

# WHO CARES?

BULLETIN OF MERSEYSIDE COMMUNIST PARTY HEALTH GROUP

SUMMER 1984

30p



"WHO CARES" is a new bulletin published by the Health Group of Merseyside Communist Party.

We are committed both to defending the real gains of the NHS and arguing the case for a broader approach to health care and a more democratic way of running services.

We hope to keep people up to date on local activity around health issues, as well as looking at broader issues such as the role of the drug companies and private medicine.

The politics of health are too important to be left up to the 'professionals', or even health workers as a group.

Our own collective is composed both of health workers and of people, with no direct involvement in the field except an interest in the subject.

Likewise we hope our bulletin will be of interest to health workers and non-health workers alike.

We welcome contributions to the bulletin - letters, reviews, info on activity, articles and criticisms.

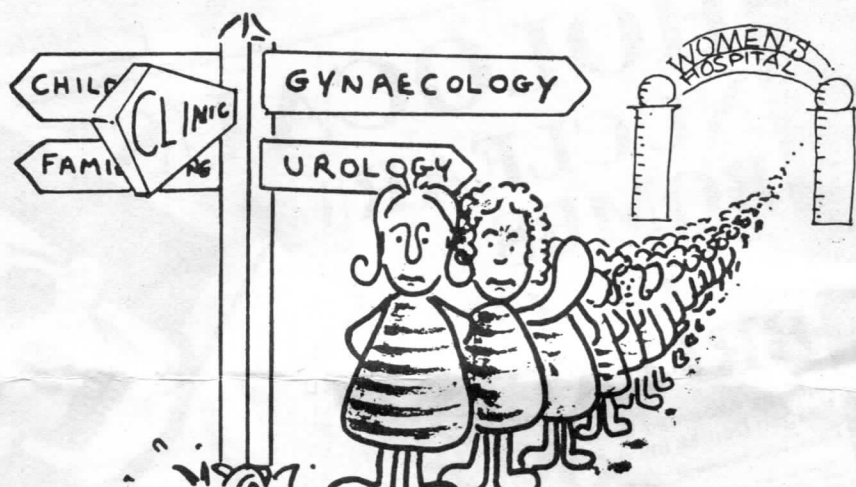
We hope to bring it out on a quarterly basis. Any contributions should be sent to: "WHO CARES", c/o Merseyside CPGB, 39, Shaw Street, L'pool 6.

We are particularly aware that at present our coverage is heavily slanted towards Liverpool and we especially welcome contributions from other districts of Merseyside.

# WHO CARES?

## Action notes

ON MAY 12TH OVER 400 WOMEN dressed in white, walked through Liverpool from the Women's Hospital to the Central & Southern Community Health Council offices. There they signed a petition protesting against the closure of the Duchess ward, in the Women's, in November last year.



Duchess Ward, with 21 beds, represented a third of the beds at the Women's Hospital and was 'temporarily' closed as part of a package of cuts made by the Health Authority in response to last summer's Lawson cuts.

Other services affected include a ward at a local GP hospital and beds at St Paul's Eye Hospital (waiting list approximately nine months). The decision to close Duchess Ward was taken on the Chairperson's casting vote.

The package of cuts was agreed despite strong calls from the Labour Authority members for the Health Authority to say "enough" and demand to see the Minister of Health.

Liverpool Health Authority has already accepted cuts, in its Long Term Strategy, agreed last year. Mersey Region Health Authority was the only Region in the country, not to protest to the Government about the recent health cuts.

In September the waiting list at the Women's Hospital was 480. In April it was 680 - this is a much larger increase than could be expected by seasonal variation.



Duchess Ward was especially used for the treatment and investigation of infertility - just the sort of problems that go to the back of any waiting list - being seen as 'non urgent', while they deeply affect the life of the woman concerned.

At the same time as the ward closed, the consultant in charge retired and was not replaced. His registrar and house officer were also 'lost. This was done entirely behind closed doors with no consultation.

The Duchess Ward campaign has had widespread public support. Nurses have marched through the streets of Liverpool led by bagpipes. Port workers and other trade unionists have had a one day strike and picket outside the Women's Hospital, one freezing February day. Thousands of signatures have been received from the general public.

However the Health Authority has already written the closure of the Duchess Ward into their budget for the year. This is despite the fact that a 'consultation' process is supposed to be taking place.

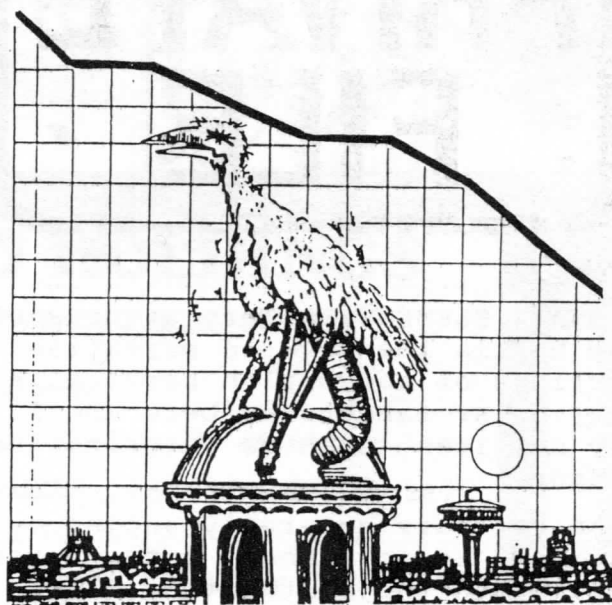
The final decision will be made at the District Health Authority meeting on July 24th. The Women's Hospital Support Group are hoping that the Duchess Ward will be reopened. But sadly this might be the only item in the package of cuts which is saved.



Merseyside trade unionists have recently launched their own "Committee to Defend the National Health Service". Following on from the day of industrial action in February, port workers, bus crews and other trade unionists were out on the streets in June collecting signatures for their petition in defence of the NHS.

On July 5th, the anniversary of the founding of the NHS, they travelled down to London, along with workers

from the Women's Hospital and other health workers to lobby MPS over the health cuts and present their 25,000 strong petition.



Women in nightdresses, demonstrated the effect of cuts with an exhibition of 'hot-bedding', taking it in turns to get in and out of a hospital bed, outside the entrance of the building.

'Hot-bedding' is the practice where, when beds are in short supply, overnight patients are forced to vacate their beds for day patients, before returning to the bed at night.

