DETROIT REVOLUTIONARY MOVEMENT RECORDS

BOX 5 OF 16

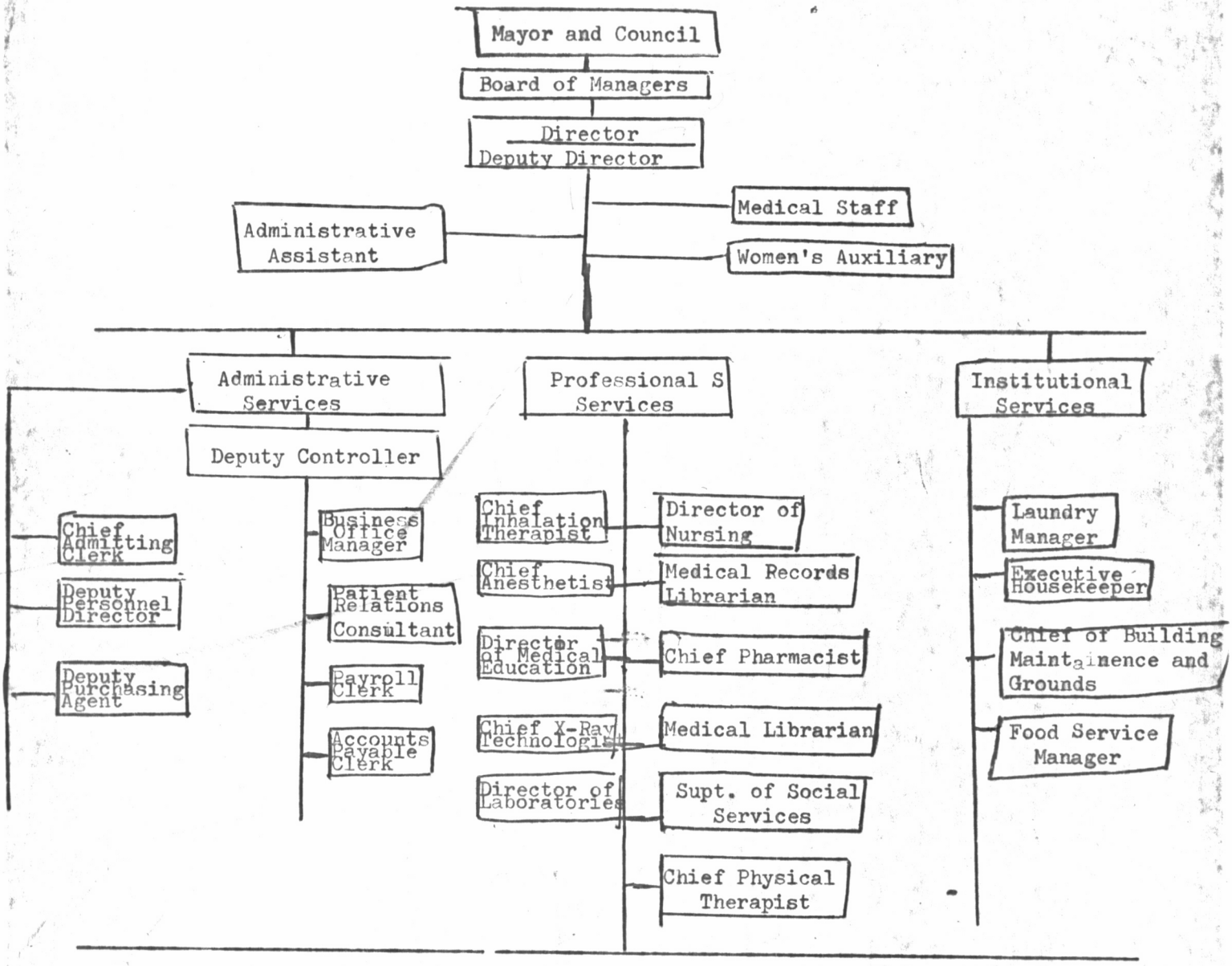
FOLDER 31

HIGHLAND PARK HOSPITAL

LABOR CONDITIONS

HOSPITAL

HIGHLAND PARK GENERAL/ORGANIZATIONAL CHART



The above chart if not identical is quite similar to the organizational structure or most private and public medical institutes in this society. It shows clearly (to all who examine it carefully) how special interest groups are represented and in control of the hospital and medicine. This chart was on the first page of a handbook, welcoming new employees to a general hospital in a small suburb of Detroit. After looking at the chart, the employee reads the following in bold print:

THIS WE BELIEVE.....at Highland Park General Hospital THE PATIENT COMES FIRST!

