

South London Women's Hospital occupation 1984-85 - Past Tense



Past Tense tell the inside story of the work-in and occupation of a women's hospital in South London faced with closure.

First I'll give you some background on hospital occupations, which goes back to the late 1970s. In the early 1970s both the private and private sector was being restructured: partly in response to IMF directives, and in response to the relatively high wages and defenses ('restrictive' work practices that workers built up through the years. This 'restructuring' took the form of further centralisation, deskilling, redundancies, productivity deals, speed-ups, casualisation, tougher discipline. This is highly simplified - but we'll leave it for the time being.

Since this restructuring often involved closures, people began occupying workplaces instead of simply going on strike.

The work-in in the industrial setting

Some of these occupations developed into work-ins - actually continuing production. Briants' Colour Printing and Upper Clyde Shipbuilders were the first. UCS became a rallying point due to the size and its location in area of militancy and close ties between the workplace and the community. Shop stewards seized control of the yards; they manned the gates on a rota. Those sacked were retained in jobs by rest of workforce who were now in control of production - they were already sitting on top of a lot of capital and unfinished work.

Work-ins later took place at a number of companies - Plessey's, the River Don steelworks (interestingly with redundant workers retained by their union for campaign work, not for work for the plant's liquidator!). Some tried to set up as cooperatives.

Over 1000 occupations & work-ins took place in 1972, including some white-collar workers.

Contradictions of work-ins

There was an element of self-management becoming self-abuse! A cartoon of the time said it all: "Brothers and sisters! If the bosses won't exploit us, we'll have to do it ourselves!" 'Workers Control' was often by control by trade union bosses; though many occupation committees were formed that aimed to draw together all employees and operated outside the established union structures.

Hospital work-ins and occupations was an extension of this tactic to the public sector, a good tactic to use as a response to closures. A strike would have been difficult unless it was in the form of sympathetic action in other hospitals or workplaces, but by taking the opposite route and forcing management to keep providing the service, the workers created a rallying point and area of alliance with people who would be

deprived of the service.

Work-ins and occupations at hospitals tended to develop together.

Hurdles facing hospital work-ins

The first hospital work-ins were initiated amid a lot of uncertainty & fear: the sensitive nature of work, fear of putting patients at risk, realisation that patients might not want to have a baby or an operation in the middle of an industrial dispute were all thorny issues. Action was discussed with present or prospective patients.

Occupations were undertaken on a kind of loophole that specified that as long as patients are present in a hospital, the Health Authority is obliged to keep funding the hospital. However, there is the problem of insurance. It is stipulated that management must be present on the premises and be legally liable/responsible; however management obviously has a history of obstructing actions like this!

So the employees in a hospital work-in may acquire more power, but this occurs alongside a functioning administration. So some hospitals refused entry to the majority of management, allowing only a token management force that would not be able to obstruct the work-in.

Another problem is the role of doctors. In order to keep a hospital occupied, you need physicians willing to admit patients and do the business. Members of such a prestigious profession tend to be politically conservative. They may also remain in service in accordance with their ideas of professional ethics - if there are patients, they will care for them. But they generally stay away from political aspects of a campaign.

We will look at two hospital work-ins and occupations that are particularly relevant to what happened later at the South London Women's Hospital. They are the occupation of the Elizabeth Garrett Anderson Hospital and the Hounslow Hospital.

The E.G.A

The first occupation of a hospital was also a women's hospital - the Elizabeth Garrett Anderson, which used to be on London's Euston Road. Founded by the UK's first officially practising woman doctor, the EGA's goal was to train women doctors and to provide treatment for women by women. Closure had been contemplated since 1959, on the grounds that a woman-only hospital was anachronism from the Victorian era. Demand was reckoned to be limited to small groups of orthodox Muslim & Jewish women who would object to treatment by men for religious reasons. There was also a drive within the NHS to 'rationalise' and to close down small hospitals.

However, they hadn't reckoned that the women's movement at this time was growing and support for medical care for women by women was increasing. Also more concern as to the nature of care - which goes beyond only having women doctors doing the caring. More on this later...

Throughout the 1960s Health Authority 'ran-down' the EGA, by not replacing work equipment, not doing repairs or replacing staff. Bed space had declined from 300 to 150. A malfunctioning lift in 1976 brought patients down to 46 and closed off the operating theatre. The Hospital faced a succession of closure threats. The first one in 1974 was headed off when demonstrations and a petition signed by 23,000 women forced the nursing council to back down. However, the EGA maternity hospital had been closed down, and this had angered staff.

