour Government in particular. This is the first step in creating a class wide offensive against the attempts of the capitalist class, through the Labour Government, to force the working class to accept the burden of the crisis. The fight for the defence of the health service and for workers control of the health service must be an integral part of that offensive.

The last Labour Party conference passed a resolution on the health service which began to set out the sort of policies that are needed to begin this fightback—to launch a campaign for class wide unity in defence of the health service. Not all of the policies in that resolution are good. In particular, as we mentioned earlier, the policy of participation in the running of the NHS is a diversion to any fight back. However, many of the policies put forward in the resolution are precisely the ones that the left must take up and fight for as alternative to those of the Labour Government, and around which the left can unite on the most burning problems facing the health service today—against the cuts and the cancer of private health care. These are, to summarise the Conference resolution:

- * **OPPOSITION TO ANY CUTS, FOR AN IMMEDIATE CASH INJECTION AND FOR A SLIDING SCALE OF HEALTH SPENDING TO KEEP PACE WITH INFLATION.**
We would wish to unite with all those in the workers movement who, like the SMA, say that adequate resources are the first step to transforming the NHS.
- * **FOR THE ABOLITION OF ALL PRIVATE PRACTICE FOR THE NATIONALISATION OF THE DRUGS AND ALL OTHER SUPPLY INDUSTRIES.**
Pay-beds are just the tip of the ice-berg. The financiers must no longer be allowed to profit from the ill-health of the working class. There can be no



Dr Berry Beaumont speaking on the health motion at last autumn's Labour Party conference.

rational planning of health care when the provision of health care is subject to the anarchy of the economy.

- FOR IMMEDIATE REFORM OF THE NHS. FOR AN OCCUPATIONAL HEALTH SERVICE, FOR PREVENTATIVE AND REHABILITATIVE HEALTH CARE SCHEMES, FOR MORE HEALTH CENTRES, FOR THE RIGHT OF WOMEN TO FREE ABORTION CONTRACEPTION AND PREGNANCY TESTING AT THE TIME OF NEED.

The NHS is quite inadequate as it stands. The fight against the cuts must be seen as a fight for the extension of the health care of working class people, responsive to the needs of working class people.

In the fight for the implementation of these policies contained in the Labour Party conference resolution the maximum *unity in action* of the left can be achieved, around a real alternative to the Labour Government's cuts. This means more however than simply passing this resolution at the Labour Party conference, or abstaining on the governments White Paper on social spending in Parliament. It means being prepared to unite in *action* to fight for the implementation of these policies.

NUPE must not simply put such resolutions to the Labour Party conference, it must be prepared to support and mobilise for demonstrations such as that organised by the National Co-ordinating Committee Against the Cuts in the NHS. Similarly those 'left' MP's who abstained on the governments White Paper must be prepared to speak at public meetings in the localities in support of workers taking action in the hospitals against the cuts on private practice, and calling for solidarity action from other sections of the trade union movement.

In short, unity of the left around the policies passed by the Labour Party conference means more than stating agreement with those policies, it means a commitment to building a campaign of mass action, of demonstrations, pickets and where possible strike action, which can force the implementation of these policies.

No amount of delegations sent by the SMA, to the DHSS will persuade David Ennals to change his mind, however eloquent and persuasive that delegation may be. Nowhere is this more clearly shown than in his predecessor—Barbara Castle's handling of the dispute with the consultants over pay-beds. It was the militant action of workers at such hospitals as Westminster, Christie and Charing Cross in blacking pay-beds, coupled with the

sympathy and support received from other sections of the workers movement, which forced Barbara Castle to introduce her plans for the phasing out of pay-beds, and even then she was prepared to make a shoddy compromise with the Consultants by allowing them to keep pay-beds where no private health facilities exist outside the NHS.

Nor is it enough to take action with the hope of putting pressure on present leaders of the labour movement. A fight for the implementation of Labour Party conference policy necessarily means a fight to remove all those in the leadership of the workers movement who refuse to implement that policy, and put in their place people who will carry out policies in the interest of the working class.

Personalities have policies, and if they are the the wrong policies, they have to be removed and replaced with people who have the right policies and are willing to fight for them. This applies not only to David Ennals, Denis Healey, Jim Callaghan, Jack Jones and Len Murray and all the other misleaders of the workers movement, but also to union executive members, trades council secretaries and everyone else in the workers movement—from top to bottom—who refuses to carry out a fight for the implementation of working class policies. The recall of the TUC and Labour Party conferences, to organise a fight for the implementation of the Labour Party conference resolution and to force a break with the governments policies, must be supported and campaigned for by all the 'left' MP's and trade union leaders who verbally claim to be in favour of fighting for working class policies.

It is in this way, by beginning to build a class struggle coposition inside the workers movement and uniting all forces prepared to fight for the implementation of these policies passed at the Labour Party conference, that we can begin to construct a class-wide response to the crisis in the health service capable of defending the health care of the working class.

The IMG will consistently fight to drag the SMA and the Tribunites in such a united front, demanding that they support and build actions of the working class such as demonstrations pickets and strikes, and that they help build action committees in the localities to organise and strengthen those actions. At the same time we say that this struggle to defend the health service can only be successfully carried through by launching a fight for workers control of the health service.



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