The Patient is the Most Important Person in Our Hospital
The Patient is Dependent upon us. We are also dependent upon him.
The Patient is not an interruption of our work, He is the Purpose of it.
The Patient is Not an Outsider to Our Business. He is Our Business.
The Patient is a Person---Not a Case History.
We are here to Serve him.

This is how the typical rank and file medical proletariat is usually introduced to a typical hospital. This worker is not listed in the organizational chart. The reasons behind his exclusion from the chart begins my analysis of how the ruling class relates to health workers and how health workers are relating and should relate to the health system and hospitals.

The chart and booklet states clearly and unequivocally that the control of the hospital is vested in a Board of Managers, ordinarily seven, who are appointed by the Mayor and City Council. It claims that they, the latter serve without compensation. The Director and Deputy Director are responsible to the Board for the day-today administration of Hospital affairs. They are obviously political appointees, being rewarded by the mayor, council, etc. Their relationship to the medical proletariat is hierarchical. They are on top , the workers are on the bottom.

Preliminary to employment, the prospective employee receives a physical exam. He is processed through personnel and received a security check involving finger-printing by the Identification Bureau of the local Police Department. His processing is amazingly similar to that of inmates in jail. Once employed, he must always wear a name pin. From three, six, to nine months he is on probation and can be fired at that time with no right to grievances or petition. If he passes probation, he is given an I.D. card which he is required to keep until he is fired or retires. At no time during his employment does he control any aspect of his job, his salary, the services he performs or the benefits he receives. He neither controls his destiny within the hospital or the community. He is usually compliant if allowed to continue to work unmolested. Not because he likes the job but because he is compelled to work in order to survive. And as a rule, hospitals don't pay as much or work you as much as the factory and he knows this.

What the average medical worker doesn't know or relate to is that hospitals are the third largest business in the country. Health care cost Americans more that $50 billion in 1969. Yet the U.S. is 13th in infant mortality rates. Black babies, minority babies, and working white's babies die three times more than this. The infant mortality rate in Mississippi was_____ the first quarter of this year. This country spends proportionally less on medical care than most developed ((Capitalist countries). The people managing these hospitals receive some of the

we never [illegible]

those emergency and/or clinical admisssions not of an unusual or experimental nature. Again, the worker has no control over this, even if the person denied the service happens to be him.

Universities that are endowed by large foundations are fronts as tax shelters for these capitalist enterprises. This is another way to deprive the medical worker of some of the fruits of his labors. He is unable to get around paying taxes and supporting some foundations. It is not unusual for a hospital or any industry for that matter to force the workers to donate to a local community foundation, if he wants to keep his job. Many of these foundaton supported facilities refuse to accept Black workers, and anyone else they wish to exclude. Universities receive grants from chemical or drug firms actively engaged in creating chemicals for biological warfare and pollution of the environment, A percentage of this money goes directly into the medical schools and their relating affiliates. This is money that rightfully belongs to the workers who created the surplus in the form of profit and not to the owners . Deppite being cognizant of such facts, the university is still in there ripping off its share of the

Hospital management through intimidation of workers, co-option of trade unions keeps personnel usages and mobility low. By cutting expenses through niggardly use of supplies, supervisors receive bonuses at end of year. Workers and patients of course, suffer from this. Hospital management uses favoritism to co-opt workers in the form of racism or "stool pigeons". White workers receive easier jobs, more promotions, and many times more pay for equal work. A black worker who informs management of workers movements is usually rewarded with similar benefits to those with "white skin privilege". It must be emphasized though, that even the "privileged" workers are as exploited as Hell. As they perceive it, however, they are not as hard-pressed as their "less privileged" co-workers and they relate to that.