An Action Committee formed that represented different sections of the staff, but was dominated by the consultants. EGA was in a good position to be the first to try the occupation tactic - its unique position of being a women's hospital created ground for support and unity; all its consultants were part-time in order to allow women with children the opportunity to practice. Women doctors at EGA were relatively progressive (one received her training as an anti-fascist volunteer in the Spanish Civil War). The main tactics were oriented towards lobbying, petitioning, writing letters etc.

The EGA's closure was announced in 1976. At this point the rest of the staff was getting involved. The big health unions got involved: the National Union of Public Employees (NUPE), COHSE (representing nursing staff), and ASTMS (paramedical staff). Union involvement at the beginning of the anti-closure campaign was minimal. In July 1976 health workers protested against health service cuts and the EGA closure in particular: 700 workers staged a 'day of action' and marched to the House of Commons. Others took action in their hospitals, forcing four London hospitals to restrict admissions to emergencies. Some occupied the health authority offices; the occupation involved some pensioners who had occupied the Ritz hotel in the 1930s! Future New Labour health minister Frank Dobson was then leader of Camden council and gave his support.

Rank-and-file groups were a major factor in organising these actions. Health Secretary David Ennals claimed that EGA was "small, aging... can never be developed to fulfill functions of a modern, acute hospital." It was suggested the EGA could be a unit at the Whittington Hospital in Highgate. The Action Committee replied in their own report arguing that in its present location the EGA could be both a specialised national facility and a centre fulfilling local needs. As a small hospital it could maintain "a friendly, unthreatening atmosphere, necessary for a hospital interested in educational, preventative and outreach work relevant to the specific health needs of women." They also pointed to growing Somerstown estate nearby waiting for their own health centre - supporting facilities for women at the EGA could take pressure off the Somerstown health centre. Increasingly Somerstown residents and EGA campaigners worked together. The EGA's central location made it accessible to both patients from other boroughs and from outside London.

Huntley Street squatters

When Ennals asked the Area Health Authority to close in-patient services at the EGA, staff held emergency meeting vowing to sit-in or work-in if necessary. The Work-in had been urged by community activists (not staff members) on the EGA Campaign Committee, but was rejected as impractical in a hospital setting. No staff members were particularly radical or activist in outlook. But as closure more imminent, a work-in was seized upon as the last chance. It began a few days before the actual closing date - with official support from the unions.

In November 100 nurses and 78 ancillary staff began the occupation - to last until the AHA repaired the broken lift and undertook maintenance. Pictures taken outside the EGA on that day show pickets in front of the hospital with a banner declaring, "This hospital is under workers' control."

"Workers' control" in a hospital work-in

Did this mean control by trade unions? What was the input of members of local community? Major decisions were made by meetings of all the staff; the actual organisation was done by committees set up by general meetings. Committees organising the work-in included the Joint Shop Stewards Committee, the Medical Committee and the Action Committee; the latter was made up of elected representatives of all sections of staff, and linked union members and consultants.

The Campaign committee (Save the EGA) consisted of supporters outside the hospital. Set up by Camden Trades Council, it then became autonomous, drawing in people from other hospitals, local residents, people involved in housing & childcare campaigns, and activists from the women's movement. One shop steward participated in campaign meetings, and the campaign sent a representative to other groups.

Was the campaign committee a support group or does it take initiative on its own and influence what goes on inside the hospital as well? The main support for working in came from the campaign committee.

In order to have insurance cover, management had to be present on the premises. They could be 'management' in the person of AHA representatives, or on-site administrators. Management could sabotage work-ins by refusing to do repairs or running down staff levels, by threatening to sack workers. But sometimes repairs have been done by outside workers. Ambulance drivers and workers in referral agencies such as the Emergency Bed Service were vital for support if the staff wanted to oppose management attempts to stop the flow of patients into the hospital – workers could notify drivers etc that the hospital remained open and ask them to bring patients.

In small hospitals the presence wasn't so extensive. At EGA the on-site management consisted of the hospital secretary.

Work-ins are essentially defensive; they are aimed at keeping the premises in repair, countering moves by the authorities and maintaining morale. They are not aimed at implementing 'workers' control' or transforming social relationships within the hospital. But they do usually result in an increase in the power of the staff as a group, and in the strengthening of organisation and initiative among ancillary workers and nurses.

However, they usually have to progress beyond defence to ask for extensions or improvements in the service they're defending. In taking direct action to preserve a service or facility, you start thinking of the role the facility has played in the community, what needs it fulfills and what previously neglected needs it can be developed to meet. There is an awareness that they are defending a public resource. A lot of redefinition and expansion of the original concept took place in the context of the women's movement, defining the EGA as a women's hospital and both a national and local health facility. While the health authority was dismissing women's hospitals as a Victorian relic, the women's movement was raising the issue of discrimination against women as practitioners and alienation as patients a major issue.