But what has happened to the health unions in Liverpool? Despite recent action against privatisation, there has been no attempt to launch the kind of broad campaign against the cuts seen in other parts of the country, such as Oxford Region's 'Who Cares Campaign'.

Without such an initiative, while individual action against the cuts will continue, there will be little chance of resisting the overall plans of District and Regional Health Authorities to carry out the Tory Government's cuts.

Equally important we will be unable to win a wider section of workers and consumers of health services for a different approach to health care and a more democratic way of running the service.

KATY GARDNER

STEVE MUNBY



A MAJOR ELEMENT in Tory attacks on the NHS is the move to privatise sections of the health service. A particular target has been ancillary services, such as catering and laundry.

Despite their generally supine attitude to government cuts, Mersey Region and the District Health Authorities appeared reluctant until recently to carry out the government's directives. Recently however the picture has begun to change.

May saw strike action at Walton Hospital over the use of "Allied Medical" by South Sefton Health Authority to carry out a survey of the Catering Department. Adjacent we print in full NUPE's statement on the dispute:

NATIONAL UNION OF PUBLIC EMPLOYEES  
ALLIED MEDICAL DISPUTE (WALTON HOSPITAL)

"Catering staff at this hospital are taking strike action against the use of the private health firm - ALLIED MEDICAL. The South Sefton Health Authority wish to use this private health firm to carry out a 'Survey' of the Catering Department. Staff should be aware of the following facts:

Allied National and its subsidiary Barnard Catering Limited, are a large multi-national firm, supplying contract services to hospitals (mainly in Saudi Arabia).

Only those Health Authorities who have a firm time-table for privatising support services (catering, domestics, laundry, etc.) are using this firm.

Allied Medical wish to carry out a 'survey' of domestic services at Cranage Hall Hospital in Crewe, and NUPE members there have also been authorised to take official strike action.

This Authority plan to tender for the Catering Department in January, and the Domestic Department in June of next year.

They will tender for Catering in January and Domestics in June 1986, at Fazakerley.

The Authority have denied that the use of Allied Medical has got anything to do with their privatisation proposals.

## WIRRAL

On June 16th, 600 people joined a march in Birkenhead, organised by Wirral Trades Council and health unions against privatisation in the health service.

## BARKING

OVER 90 CLEANERS at Barking Hospital in East London, have been on strike since mid-March over crude exploitation by a private contractor.

The strike is in response to a cut in pay and hours of 40%, cuts in holiday and sick pay and appalling new shift patterns.

Despite bussing in of scabs by the employers, Crothalls and the police, the strike is 100% solid.

For further information, messages of support, donations, etc., write to Barking Health Emergency, AUEW House, 588, Rainham Road South, Dagenham, Essex. RM10 7RA. Tel. 01-595-4252.

2 new publications put the issues and arguments around privatisation.

"THINKING OF GOING PRIVATE" published by the NHS Consultants' Association & NHS Unlimited. An attractively produced, 4 side broadsheet, with cartoons and arguments spelling out the case against private medicine. Available from NHS Unlimited, 22, Gt Russell Mansions, 60, Gt Russell St, London. WC1B 3BE.

"PROFIT OUT OF HEALTH" published by Birmingham Health Services NALGO branch and Birmingham TURC. £1 from Birmingham TURC, Victoria Works, 7, Frederick Street, Birmingham. B1 3HE. A detailed study of private medicine and privatisation. Looks at ways of developing trade union responses. An invaluable guide.



# THE DRUG INDUSTRY

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Everyone has their own special candidate for the most objectionable member of the Tory party.

Top of many people's list comes newly elected MP, Edwina Currie.

The extract below from May's "Chemist & Druggist" shows why:

## Tory praise for 'rebel' chemist

**A Derbyshire pharmacist has been publicly praised by Mrs Edwina Currie (Con) for disregarding the ethical code of the Pharmaceutical Society in order to highlight the value for money obtained by most patients when they pay prescription charges.**

She told the Commons that a pharmacist in a mining village ("where, incidentally, everybody is working") responded to complaints about the scale of prescription charges by inquiring if the patient would prefer to have the drugs or medicine privately dispensed.

Mrs Currie said the usual answer was "Oh yes" and then the pharmacist disappeared to the back of the shop to do the necessary calculations and eventually returned to tell the patient the cost — "often as much as £65". The immediate reaction of the patient, she reported, was to choose to pay the £1.60 per item prescription charge and to express gratitude for having the opportunity to let the State meet most of the cost. Mrs Currie commented: "An interesting aspect of this practice is, however, that it is against the ethical code of the PSGB".

She repeated the plea made by a representative at last year's Conservative conference that prescription charges should not be levied on patients suffering from terminal cancer, but said the "pill" should no longer be freely available.

Mr Michael Meacher, Labour's Shadow Minister for the Social Services, led an unsuccessful attempt to get the recent increase in prescription charges annulled — it was defeated by 177 votes to 104. He protested that the increase meant the present Government had been responsible for an eightfold increase in the charge made for each item prescribed.

Mr Meacher contended that it was no excuse to say that the exemption certification system meant that only 30 per cent of prescriptions would be paid for by

## GLAXO HOLDINGS

PROFILE OF A PHARMACEUTICAL COMPANY

HEAD OFFICE: London

OVERSEAS SUBSIDIARIES in 36 countries.

ASSOCIATE COMPANIES in India and Nigeria.

**SALES:** 1981 - £710m : 1983 - £1,027m

A rise of 44% - about 18% after deducting UK inflation. Still a very big increase. (In most of UK, industry sales have fallen in real terms).

**PRE-TAX PROFITS:** 1981 - £87.3m

1983 - £192.4m

It is extremely profitable by UK standards and profits have shot up steeply - from 12% of sales in 1981 to 18% in 1983.

**SOME MAJOR PRODUCTS:**

- \* **RANITIDINE** - anti-ulcerant (launched in UK in 1981).
- \* **LABETALOL** - anti-hypertensive
- \* **CEFUROXIME ('Zinacef')** - antibiotic
- \* **SALBUTAMOL ('Ventolin')** - anti-asthmatic

the patient. "The fact remains that next year more than 100 million prescriptions will be dispensed in this country for which the full £1.60 charge per item will be levied. It is not true to say that all those people are well off and can afford it. It is known that there are at least 1.5 million people in Britain today who are entitled to supplementary benefit but who do not, for one reason or another, claim it".