Another tactic of hospital management is to hold frequent team meetings and other meetings to "talk about" the quality of health care and its delivery. They encourage suggestions to improve the delivery of care and sometimes give monetary rewards for some suggestions. The only suggestions accepted are those that bring more money into the hospital or that save money. Rarely are suggestions accepted ~~those~~ that improve working conditions and patient care without necessarily saving money.

Supervisors also encourage "tattling" among workers and gossip. Supervisors Encourage stereotypes. Workers are encouraged to relate their marital and personal problems to supervisors only later to find these problems held against them in evaluation. Women especially are penalized for having young children, being pregnant or merely for being women. They are not paid

if a child is ill, if they have no child care arrangements, or if they are on maternity leave. A pregnant woman receives no disability payment if she is the breadwinner. ~~No~~ few unions have been known to fight for her ~~to my knowledge~~, in this instance.

C - Professionalism and Workers

Within the ranks of physicians there are few if any who do not, or have not benefited willingly or unwillingly from exploitation and oppression of medical workers, and medical consumers. Most got through medical school directly or indirectly upon the backs of the working class through the following ways:

1) Parents were privileged enough to afford ~~to~~ to send them
2) Received university scholarship (subsidized by working class)
3) Got through on "connections", were related to or got favors from someone in existent medical structure.
4) Were smart enough to get through (had received a decent education - something workers usually can't get unless they were hand-picked tokens of ruling class (most black doctors are - if of working class origins.)

The debt all physicians owe to society is rarely paid. Marcus Welby, Ben Casey or Dr. Kildare types totally devoted to humane medicine might be around, but they certainly are not starving. Most white movement physicians are generous to a revolutionary cause. They give funds, donate

funds, donate medical presence and organizational expertise, sincerely and willingly. I have yet to meet one, however, who lived in the abject poverty and deprivation most, if not all movement people of working class origins are forced to endure. These radical physicians by taking cuts in profits to struggle against oppression, put some of their money where their politics are. They have yet to devlote all their resources to total control of society through total change by a revolutionary workers vanguard. But objective conditions will change these relationships as more workers with ulcers, high blood pressure, rotten teeth, anemia, etc. join the ranks of political struggle, these doctors will be forced to relate to their needs equally in the tradition of Che or Fanon, or shut up and withdraw. It's a matter of a cat taking $30,000 a year or $15,000 a year to live on and returning the rest to a workers struggle instead of living in a mansion, driving a Cadillac or owning yachts and making $60,000 per annum and giving a $1,000 of that to the "cause."

Black Physicians

As I said, all physicians benefit from oppression. Black physicians benefit from black illnesses. True, they suffer from discrimination within the hospitals. Mainly because black people have no economic power within society. By this, I mean blacks control no economic institutions. Blacks control no political machines. Thus, they have no real power -- only reserve or implied power. Those blacks within medical professions by and large, negate their responsibility to black self determination in the name of profits. They have many explanations, many justifications for their own exploitation and

and oppression of Black Medical consumers and Black medical proletariat."They had it just as hard." They had a rougher time becoming physicians going up against the racism, and discrimination manifest in the medical profession in this society. Black doctors treat Black patients as a rule better than white doctors treat Black patients. Black doctors treat most Black patients (give statistics here. They have a harder time getting into hospitals, obtaining university teaching posts etc. In other words, Black doctors do have it rough.

But once Black doctors go into practice, they make money, more money that 99 % of the Black people in this country. Most of them like white doctors got through medical school directly or indirectly upon the backs pf the working class. Specifically, they got through upon the backs of the Black working class, a class that has never been fairly reimbursed for its contribution to capitalist surpluses in this society. Frequently, these doctors live on enough money to subsidize if not support several working class Black families

Few Black doctors are interested in revolutionary struggle for revolutionary change. As tokens of success, their attitude tends to be that they have theirs. They may relate verbally to struggle and abuse ie, Panther murders, discrimination, NAACP, etc. Basically, however, they are concerned materially about their own thing. They relate to a Madison Avenue way of life, with no true intentions of changingtheir life style. Unless they're really up aginst the wall.