This resulted in pushing for a Well-Woman's clinic taking a wider, community-oriented approach to health. It would be an information centre as well as medical facility. According to Rachael Langdon of the EGA Well-woman's Support Group:

"The dissatisfaction experienced by women in health care will not be overcome alone by seeing a doctor of one's own sex or only by the existence of a women's hospital. The issues are wider and preventative health is not merely a matter of individual effort. This is where the importance of alternative and women's movement health groups lies... A well-woman clinic and a women's hospital which could develop an exchange of ideas and knowledge with alternative and women's health groups would be a step forward for women's health."

The demand was not merely keeping the EGA open, but that it be upgraded to become a 'centre for innovation and research' in women's health matters, and being a resource in the community. Campaigners and workers sponsored discussion meetings relating to various women's health issues - menopause, contraception, overweight, which were very well-attended - often over 200 people. There were also arguments between doctors and radical feminists who were challenging the medical establishment!

There were more closure threats in 1978; in May, a large demonstration in front of the hospital stopped traffic on Euston Road.

In 1979 campaigners won the battle to keep the EGA open as a gynaecological hospital. When there wasn't an immediate crisis, initiative had been taken by the consultants from hospital workers. Both the EGA and later the South London Women's Hospital faced the issue of whether it should plead as a special case, or wage defence of the hospital as an across-the-board opposition to Health Service cuts. People in the EGA Campaign group believed that campaign should 'feel free' to split from Action Committee, if it didn't not take a direct line against the cuts; they felt the Campaign should take the initiative, which people in the hospital could follow or not follow. The Campaign's responsibility was to those who used services, which expressed itself in total opposition to the cuts and transcended the interests of workers in saving their particular hospital.

Hounslow Hospital

In contrast to the EGA, West London's Hounslow Hospital did not have advantages of national reputation, special support from the women's movement, and supportive consultants. It faced more repression and practical disadvantages. The authorities had backed down from closure threats to EGA at least three times, and did not attempt to break the work-in outside of morale erosion and running down facilities. Hounslow workers faced constant threats and intimidation, a forcible smashing of the work-in - followed by a local occupation.

There was less support by doctors, which also resulted in more initiative by nurses, porters, cleaners and other staff, and more challenge to the hierarchy. The Work-in only lasted six months, but the occupation of the hospital that followed lasted years. Lines were drawn clearly, and there was no special pleading.

Hounslow was a small hospital for geriatric and long-stay patients - common in occupied hospitals. The hospital was considered a home as well as a place for treatment.

It was situated in an industrial area, girdled by two motorways and Heathrow Airport. The response to proposals for possible closure in 1975 started with admin staff and friends, plus local volunteer and charity organizations, who wrote letters and petitions. Hand-written sheets were passed around the neighbours. Senior nursing staff took an interest, opening communication with ancillaries and porters, and these involved workers from 'outside' in the campaign. Activists from the West Middlesex District General Hospital looked into plans and discovered a whole series of cuts planned for the region.

As a small hospital, there was an element of paternalism. Activists from the Middlesex had a go at everything - the Government, AHA, hospital admin etc., and tension resulted. But it became apparent the management was determined to close down the hospital, and staff organised a Defence Committee that made all decisions for the campaign. Local campaigns & joint shop stewards committees also arose.

Hounslow's closure was announced in January 1977, set for August; the work-in started in March. Management tried to transfer staff, and threatened those who refused with sanctions & sacking. They met with GPs, warned them against admitting patients to Hounslow and threatened them with sanctions. When the August closure date arrived, staff organised a local march through Hounslow and a party for the patients. When they pushed past the closure date, there was a lot of fear. Workers had no idea if they would get paid; the authorities tried to claim that the AHA did not have to maintain staff and facilities if patients were present - though the law said otherwise.

The EGA had on-site consultants who could admit patients; Hounslow had none and was dependent on GPs. They had to tout for more admissions, even though August is traditionally a slow time! The

authorities tried to turn patients away, and cut off the phones. The EGA had been treated as a freak case, but Hounslow indicated a trend of resistance to health service rationalisation. If a small, weakly-organised hospital was becoming such a focus for community resistance, they foresaw potential difficulties in enacting any cuts and rationalisation. Furthermore, the Hounslow work-in had gone further to challenge the hierarchical relationships of the hospital. There was little presence of consultants, and the process of campaigning had broken down traditional boundaries. Control of admissions taken over by the campaign and the staff: "With consultants no longer in control of admissions, the hierarchical system of privilege in the NHS was smashed."