Mr Michael Meadowcroft (Lib) urged the Government to take account of the anecdotal evidence which became available to MPs from pharmacists who reported that patients could not afford all the items

prescribed for them and asked for only the more important ones to be dispensed. "The people who are coming to pharmacists and asking that question are the people in most need, and not the people who are able to increase their take-up of prescriptions or appliances under the health service".

Mr Willie Hamilton (Lab) again maintained that generic substitution and the "completely indefensible profits" made by the drug companies were two areas where saving on NHS expenditure could be made.

Mr Kenneth Clarke, the Health Minister, maintained that the case for the increased charges had been clearly established. "The Government is raising the level of spending on the NHS. We are therefore raising the charges for people who can afford to pay for some parts of the service."

□ **Mr Gordon Appelbe**, Head of the Pharmaceutical Society's Law Department told C&D he did not think the chemist had contravened the Code of Ethics.

Mr Appelbe said the only area in which pharmacist may have gone against the code was that covered by clause 1: "A high standard of professional conduct in pharmacy and an efficient pharmaceutical service for the general public is necessary in the public interest. Every pharmacist should play his part in providing such a service and should avoid any act or omission which would prejudice providing such a service or impair confidence in the pharmaceutical profession as a whole."

# PROFIT FROM PAIN

Supplement to the Liverpool Echo, Wednesday, June 6, 1984

ADVERTISING FEATURE

## Golden jubilee for Lilly U.K. operation

ONE of the largest pharmaceutical organisations, employing 29,000 people and quoted on the New York Stock Exchange, Eli Lilly and Company, is celebrating the golden jubilee of its U.K. operation.

Another celebrating company is Dista Products Ltd., of Speke, Liverpool, which has been part of Lilly Industries Ltd. (an affiliate of Eli Lilly and Company) for 21 years and now ranks among the biggest antibiotic manufacturers in Europe.

Eli Lilly and Company has its roots in Indianapolis where, in 1876, Colonel Eli Lilly founded the company under his own name.

With 1,400 dollars cash and chemical most basic

steamboat engine to supply power — he set up his laboratory in a small brick building.

While his staff of three, including his 14-years-old son, Josiah, produced a variety of pills, extracts and other medicines, Colonel Lilly did the travelling, calling on wholesalers and retail pharmacists.

### Prospered

Sales in the first eight months amounted to 4,500 dollars and the company prospered and grew.

Within its first decade, Eli Lilly and Company was devoting



later in veterinary and agriculture fields.

Lilly's was one of the first companies in the pharmaceutical business to take advantage of the development in genetic engineering, using recombinant DNA processes.

In 1934, this rapidly-expanding company began spreading internationally and

a strong foothold in the fast-growing area of medical instrumentation.

The following year, Lilly also acquired Cardiac Pacemakers Inc., of St. Paul, Minnesota, which develops and produces electronic

The Liverpool Echo as our readers will know, has a long history of fighting for the interests of working class people.

Their latest contribution comes in a 4 page ad, a section of which is shown above, extolling the virtues of LILLY UK and their subsidiary, DISTA PRODUCTS Ltd of Speke. The advert appeared on the same day as a call from the Opren Action Committee for a boycott of all of the firms' products, see clipping on the right from the following day's Morning Star. No prizes for guessing why the ad appeared when it did. Comments should be addressed to the Editor, Liverpool Post & Echo, Old Hall St Liverpool 3.



## Call to boycott Opren maker

By BILL WAINWRIGHT

VICTIMS of a drug tragedy yesterday called for a total boycott of all products sold in Britain and other EEC countries by the US multinational Eli Lilly company that made and marketed the drug.

Some 100 people died in Britain after taking the anti-arthritis drug Opren and 4,000 suffered harmful effects during the two-and-a-half years it was available before being withdrawn in August 1982.

The Opren Action Committee, which has been fighting for compensation for more than 400 victims and is now calling for all the firm's products to be banned, had its effort to seek compensation in US courts turned down on Tuesday by a US judge.

The committee is serving the writs for compensation in Britain but will almost certainly appeal against the US judge's decision.

## FLOSINT PICKETS SAVE LIVES!

OPREN is not the only anti-arthritis drug to have caused deaths and become the object of protests. The failure of both medical science and the NHS to provide adequate treatment for sufferers has left the drug companies with a ready market for 'wonder drugs'.

Launched with a blaze of publicity, the products are frequently not the subject of adequate clinical tests. The result has been death and suffering for many. A good example is Flosint.

Produced by an Italian drug company, Carlo Erba Ltd, the publicity backfired. Stunts such as hiring the Orient Express to wine and dine potential 'customers' in the medical profession, attracted adverse comment after its exposure by Panorama.

Here on Merseyside a freebie aboard Henry Ford's private yacht drew a picket from the Socialist Health Association and the TGWU.

A few months ago Flosint was taken off the register of acceptable drugs after a number of deaths and side effects among users. It seems likely that far more people would have suffered, but the bad publicity the promotion stunts drew, made doctors reluctant to prescribe it!

The press like to brand pickets as 'bully boys and thugs'. The Government and police are systematically denying the right to picket. It seems worth pointing out that this picket not only exposed the role of the drug companies, It probably saved lives!

STEVE MUNBY

# INFO/HEALTH ACTIVITIES

## HEALTH VIDEOS

Women's Health Videos are shown every week by Granby Neighbourhood Health Project at Princes Park Health Centre, Bentley Road, Liverpool 8. Tuesdays, 1.45-3pm. Free

Videos about the effects of cuts on the local health service are being produced by the Community Video Project at Open Eye. For more info, copy of videos write to Open Eye, Whitechapel, Liverpool 1.

## WOMEN'S HEALTH FORUM

A group of women from Merseyside, at present campaigning around issues of fertility control, eg recent leafletting in Church St, trying to put scares about the pill into perspective and discussing new alternatives, such as the vaginal sponge,

The group has supported medical students in Liverpool in setting up an alternative anti-sexist medical students' group, meeting on a regular basis to discuss health issues.

Also involved in the National Women's Health Conference to be held in Spring next year. The group meets once a month in Princes Park Health Centre, on Mondays. For more details write to Women's Health Forum, Princes Park Health Centre, Bentley Road, Liverpool 8.

## MATERNITY INFORMATION CENTRE

The National Childbirth Trust and other organisations are planning a Maternity Information Centre for Liverpool to provide details of choices about delivery, patients' rights, etc. Info from CHC 236 1176.