Black doctors in America must begin to struggle against the f cist elements in this country along with and under the leadership of the Black working class. As the most oppressed sector of physiciand in this sociaety they should be in the vanguard of the struggle for changes which would bring humane medical care. They must relate to the parallels between this society and Nazi Germany. They must relate to the possibility and the reality of mass genocide which colud and may destroy them and their middle class tokens of success, despite any efforts they might be inclined to take to counter this. Along with many elements in this country, they have been lulled into believing that they are immune to hunger, deprivation, to some extent, racism and all the other aspects of an Imperialistic society. Finally, they must begin to relate to the fact that to the ruling class, they are not indispensible. They are replaceable as is the entire Black population in this country, is national policy so decreed

as is the entire Black population in this country if national policy so decrees.

Another phenomena in the professionals role is that of foreign physicians and nurses who come to the United States from under-developed countries and stay to live the "good life". Most of them represent the most reactionery elements of their countries. If they were not reactionary, they would study medicine in a Socialist rather than an Imperialist country. This is especially true of those physicians and nurses from Third World countries. Most have a basic contempt for the working class and peasants in their own country. This contempt is carried over onto their relations the American working class, especially for Blacks. An incident I will always remember is that of a Thai nurse who refused to "take orders from a nigger practical nurse" who knew a Hell of a lot more than she did. The little Thai nurse was forced to relate when another "nigger" knocked Hell out of her for racial slurs. This phenomena should definitely be used exploited by medical cadre's in demanding more and better jobs for American Blacks in hospitals, when organizing.

In summation, I'd say physicians play a tremendous role in the hierarchy of medical & social exploitation. By not opposing inhumane methods, their implied and open consent perpetuate racist non-humane system. They all benefit from oppression.

NURSES

NURSES

While not as damaging to national medicine as physicians, nurses do their share. Especially, the professional nurses. Their motivation is that they benefit (only a little) from the oppression of other medical workers. Their real reason for compliance with the system is the ego involvement obtained from rubbing shoulders with doctors and from giving orders to their subordinates, the real workers. Their wages are not commensurate with their education, usually because they are women, and too dumb to realize that physicians are exploiting them too. Their wages are supplemented however, by the skin privileges most white workers have. Most professional nurses are white _____%, to be exact. They have lower expenses in housing, food, etc. as a rule, and they usually have husbands who earn enough money to supplement them into the middle class.

The official policy of the A.N.A. and nursing in general is professionalism over decent patient care. Professional nurses are most often used as a tool of the oppressors becuase they have direct contact with many "lower echelon workers". The nursing profession inherited a tradition of militarism and authoritarianism from the military which produced it. This tradition is still evident in the caste-class system in hospitals today. Nurses are used against others personnel through heavy job assignments, lousy employee evaluations and refusal to carry their

own load. Professional nurses are brainwashed in professional nursing classes to identify with those on top of the hierarchy. # This process makes nurses feel that socially they are better than other health workers and even the patients. They have conditions to go along with their dispensing compassion. They are less compassionate to poor patients, black patients, psychiologic, terminal patients. Their reaction to oppression is that because they benefit by it, they will help to make it work. They accept the dictum that they are not giving good patient care if they strike, so they undercut other workers movements by strike-breaking in the name of good patient care. However , they won't work during a rebellion or if the doctors are on strike, if they can avoid it. Thus, increasing the patient load of the other workers. white R.N.'s refuse to work p.m. shifts in urban hospitals forcing black LPN's to do the same work on those shifts for less money. Control professional associations where many vocational nurses are forced to pay dues in order to work in some hospitals. But associations who bargain instead of always leaves practical nurses out of negotiations. They are considered professional only when performing jobs and not when payday comes.

UNION'S ROLE IN OPPRESSING MEDICAL WORKERS

1) Will give history of union development medical workers were excluded from right to bargain under the Taft Hartley Act. Hospitals were considered beneficial to the people and were supposedly non-profit. Thus, unions didn't want health workers who had neither money nor laws to protect their jobs. Workers in non-profit institutions and industries had second class status. Knowing this, some unions still collect dues from workers and bargain, gaining very little. Like the industrial and trade unions, they are not controlled by the rank and file workers. The unions oppose rank and file control because of racist attitudes. Nevertheless, they accuse rank and file insurgents of racism if they are all Black, failing to realize that if Black racism existed it would not deny white workers jobs on subsistence as white racism does.