When threats didn't succeed, a district team of officers took forcible action on October 26, 1977. Legally the authorities had to continue funding as long as patients were present; the authorities got around that by removing the patients themselves! Aided by the private ambulance service (public ambulance staff had nothing to do with it), police administrators, top nursing officers and consultants moved into the hospitals. The phone lines were cut, thwarting the emergency 'phone tree' for organising resistance. 21 patients were pulled out of their beds and taken into waiting ambulances. Pictures showed a lot of destruction had taken place - beds and furniture were wrecked, the floor strewn with food, torn mattresses, sheets, personal articles. According to a nurse: "old ladies had to queue up for an hour, crying all the time, as we remonstrated with the AHA people to cover them against the cold."

The raid provoked a public outcry and led indirectly to the downfall of Hounslow's Labour leader. A week later 2000 striking hospital workers picketed the Ealing, Hammersmith and Hounslow AHA to protest the raid and demand that the hospital be reopened. The AHA had to censure their own officials and called for a public enquiry, which was turned down by David Ennals. The District Administrator later admitted that losing 66 geriatric beds had badly affected geriatric care in the area.

Militancy among staff and campaigners

After the hospital was shut the campaigners took complete control of the building. They didn't have a clear idea what to do with it now that patients gone and wards wrecked. Eventually they cleaned it up and used it as a local centre. Some of the original staff continued to be involved with the occupation - with the end of the occupation two years later, five were left.

However, the occupation itself drew in new people and took on a life of its own. Following the raid Hounslow had become a national issue. Nurses, porters and food service workers travelled to hospitals and meetings all over the country, discussing their experiences and asking for support. They initiated national campaign - though SWP-dominated! - against NHS cuts, called Fightback. This Campaign was based at Hounslow, and involved people from the EGA, St Nicholas, Plaistow and Bethnal Green work-ins.

The Matron's office was occupied by the Fightback production team, the Assistant Matron's office was used as headquarters for the West London Fire Brigades Union, Maple Ward became a 'conference hall' used by various local groups. (The National Union of Journalists used hospital facilities during their strike, which ensured favourable coverage of the occupation!)

The occupation became very intense, lasting as it did for so long, with a great variety of groups being involved, and the strong emotions provoked by the raid... There was lots of discussion and change. Women whose world was defined by husband, family and job found themselves making speeches and going out every night. Women had to fight with their husbands to go on tour or to stay overnight at the hospital on night picket. Or male construction workers would get challenged for sexist remarks by female picketers. Seven marriages broke up in the course of events - and how many new relationships started??

After a year of occupation, AHA backed down on the eviction threats and conceded to negotiations on the Occupation Committee's demand that Hounslow Hospital be reopened as an upgraded diversified community hospital - (plans for which had been developed during the occupation). The OC would not negotiate as a special case - the opening of a community hospital meant little if cuts were to be made elsewhere. However, negotiations broke down when management did not give firm dates to provide plans, or guarantee commitment of funds.

The Occupation Committee ended occupation in November 1978, claiming that 'no positive political gain' would come from an eviction. They thought the demands of maintaining a 24-hour picket were draining resources from other kinds of campaigning, and diverting attention from cuts in other areas. They claimed it had dislocated the programme of cuts, and put forward detailed plans for the expanded community hospital. Apparently, as soon as the occupation ended work began on redesigning facilities in the new community hospital/health centre.

In 1976-78 there were work-ins or occupations in at least ten hospitals. About five work-ins were waged over an extended period of time to oppose closure, and the rest were shorter actions to oppose understaffing and to back up other trade union demands. There were also sit-ins in administration and Health Authority offices, including an 8-week occupation at Aberdare Hospital, and in one nursery school and an ambulance station. Hospitals occupied included Plaistow Maternity Hospital, 2 wards at South Middlesex, one at Bethnal Green, where local people assisted the work-in by occupying the wards that had already been closed.

Work-ins had a greater chance of success in hospitals with chronic, long-stay patients.

Union officials - keep 'em away!

Trained in negotiation, not conflict, and little use in an open-ended struggle where there was a need to continue and maintain morale, union officials think in terms of ending it all, and negotiating the terms. The Union offices that came into Hounslow when the work-in was made official "caused more havoc than management."

Hounslow Hospital's occupation showed the need for community initiative, and for balance between community supporters and workers in hospitals.

Now onto the '80s!

Many of the occupations of the late '70s had actually achieved short-term goals; or some work-ins were defeated due to lack of support from consultants. The tactic itself was not in use by the early '80s however.