## BEDFORD CLINIC

The Bedford Clinic in the Women's Hospital is available to perform abortions up to 12 weeks of pregnancy under the terms of the 1967 Abortion Act on a day care basis free under the NHS. You must go via your GP, local family planning clinic or Brook Centre.

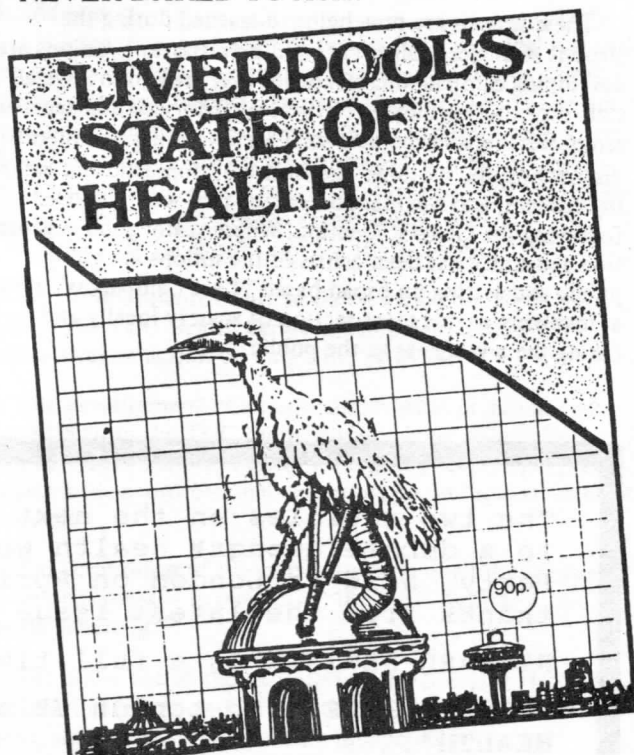


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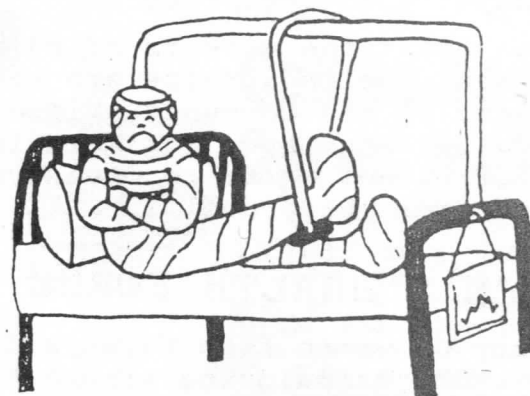
Published by Merseyside Communist Party, at £1.15 post free (orders of ten or more at 10% discount). Please send cheques/postal orders made payable to 'Health Pamphlet' to Merseyside Area CPGB, 39 Shaw Street, Liverpool 6.



# CAMPAIGNING FOR THE NHS - 1

*Richard Jewison*

The popularity of the NHS has forced the Tory Government to delay and possibly abandon its radical plans for privatising health services in Britain. The determined promises to cut back on public spending and reduce taxes have given way to less aggressive reductions even at the expense of increases in taxes (albeit mostly indirect and hitting the poor hardest). In fact, Mrs Thatcher appears determined to have the worst of both worlds by upsetting the right whilst continuing to cause mass anger by continuous cuts, privatisation of services and one management re-organisation after another. In spite of doing everything wrong, the opposition to her policies is fragmented and lacking in direction. There is now a need to examine the policies of those involved in the various NHS campaigns and suggest some ideas for maximising the political damage that the government seems determined to inflict on itself.



## HEALTH UNIONS' STRATEGY

A few years ago TUC affiliates would not talk to non-affiliates and to a great extent union activity concentrated on bonus negotiations and other pay and conditions type issues. During the NHS pay dispute of 1982 the unions learned the advantages of working with nurses, doctors and others and appealing to the wider movement. The power of public opinion and the effectiveness of mass campaigning were demonstrated clearly to people who had always known the limitations of strike action in such a sensitive service.

These lessons are now being re-learned during the current struggles against cuts and privatisation. Unions are developing campaigning strategies that seek to involve all staff organisations in the NHS. Health Service managers and senior nursing and medical staff are attending meetings to discuss hospital closures, the future of domestic and catering services, and the manpower cuts that were imposed following the General Election. Where really good organisation and unity has been achieved the unions are going public and setting up broad-based "Care Campaigns" aimed at involving a wide cross-section of society locally and taking the arguments to the public.

## THE ROLE OF THE LABOUR PARTY

The Labour leadership have correctly seen the NHS as being a genuinely popular institution affecting the lives of millions of people. As the founders of the service, Labour is completely justified in launching a major campaign to defend it, extend it, and in the process win votes as quickly as the Tories lose them by their unpopular policies. The incisive contribution of Michael Meacher and the bold campaigning style (The Campaign Ambulance is just one example) are undoubtedly helping the fortunes of the Labour Party and at the same time causing acute anxiety to Tory Party managers. It has to be said, however, that the policies and campaigning style of the Labour leadership are not widely understood by local Labour parties. Whilst some Labour and Co-operative parties have taken up the issues in a big way, many can only sustain the Campaign until after the visit of the Ambulance when they turn to other matters. Often leading Labour activists, councillors, etc do not involve themselves in local campaign committees. Some Labour parties have set up health committees and question why the unions should be setting up alternative campaigns, showing what seems to be arrogance, but probably is simply a lack of understanding of the Health Service and its organisations.

The two articles on the next three pages are based on contributions to a debate amongst health workers and activists in the Communist Party, held in London on April 7th. We are reprinting them, with thanks from the latest issue of *Medicine In Society*.

RICHARD JEWISON is a full-time officer for NUPE in Hampshire.

STEVE ILIFFE is a London GP and the author of 'NHS - A PICTURE OF HEALTH'.

A worse development has been where local Labour parties have allowed Militant "supporters" and other leftist elements to volunteer their services to the NHS Campaign. Where this occurs, not only must a campaign organisation align itself to the Labour Party but it must develop links with other anti-Tory organisations and listen to calls at every meeting for strike action by health workers and others to defeat the Tories. Naturally any misdirected Liberal, charity worker, doctor or pensioners' representative who strays into one meeting doesn't make the same mistake twice!

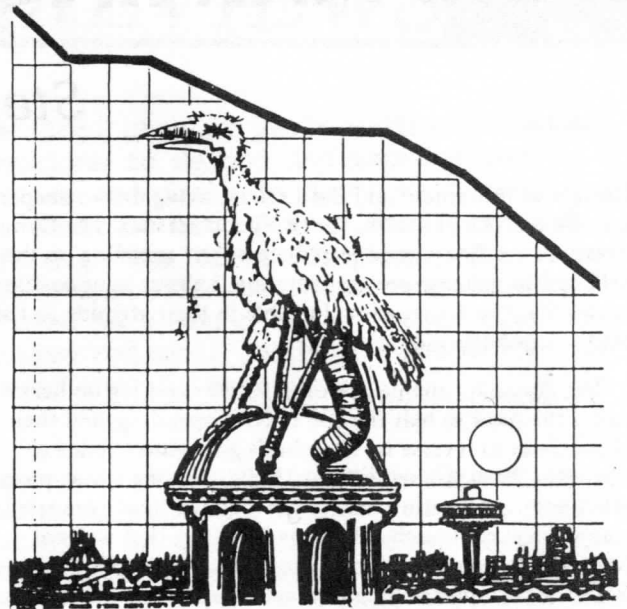
### TOWARDS A BROAD CAMPAIGN

The strategy being developed by the NHS unions is essentially a very good one and there is little doubt that efforts will continue. National officials of NHS unions are touring the country in a determined drive to set up local campaigns, preferably in every health district and sometimes more locally still. There is a need for these campaigns to be as broad as possible. There is no reason why liberals and organisations like MENCAP, AGE CONCERN and others shouldn't feel at home in a genuine Care Campaign. For this reason the Labour Party should be represented, but should not monopolise the meetings. They will have to earn support for Labour policies rather than assume blind acceptance from those in the NHS whose experience was not as rosy under Labour as some Labour activists seem to assume.

All of us on the left have a responsibility for these local campaigns. They need building along with the foundations in the movement necessary for mass support. The campaigns need defending against sectarian and arrogant take-over bids and above all they need representatives from a really wide spectrum of organisations, unions, charities, users groups, patients organisations, leagues of friends, political parties (as many as possible, and certainly including direct Labour and Communist representatives) and representatives from women's groups, pensioners, and other groups with a particular interest in the NHS.

### ROLE OF CAMPAIGN COMMITTEES

Just as with all defensive organisations, opportunities exist for moving on to the offensive. Clearly the first objective must be to explain the complicated policies of authorities in simple terms and relate them to people's experience of the NHS. By drawing on the background and knowledge of workers, users and others a really popular campaign can be developed. Many of the organisations involved already make individual representations to CHCs, DHAs and present their case to the media. If a really well-organised committee exists, then a comprehensive alternative to cuts and privatisation can be developed that has the advantage of wide backing. As the local campaigning scores successes those involved will learn important lessons about mass action and struggle. Political lessons and organisational lessons as well as the sometimes devastating one that ordinary people can do things just as well as the "experts". And the Health Service really is an all-pervasive organisation. We're not just talking about acute services, hospital beds and ambulances, important as these are. Primary and GP services leave a lot to be desired, community care is just developing, and occupational health schemes could improve the working life of millions of people. Housing, education and diet, all essentially class questions are in large part responsible for our state of health. Who knows, if socialists get involved in campaigns, working with those who work in and use the NHS, maybe we'll develop a socialist strategy for the nation's health that commands mass support and paves



the way for a Labour government to tackle the problems highlighted in the Black Report. This article may be writing too much into the NHS campaigns. But unless we do take them seriously, they will fail to mobilise the political opposition to Thatcher that exists over health care and the left will lose a golden opportunity of gaining respect and support amongst a vital section of the democratic movement. If alliances are to be built, we could do worse than looking to our local Care Campaign. *"The Health Service is Safe with Us"* could yet become Mrs Thatcher's swan song, but a great deal of effort is needed first.

continued from page 10

The TUC campaign aimed at 'NHS Day' on July 5th is an opportunity to start work on coalition-building, and we should take it.

Looking into the future of the NHS is a political job and the parties of the left should review their policy in a self-critical way, and begin to argue and debate around the main economic, social and technical themes in health care. Even though sectarian reflexes are strong and dogmatism persistent, we may find public support returns to the Left as new and practical ideas motivate active campaigning.

I think that we should aim for the following:

1. The development of broad-based local committees as part of the TUC Health Services Campaign, working for demonstrative action on July 5th, 'NHS Day'.
2. The development of a national coalition in defence of the NHS from the TUC campaign; involving political parties, trades unions, 'Health Emergency' campaigns, voluntary bodies, professional organisations and special-interest groups.
3. The promotion of these initiatives through the labour movement press — in particular, the Morning Star — and the media generally.
4. The wider use of the expertise of the Socialist Health Association (SHA) and NHS Unlimited in the labour movement, and the promotion of the independent journal *Medicine in Society* as the theoretical and discussion journal of the growing movement.

# CAMPAIGNING FOR THE NHS - 2

Steve Iliffe

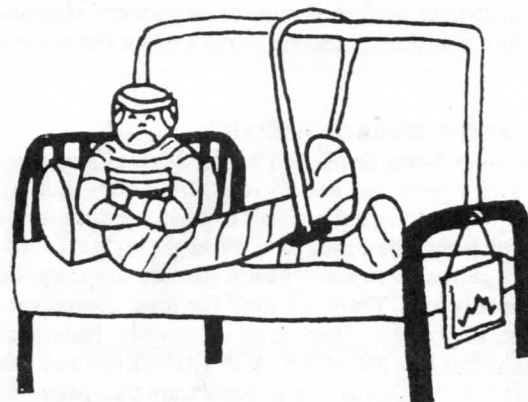
The labour movement and the Left are being drawn deeper into the politics of health, for two good reasons. The Conservatives are determined to reduce public spending on the NHS and to increase private spending. Labour in opposition knows that the Tories are vulnerable in their attitude to the NHS - a popular public industry.

The dominant theme in Conservative thinking on health care is the need to halt the rise in NHS spending, and then (if possible) to reverse it. Thatcher's government aims to repeat the Tory strategy of the 1950s, creating a long phase of economic stagnation within the NHS without compromising services too much. They have an asset that was not available on the same scale in the fifties - a growing private sector. If the squeeze on public sector spending threatens to harm NHS standards, the Conservatives hope that they can enroll the private sector to fill the gaps. The Tory objective is a partnership between private and public services, with a different mix of private and public in different health authorities, according to local circumstances.