The South London Womens Hospital

In 1983, however, the Wandsworth Health Authority announced intentions to close down the South London Women's Hospital. This Hospital had some similarities to the EGA, (which at this point was employing male consultants) and similar issues came up in defending it. This time the authorities couldn't say that a hospital where women could be treated by women was a remnant of the Victorian age. This was when London was allegedly run by a coalition of blacks, gays and feminists under the helm of Ken Livingstone! Arguments were still made in terms of rationalising and budgets. (To be honest, I don't remember all the claims and counter-claims taking place at the time.)

A staff work-in was begun in late spring 1984, which only lasted a couple of months. As with some previous work-ins in the '70s, the work-in ended when there were fewer consultants admitting patients. Then they all were offered other positions and jumped ship. Not surprising!

However, nurses and other staff wanted to fight on. Together with local activists they called for a "Sleep-in" to take place in July 1984 following the exit of the last remaining patient. The outpatients' department (housed in an adjoining but separate building) was due to shut later, in the spring of 1985.

I personally found out about the campaign to save the hospital when I went to use the well-woman clinic and there was a stack of leaflets. I think the work-in might have been going on then.

The Sleep-in

A good 200-300 women came to take part in the action, which consisted of sleeping in the wards and maintaining a mass picket to keep the authorities from removing equipment. So it was a fairly full house. All the large wards were filled. The top wards that had private rooms were still empty, but eventually women moved up to them for longer-term living.

Though there were no longer any patients at the hospital, the aim of the occupation was to keep all the equipment on site in readiness for re-opening. Though a relatively small hospital, it was a large rambling Victorian building with many entrances and exits. We maintained a picket at the main front door - and locked the other doors in the main building - and also kept a picket on the lookout in the car park. There was still a lot of coming and going in relation to the outpatients, and we actually had security guards still stationed at the front.

The role of the picket was to make sure no one was taking out beds and equipment.

All kinds of women took part in this event - local old ladies, hospital staff, nurses, anarchy-punky girls - (I recognised the lead singer of a band called Flesh for Lulu). It was also racially mixed. Most of the wards in the main building were occupied, except for the very top ones. There was a generally fun atmosphere, with lots of people sitting outside on picket. It was a warm summer night, people also relaxed in the garden.

Unfortunately, the next day there were a few snotty social worker types who scolded girls for fooling about on the water-beds when the press was due to arrive!

Of course, when no attempt was made to evict us the next day, we had to decide how we would continue the occupation for an extended period of time and how we would organise ourselves. One problem was the security guards - during the first couple of nights of the 'lie-in' they were doing their rounds in the rest of the building while we were sleeping. At the time we were only in the large wards, with those guys walking around shining their flashlights. There were some tense talks about this, but eventually they agreed to stay in their office/post on the bottom floor.

Continuing the occupation

Numbers were still high for the first couple of weeks, but as you might expect they started to dwindle. It had already become a strain maintaining the picket. After the third week or so the council informed us that they wouldn't be evicting us while the outpatient facility was still going. Obviously, they knew it would be cinch for us to get back into the building. They insisted that the security guards remain downstairs, but as they had been keeping to their area it wasn't a problem. (Not a bad number - they didn't have to do much work!)

So the receding of an immediate eviction threat meant lower numbers, though we still had to maintain a presence to prevent them from dismantling the hospital and taking equipment out surreptitiously.

Greenham women

Early on women came from Greenham to support the occupation. Sometimes there were a lot of them! By this time, at Greenham there were different gates, which had their own character and politics. We first had one lot who annoyed some of us by telling us we should have non-violence training - I think these women came from Green Gate. I felt this was imposing their own way of organising on us. There was some tension. At the same time, there were other groups from Blue Gate and some from Yellow (before the shit with Wages For Housework) who were maybe more down-to-earth.

In the beginning, there was a lot of Labour lefty influence. This may have reflected influences on the campaign before I got involved with it. This was in the last days of the GLC, which was facing abolition. We got visited by 'sisters' like Valerie Wise and other politicians. I remember her giving speeches in front of the hospital, and she kept telling us 'My name is Valerie Wise, and I'm here to talk about the GLC.' Some of the women there were chuffed by this! Personally, it made me sick! I also found that a few of the women I had the most agreement with were SWP members. I was having my doubts about staying on.

I went away for about ten days, and the day after I returned I received a phone call that more pickets were needed. Already !?? I was gonna give it a few days before going down again, but my caller said it was very important so I turned up.

There were a bunch of new people around, and I found out that someone was in the process of having a baby upstairs with a midwife in attendance. Then when the baby was born, there was a lot of celebrating and then the TV bods turned up. The baby was a little girl who was named Scarlet.