The subordinate theme in Conservative strategy is the replacement of the NHS by health insurance schemes. This is an extreme example of the public-private mix, with the state providing only minimal services directly to the most poor, whilst subsidising private insurance indirectly. There are few backers for the American solution outside the ideologists of the far Right; Tory Health Ministers have backed away from it, under DHSS guidance; the professions oppose it; even private medical interests reject it. We should not over-estimate its significance in government planning, nor forget its role as a logical option.

The Labour Party knows that support for the NHS crosses partisan boundaries, and that the Conservatives avoided a head-on attack on the NHS before the 1983 election because of their sensitivity over health cuts. Neil Kinnock's choice of the NHS as a campaigning issue demonstrates that Labour sees an important opportunity for a counter-attack on Conservatism, and is ready to take up mass campaigning through the 'Health Emergency' committees. A campaign in defence of the NHS may also help unify a divided party, at least for a while, by presenting an obvious enemy with obvious faults (the Lawson and Manpower cuts) challenged by obvious saviours with adequate weapons (a Labour government with an expansionary economic policy).

If we accept the Labour Party initiative as the *main* force in a campaign for the NHS, we may soon run into serious trouble. There is an immediate danger that local Labour Parties will concentrate their energy on a Labour campaign as a vote-prompting exercise, to the exclusion of work in broader campaigns built around Community Health Councils, trades councils or other local bodies. We should not be surprised if they do so, for this approach fits neatly into the idea that the Labour Party is *itself* a broad democratic alliance, and therefore needs no allies. Natural or not, such a political response may in practice give greater priority to popular allegiance than to the defence of the NHS. If people are urged to support Labour as a way of supporting their health service, some will draw back from both. Our immediate problem is: how can we mobilise those who vote Conservative, Liberal and SDP against the government in the defence of the NHS?



Other potential hazards should make us cautious about our campaigning work. Defence of local hospitals and clinics has proved difficult, and long-term success is elusive. Underlying problems in health care remain untouched, except at the level of slogans. We do not have realistic plans for coping with unplanned and wasteful spending in the NHS, of which the rising drugs bill is the most obvious and pressing example, and we have few practical answers for problems of low pay and unmet medical need. There are positive signs that the labour movement is becoming increasingly interested in these issues, and the Labour policy working parties convened on Michael Meacher's initiative are important departures from traditional indifference. We must not over-estimate the strength of our policies; the Conservatives have the edge on the Left in pragmatic solutions to NHS problems.

Opposition to cuts and closures at local level is a necessary rearguard action. Local campaigns are acting against the state's determination to enforce limits on NHS spending. We face a centralised administrative machine within the NHS that is not only undemocratic, but which is slowly being streamlined and controlled by the Conservatives, with the exclusion of trades union and popular representation that does not accept DHSS policy. Local campaigns that can produce realistic alternative plans for local services are the exception, not the rule. The tradition of local labour movement involvement in hospital management ended with the nationalisation of the hospitals in 1948. These factors frustrate local campaigns individually, yet the sum of defensive battles frustrates a government seeking consensus and tranquility in its attempt to curb NHS budgets and promote private medicine.

I think we should opt for two strategic objectives. The first would be to develop a coalition of different campaigns and interest groups opposed to Conservative policies for health care, some kind of 'Health Alliance'. The second would be to promote debate about the shape and role of the NHS in the future as *part* of the necessary defensive action needed to retain local services.

The trades union movement is the natural base for the coalition, provided that working relationships with voluntary organisations, the women's movement and a mass of conservative-thinking people can be made and maintained.

continued on page 9





Two new pamphlets just published are a welcome addition to the now growing armoury being assembled to defend the NHS against the onslaught of privatisation and cutbacks, and the equally important task of developing the strategy that will take the service well into the next century.

The first, "Defending the NHS by LRD (85p) is of the high standard that we have come to expect from that excellent organisation Labour Research.

It is packed full of facts and statistics on the costs of the NHS and how it is financed and run. There is an excellent section on privatisation of catering, cleansing and laundry services, with the usual LRD expose of some of the major firms involved in this lucrative dirty business.

The final chapter deals with organising campaigns to defend and improve the service and deals in depth with those of the Scottish TUC, Brent, Sheffield and Oxford's 'Who Cares' Campaign. The relative success of these campaigns can be used as a sound basis for developing a massive national campaign around the issues they have raised.

The second publication, "Who Cares", more expensive at £1.95 is published by the New Statesman in conjunction with the Oxford 'Who Cares' Campaign. It consists of a series of articles and papers from different individuals and fills in some of the gaps the LRD one only touches lightly upon, for instance the role of the drug companies and private medicine.

For the first time to my knowledge it opens up the debate as to the future organisation needed for the NHS, with the unanimous agreement that the present undemocratic structure cannot continue.

Arguments are forcibly put from COHSE for direct elections to District Health Authorities, and the case for and against local government taking overall control are cogently argued.

Sad therefore that Michael Meacher, Labour's health spokesman does not enter into this crucial debate in his contribution, but tends to deal exclusively with health care priorities over the next few decades. The adoption of radically different concepts of health that he argues for however will only be achieved with a fully democratic service involving workers and users at all levels. So that once these new concepts have been one, their achievement becomes everyone's responsibility.

It is surely this type of development which will prevent the kind of deterioration that we have seen taking place over the last 15 years. There is an urgent need therefore to take this message of a new kind of health care, produced by a new kind of service, to the millions of people who recognise the need to defend the NHS even in its present form. To this end these two pamphlets aid that process and need to be widely read.

BRIAN BRIERLEY

# City to kill off centre —three days from start

Stop Press  
Liverpool Echo, Friday, June 15, 1984

ROGER O'HARA



By Val Woan

An artist's impression of how the community centre would have looked.

A LAST-MINUTE change of heart by Liverpool City Council looks likely to deprive the inner city of a £1 million community centre.

This afternoon councillors were being recommended to withdraw the offer of land, made last June, in Nelson Street. And that will put an end to a scheme to give the neighbourhood a sports hall, community centre, church hall and medical centre — which would cost the city council nothing.

A joint effort by the Nile Street Settlement and St. James Community Council has raised well over £300,000 in grants from the Government and the Sports Council.

Co-ordinator Mr. Steve Ferguson said: "Nile Street has been in Liverpool for over 70 years but its premises are on the Cathedral precinct, so we have to move."

"We agreed to go to Nelson Street and began our negotiations for a new build-

ing. It all fitted in because St James Community Council have been calling for a community centre, too.

"Every detail has been finalised on the basis that last June we got the promise of land from the council."

The Area Health Authority have put money into the scheme because they were to have a medical centre to replace derelict buildings at present used by local doctors. The Sports Council gave a grant for leisure facilities. The Church is being provided with a new hall to replace the existing one on the site; the rest of the money comes from Government grants won because Nile Street are replacing their old premises.

Local contractors should have started work on Monday.

But with only three days' notice the council said they were no longer prepared to hand over the lease for the land.

St. James Community Council mem-

ber, Mr. Roger O'Hara said: "I am disgusted. I just cannot believe they have said it. They have said ours is not a deprived-enough area, and the facility should go somewhere else."

"This centre is vital for the area. We have raised all the money ourselves. They promised us the land."

"Now we don't know what is going on, but we will fight. If the centre isn't built here the money will be lost to Liverpool, and that is a disgrace."

A public meeting is being planned for next week.

A recommendation at today's economic development committee meeting says that because of the "likely duplication" of community facilities the granting of land can no longer be made.

Neither the leader of the council, Councillor John Hamilton, or the chairman of policy and finance, Councillor Tony Byrne, was available for comment.

In the Liverpool 1 area, fifty yards away from Nelson Street's China Town, a unique building was about to be erected, starting on June 11th. Whether it will finally be started and completed will depend on the campaign that local residents and others involved are waging.

The building was a product of the expressed needs of local people and a series of fortunate circumstances, that there is not the space to elaborate on here.

The finances for the medical centre which it would contain, came after a relatively short campaign by the local community council. It was obtained from Inner City Partnership and was supported by the District Health Authority.

## MEDICAL CENTRE

It would be a small medical centre needed to replace the rapidly deteriorating local doctors' surgery. As well as accommodation for the three local doctors, it was to contain facilities for other health workers.

This would mean for instance that re-dressing would no longer have to be done by district nurses in the waiting room. They would have their own room. Patients would not only

have a pleasant waiting room, but also such luxuries as toilets. It had also been agreed that there would not be a change to an appointments system.

The largest proportion of the £1 million for this building became available as a result of Michael Heseltine's efforts to develop the Anglican Cathedral Precinct site, after the 1981 riots.

On this site was the long-established York House and Liverpool (University) Settlement. Their compensation for moving was based on them moving to somewhere in the locality. They also obtained further funding from Heseltine's £ for £ offer with a grant from the Sports Council. This cash was to provide the other main feature of the building, a sports and community facility.

On the initiative of the St James Community Council, this part of the building is designed to cater for all age groups of both sexes. The aim is not only to provide amenities for community development but also individual improvement, both from an educational and health point of view. There would be an aim of encouraging a better understanding of the human body and the way that suitable exercise could lead to a better state of health for young and old.

Those involved in developing this complex, the Settlement, Health Authority and Sports Council, have accepted this concept and see the building as unique in its design and purpose.

Unfortunately, on June 7th, the whole scheme was brought to a halt by council officials. This was apparently on the instruction of Tony Byrne, Chairman of the Policy and Finance Committee of the City Council, and despite the fact that the finance to construct the building was coming entirely from outside the city. The only cost for

the council would be to continue its present financial arrangement, that it has for funding the existing facility at York House.

The excuse for stopping contractors, two days before they were due to go on site, was that this deprived area has more facilities than other deprived areas of the city.

This may be arguable. The point is if this was so, those areas should be fought for as of right, not by taking away existing facilities from this area.

If this project does not proceed, the actions of these few Labour councillors will deprive the people of Liverpool 1 of these replacement facilities. They will not be able to switch the finance to other parts of the city.

In terms of health care, they will present the District Health Authority with a perfect excuse to oppose any future joint schemes, as well as undermining the credibility of City Council representatives on the Health Authority in arguing against cuts.

## HEALTH HINTS - BLOOD PRESSURE

KATY GARDNER

Do you know what your blood pressure is or if it has ever been recorded?

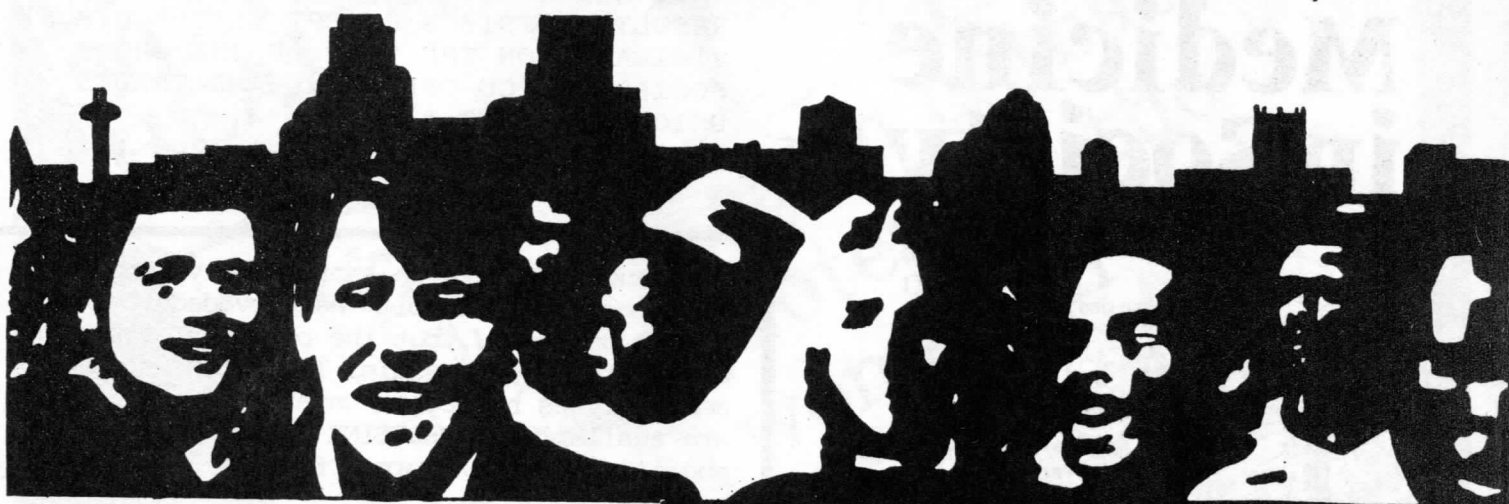
'Blood Pressure' is the pressure of the blood in the arteries as the heart pumps it round the body. 'Systolic' blood pressure is the pressure when the heart is actually beating and 'Diastolic' is the pressure between beats. The blood pressure is usually written as Systolic/Diastolic.