The new women had just moved to London and set themselves up in the wards with the private rooms. There was a general movement to occupy the wards upstairs, and use the large wards as communal and social areas. With the involvement of new - and full-time occupiers - we launched a new phase. We couldn't just sit around indefinitely in an empty building. Taking a cue from the Hounslow experience (among the local supporters was a nurse who had been active in earlier struggles in the health service), we made the hospital into a campaign centre. It was beginning to turn into a kind of social centre as well. We invited other groups to use the space, and held activities like jumble sales, tea dances, picnics. One picnic was held in the garden with performers, Vi Subversa, singer from the anarcho-punk band the Poison Girls, came, and ranting poets etc. The 1st big jumble sale was massive - there were bags & bags, which costumed the entire occupation group.

There was a radical nurses' group that had been active at the time; an Asian women's health group also met there and did acupuncture. Some of this kicked off quickly, other things took a while to get going.

The Miners strike

During 1984-5 there was the big miners' strike. We made contact with Women Against Pit Closures and some of them came to visit the hospital. There were women from Rhodesia in Nottinghamshire and from Dinnington in South Yorkshire.

Other occupations in hospitals

At this time there was a work-in in a geriatric hospital in Bradford, the occupation of the A & E at St Andrews Hospital at Bromley-by-Bow... As a group we took part in pickets and occupations like this; we

also visited a long-term picket at Barking Hospital - where an anti-casualisation struggle had been going on for over a year.

Actions at Health Authority Meetings

Usually we went to these to ask awkward questions and disrupt things. We went to one meeting just after the eviction and ended up storming the platform and throwing chairs at the authority bods! As time went on, the occupation did become more radical and militant in tactics.

Meetings

Decisions were made at general meetings. We had them every evening when stuff was happening, though this became unnecessary. We set up groups involved with particular tasks - publicity & propaganda, coordination, outreach & campaigning, looking after the building.

Wards

With the big wards getting used for communal purposes, meetings and events, everyone eventually moved into the private rooms (sometimes sharing). Like the gates at Greenham, each ward took on its own character.

Cloud Nine: When a lot of women were around, the top ward in the main building was occupied too. It was favoured by the spiciest Greenham girls, mostly from Green Gate. Some of these girls were great, but there was some tension (from me) because they came to the hospital to chill out (or warm up, during the winter! Because of outpatients still going, the central heating and hot water was still on) Because they considered their stay in the hospital a kind of holiday, they didn't do any picket shifts.

Chubb: Youngish activists

Preston House: A separate annexe reached via a tunnel or a separate front door - overspill from Cloud Nine

A Ward with Karyn, Viv & Lol: - Primarily local campaigners who'd been there at the beginning. A lot of lesbian nurses!

Coudray: Ground floor ward. Mostly straight women with babies (though there were also lesbian mothers as well, in Chubb and others). Many of them were the offspring of a matriarch called Antonia, who had been involved with a squatted street, Notting Hill's Freston Road.

Relationships

This was a time when a lot of women 'came out'! There was general interest in feminist & lesbian politics, as well as lots of copping off. This wasn't all women who were already feminist activists; all kinds of women who got involved explored new ideas and relationships.

'Women with special needs'

Because the building was warm and comfortable, and it was an open situation where any woman can come and live there, it drew women who were fairly vulnerable! This was a paradox - while we were supposedly defending health service provision, we found ourselves doing the kind of work that the health services is meant to do or provide back-up in - looking after people who needed sometimes constant care and had no resources. There were disagreements about how to deal with this. Some women didn't want to know; others got very involved in it.

Some of the difficult folk: an 80yr old Communist called Bron, a quite interesting but demanding character; usually having a go because we didn't do things the way Uncle Joe said we should; someone who was a kleptomaniac; Audrey, a schizophrenic.

Problems

There were also problems around childcare, and being that this was the '80s - a lot of talk about identity politics. It wasn't all fun and parties and solidarity: About a month before the eviction, morale was very low and there was lots of bitching. There were arguments over which ward got the TV! There was also the problem of how to deal with vulnerable women who couldn't really be hanging around when the place is getting stormed by the cops. In most cases, they left when they realised that things were going to get hot.

In one case, a schizophrenic woman, her sister came to take her and had her sectioned her out of fear that it would be worse when the cops did it.

There was a problem also with others using the occupation as a hotel: we had a couple of invasions of American women's studies students who kept asking 'How often do they change the sheets here?'

The eviction

With the date of the closure of the outpatients drawing closer, eviction was once again a real threat. When the outpatients was closed, we took control of the whole building. As a group, we got the security guards to leave. They did without too much argument. Then we took over the phones, the switchboard and the communications network - a number of walky-talkies, this was in the olden days before mobile phones were invented!