There is a wide range of 'normal' blood pressure, but a persistently high blood pressure can eventually lead to strokes and heart disease. Blood pressure is simple to measure, and if it is shown

to be high on several occasions, treatment to lower it can prevent problems occurring. If you do start treatment, it is usually for life, because blood pressure does not usually fall on its own and in fact tends to become higher with age.

However treatment can be lifesaving and high blood pressure - contrary to popular opinion does not cause symptoms until it is too late for preventative action.

So why not - especially if you are over 30 - ask your doctor to measure your blood pressure next time you go to see her/him?



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# LAST POST

Tuesday September 11th 1984

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THIS IS THE DAY AFTER

## HOLOCAUST!

### NUCLEAR BOMBS FALL ON BRITAIN.

Millions Assumed Dead In Europe  
Reagan Denies Involvement.

Report by Joanna Black from the Isle of Man

In the past few hours news has come in of a limited nuclear war in Europe. Although there has been increased tension along the East-West border following the recent NATO and Warsaw Pact exercises, it is not clear how the conflict started.

President Reagan — now fighting for his political life — denies U.S. involvement and has suggested that launch pads were triggered by a freak series of computer faults. Soviet leader Andropov attempted to scuttle the Washington hot-line, but the 2nd American-controlled Cruise and Pershing missiles were launched before communication could be established. Andropov presumably gave the command for mutually assured destruction which sent some estimated 50,000 Hiroshima bombs — falling on Britain alone.

**Dramatic message from pilot**  
A dramatic message was sent by a helicopter pilot who attempted to fly over Merseyside hours after a 5 megaton bomb fell on Seaford Dock. He reported little sign of life. Any survivors of the blast would most probably have been killed in the gigantic tidal wave that engulfed the city following the blast.

Some 20 miles to the north, the pilot, whose identity is not known, described horrific scenes of fire damage and blasted buildings. He reported some signs of life, but most survivors were reportedly burned. Shortly after that, the radio message ceased. It is not known whether the pilot crashed or not.

**Stay calm say Civil Defence**  
Civil Defence personnel in the Isle of Man have sent a message to the mainland appealing to everyone to stay calm. Army contingents in response to their message, are already on their way home, although the journey is likely to take at least four weeks.

Third World countries have promised help, but it is unlikely that they will send troops into Europe for at least fourteen days because of the extreme dangers of radiation.

Unemployed schoolteacher, Michael Fox, aged 30, of 60 King Street, Douglas, watched the mushroom clouds over mainland Britain.

"I was digging in the garden," he said, "when suddenly the grass seemed to be brilliantly lit. I thought maybe it was an explosion, but there was no noise. Then, just as suddenly, it was dark and hairy. As I looked out across the sea, there was a red glow on the horizon, as if the land was on fire. And above, there were clouds — like mushrooms. It dawned on me then, the horror of what had happened."

Housewife Kay McCarthy said: "I really did believe the bomb was a deterrent. You know — that in having it, it wouldn't be used. I still can't believe that someone could have actually proved the button. What about radiation? How will that affect us all in the Isle of Man?"

A District Health Authority spokesperson said that the level of radiation would be monitored. According to Dr. Tina Rose, Marx milk supplies and vegetables could not escape radiation contamination.

38 million people will die in Britain in the next 2 weeks.  
Killed at 5.30 p.m. Monday September 10th 1984, by burns, blast, tidal wave or radiation, 99.6% of Liverpool's Population, 95% of Merseyside's Population.

Britain's 160 Cruise and an unknown number of Pershing missiles were launched in response to an assumed attack. Satellite relay from Andropov suggests American used Cruise as a first strike weapon. Soviets replied with a massive retaliation.

Was this war by accident?  
We recognise now that the Greenham Martyrs were right.

# LAST POST

THE 'LAST POST' HAS BEEN PRODUCED BY MERSEYSIDE SOCIALIST HEALTH ASSOCIATION TO HELP CONVEY THE EFFECT A NUCLEAR WAR WOULD HAVE ON MERSEYSIDE.

IT'S A MOCK-UP OF THE FINAL EDITION OF THE DAILY POST, PRODUCED ON THE ISLE OF MAN THE DAY AFTER A NUCLEAR WAR.

COPIES ARE STILL AVAILABLE FROM THE SHA. FOR FURTHER INFORMATION, RING SYLVIA HIKINS ON 722 9376.

# Medicine in Society

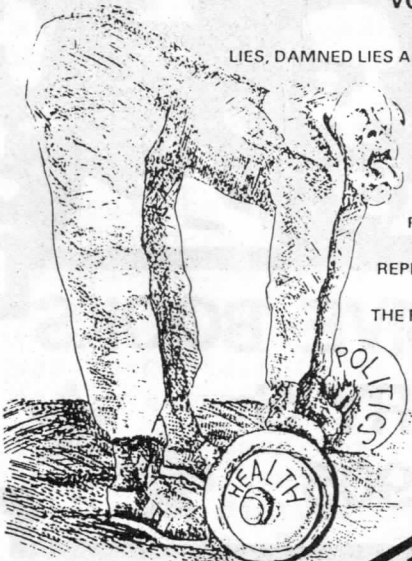
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DOUBLE ISSUE

"IT MUST BE CLEAR, HOWEVER, TO EVERYBODY IN THE LABOUR MOVEMENT THAT WE ARE NOT GOING TO OBTAIN FROM THE NATIONAL HEALTH SERVICE THE BEST RESULTS POSSIBLE EXCEPT BY THE UTMOST VIGILANCE ON THE PART OF THE WHOLE SOCIALIST, CO-OPERATIVE AND TRADES UNION MOVEMENT."

ANEURIN BEVAN Tribune July 2nd 1948

Vigilance has been in short supply, and the "best results possible" have evaded the labour movement...but the politics of health are on the agenda again. The facts, arguments and analyses needed to understand the issues are available in MEDICINE IN SOCIETY, a socialist health journal for the labour movement.

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