The imminent eviction had been publicised, and suddenly many more women turned up! Rallying from a depressing period, the occupation took on another kind of life and became vital again.

There had been many discussions about tactics. Some women did not want to do barricading and engage in any resistance, or weren't able to. In most cases, though they left the building they still put themselves on the phone tree and took part in picketing and demonstrations.

There was one woman called Sharon who insisted that she'd lie down in front of the cops and use her body as a barricade, though she opposed any other kind of barricade. We all thought that would be extremely dangerous, and tried to talk her out of it but she insisted even more and got very shrill and even abusive. At that point, we had to get her to leave. In the end we had to carry her out bodily. I mention this because I think it's important to record the disagreements and fuck-ups!

We planned to barricade the entrances, leaving only the big front door with a movable barricade (ie. A big heavy plank). Women would barricade themselves into particular wards or on the roofs, while a mobile group would go up to the top floor - turn fire hoses on the bailiffs, chuck sawdust and then go up to the roof of the main building. There would be time for those women who wanted to leave the building before we did the remaining last-minute barricading when the bailiffs came - making sure they got out was one of the jobs of the mobile group before heading to the roof. One thing that sticks in my mind is how we tried to organise things so that people could do that they were prepared to do. Those who were not in a position to risk arrest had plenty of other things to do (for example, do look-out in a van on roads near the hospital), and there was no sense of some actions being more important than the others.

Every afternoon we held rallies in front of the hospital - passing out leaflets, talking to people. Some of us would hang out on the balcony, dressed in various hospital uniforms, surgeon's masks and sing songs like 'what shall we do with the cops and bailiffs'. It was very fun and theatrical.

We were on a state of alert - of course many false alarms came through on the walky talkies! I remember code names like "Merrydown" and "Spikeytop".

Once we got a report that someone was digging up the electricity in the road, and we swarmed out (with surgeon's masks etc on) to confront the folks alleged to be doing it - turned out to be ordinary road works. Most people were very supportive, people from other hospitals turned up to help picket. A miner who we met in at the Bradford picket also turned up - seemed a bit embarrassed when he realised it was a woman only occupation! (though later sorted out with a miners' support do).

However, I should mention we were also harassed by homophobic schoolboys.

There was an all-out barricading effort. Loads of wood to be gathered, hammers ringing out. When we were barricading the outpatients, someone had the great idea of pouring vegetable oil on the floor and pouring soybeans on the floor to make it a bit slippery-slidey for the bailiffs.

Being very security-conscious, we wore surgeon's gloves and masks while performing these operations. While we were barricading, there was a group of alternative women video-makers following us around. We were just about to use some cabinets and trolleys for barricades, then the video-makers insisted we wait for them to film the rows of trolleys to portray "all that is lost". Wish I could have got a hold of those videos - I don't remember the names of the women who were on the team, or the name of their group.

For safety, we all moved out of the private rooms upstairs and everyone slept in Nightingale ward.

Pickets usually involved over 30 women or so. They were more like a party. The mobile group - which I was in - slept in a room downstairs near the door, so we had the party near us all night. But sleep? Did we need it? Not then, nah...

Back to the relationship stuff: Intensity revved up again. For safety, we were all sleeping in the big Nightingale ward. However, the nurses' station acquired some extra curtains and became known as "the bridal chamber". Lots of affairs started... ended and started... lots of cavorting...

The eviction date came and went, and we were still there. So we again planned on doing things while occupying the building. We put on a party to celebrate (We had the Sleaze Sisters djs doing the music), and started to make plans again. We turned the first floor ward into a place to relax, painted a mural on one wall and gave each other massages; we disrupted a health authority meeting. Some of the groups who'd been meeting at the hospital came back.

About three weeks later, the hospital was evicted on 27th March 1985 by about 100 male cops and 50 female cops. Our numbers had gone down from around 100 to 30, but we still made a good stand. There had been the usual number of false alarms, when a phone call came through the switchboard with a tip-off. This one turned out to be true.

At about 3.15am the alarm was raised that the bailiffs were there. I was upstairs getting a massage at the time!

Women got themselves barricaded into wards or onto the roof while the mobile group barricaded the last door and stairs and turned fire hoses on the cops.

Women were on the roof of Preston House - I think they were the first ones brought down. Meanwhile, a small crowd had gathered in front - summoned by the phone tree. I should mention at this point that we did get support outside the building from men. A local activist called Ernest was very prominent in this - later he was very involved in Wandsworth anti-Poll tax stuff, going to jail for non-payment. I remember him shouting at the cops "why do you have to be so macho?"

Our group ran up to the top floor, turned on the waterworks at the cops & bailiffs (unfortunately, the water pressure wasn't as great as we imagined), went to the roof and threw the last barricades in place and sat on the cover to the latter leading up to the roof. From the other roof, from the balconies we heard women shouting and singing (I can't remember any of the songs besides 'What shall we do to the cops and bailiffs' - kind of sad...) Smoke bombs and fireworks were let off. We heard the banging below as the cops and bailiffs hacked their way through the barricades. It took them about two hours to get to us up on the roof.

A lot was made of the use of women coppers - it was called "the gentle touch". Not that it matters, but the policewomen played a subordinate role. It was male coppers that got us off the roof. Whatever their gender, they were big on arm twisting. They made a big show of starting to nick us, "Prepare to receive prisoners", but pushed us aside outside. However, they did start to cart off two other women. There was lots of pushing and shoving, some fighting in an attempt to save the two women.

Later, we picketed Kennington Police station where the two women were being held - they were released after two hours, though they'd been roughed up while in custody. We then picketed Cavendish Road police station where the cops were holding a press conference on the eviction. After the picket, some of us were walking to a café near the hospital when six of us were arrested again as we walked past cops hanging outside the hospital - they'd been arresting one woman and others went to rescue her. A bunch of schoolgirls were going by and they were so angry about what was happening they tried to help - and got arrested. They were taken to the police station, strip-searched and held for six or seven hours, and released with cautions. The active role of the schoolgirls in this melee makes me think of more recent events, like the 2003 anti-war school walkouts.

Aftermath

A Clause in the Hospital's Freehold said that the building must be used for a woman's hospital. It was also a listed building. The council had tried on a number of plans - one was to turn it into a hotel - but the clause got in the way. It was empty for twenty years after that.

The latest plan is to build a Tesco's on the site (just on the border of Lambeth and Wandsworth, but within Lambeth jurisdiction.) There'd been a lot of local opposition and an appeal against the permission was lodged, but it was recently turned down. I don't know the details on how the dealt with the clause in the lease. So the Tesco plans seem to be going ahead - unless? ... (this needs updating)

Political aftermath

An attempt was made to continue a health-oriented action group. We had a public meeting that was fairly well-attended, even received a small grant and had a meeting place in a disused bunker in front of St Matthews Meeting Place in Brixton. But that fell apart, partly due to political differences (ie. Kings Cross women's centre!) Perhaps, with the end of the occupation itself, the really transforming part of the action was gone - we were just turning into another lefty campaign group that failed to inspire people, including ourselves. And it seemed time to move on...

Not to end on a totally downbeat note, the eviction of the hospital led to an influx of a lot of women doing stuff in South London, particularly, but not entirely, around squatting, and led to a great anarcha-punky dykey coming together. Culturally, this was very important to a lot of women who'd been alienated from boy-dominated politics AND the dyke scene.

What made this occupation different than others - Why it stands out as a memorable and important experience. The length of time involved, nine months. It did become an important point of contact between groups who might not have worked together otherwise.

In the EGA campaign there was tension about taking the hospital as a special case - a women's hospital - playing up the feminist angle AND the position of acting in opposition to all cuts as a class struggle. Though it took some time to arrive at this point, at SLWH we did both. Our banners said 'Stop these murderous cuts'. We also did highlight the women's health angle as central part of this opposition. (NOTE: by this time, the EGA was using male consultants, though a specialist hospital in gynaecology) Throughout the occupation we sponsored workshops around women's health, complementary medicine, cervix-spotting. Most of us were aware that just having women doctors wasn't enough.

Women-only - I don't agree with idea that women are inherently lovey-dovey and wonderful and fluffy, but we are socialised differently according to gender and it showed in how we worked together. Despite problems that have also been pointed out, there was a greater degree of cooperativeness, non-competitiveness and a lighter attitude about a lot of things - even taking 1980s identity politics into account. In many discussions we were able to arrive at consensus and allow a chance for everyone to speak.

I've only just realised that we were really ahead of our time with our planning for 'diversity of tactics' - allowing for more confrontational tactics alongside 'fluffy' ones. Back in the '80s this wasn't really done - it was either pacifism or Class War (the group, not the actual class war) posturing. Also within the diversity we placed equal importance on the different tactics and didn't elevate one above the other.

Around 2000 anti-capitalists started to plan actions with different blocks using different tactics; several years later perhaps the blocs and tactics may have become ritualistic and stuck in a rut. However, the core principle of diversity is still vital.

- To read an account of a later occupation at another London hospital, UCH, go to <http://libcom.org/library/occupational-therapy-university-college-hospital-strikes-occupations-1992> Originally posted at *Alphabet Threat*.