(Will talk about 1199 & its role)?

Insurance Companies -- Drug Firms -- Health Education Welfare

It is not uncommon for the union to swallow up the left base in a hospital struggle by buying out the leaders. Nor is it unusual for the workers dues to be mismanaged or used against them when union is co-opted by management. But when the union cannot buy off the left base, it attacks it + tries to destroy it along the same lines used by the UAW @ DRUM at Chrysler Plant (see footnote)

CONCLUSION PART I

Institutionalized medicine's role in exploiting and oppressing health workers and consumers has many forms. The end result is almost always a subtle form of genocide, through several measures. Some states have sterilization laws for illegitimate mothers after so many children are born. This is applicable primarily if not solely to working class mothers. Other states have very lax sterilization laws for the poor and racial minorities, and very strict laws for more affluent caucasian

women in the same age bracket. This is a method of genocide upon a working class being replaced by automation. Primarily because no institutionalized measures are made to improve life styles of workers after they cease to reproduce. Rather, wages are frozen on the assumption that with no more prospective kids, expenses will be lower. Inflation and the shrinking dollar refutes this.

Thus, you have subsistence income wages for both stable and "unstable" families as medical workers or medical consumers. We see the results in anemia and diseased workers, etc. - insert

Institutionalized anti-worker policies are numerous in hospitals. Most, if not all of these policies are found in almost all hospitals. Most private and many city hospitals have no pension or retirement fund.

Medical workers rarely receive unemployment compensation or maternity benefits. Hospitals, along with other institutions are just beginning to study child care plans and the possibilities of child care facilities _____. This only because it might solve the institution's manpower problem by freeing more women. The universitity's medical centers can refuse to treat some patients for flimsy reasons like quotas, the teaching value of the case, etc.

One of the cruelest forms of exploitation of the institutional medicine is the treatment of disabled Vietnamese veterans. To an

industrial society these crippled men are obviously useless. They are a burden to society. Their role in the first place was only to provide cannon fodder in an imperialistic and aggressive war. Unfortunately for them and society, they returned only half-dead. No military funeral for them. They were usually paraplegics, amputees, blind, etc. The state owes them a lot, these sons of the working class. They receive nothing but pain, lousy food, poor medical and patient care, and increased class consciousness. The contradictions evolving from the exploitation and genocide of these young men will have to raise the conciousness of their relatives, friends and the workers caring for them.

Other forms of institutionalized medical cruelty can be found in prisoners wards of hospitals. During rebellions, many blacks could testify to this, having been wounded and consequently arrested only because of their color. The mental hospitals are other blatant examples of health consumers opposing oppressive health care was the recent formation of a patients bargaining union at Herman Kiefer Hospital in Detroit. These patients who had an industrial and union background, organized made demands upon hospital administration for reform and won. The workers should learn from this.

investigate this

A. Social methods of control of medical workers is overt or covert racism. An example is the University Hospital in Los Angeles which classifies Maintainence who are 88% white as Custodians. Black maintainence workers (95%) are called janitors and paid $22 less money for

the same work. To protest this is to threaten job security, a hard thing for men who have trouble working anyway. Another tactic is to cry for "good patient care first" when workers organize for control of their jobs.

The hospitals use class conflicts by retaining a few "good workers" be they professionals or scrubwomen who receive "goodies" for kissing management's ass. These goodies come in the form of preferential time off (more weekends), lighter work loads, paid sick days, etc. Hospitals cry equality however, and deny class conflict. Because workers have no true line of grievances, they/usually cannot trust their fellow employees, ~~equally~~. They never can tell who is a "stooge". Yet, workers do strike back in their own way and in their own time. Costly equipment has been stolen or damaged. A worker who knows he's going to be terminated may try to "walk off with the hospital in his pocket". Confiscation.

Another aspect of the class conflicts is the different values placed on lives. Policemen and firemen in city hospitals receive better care than prisoners or poor health consumers. Some private hospitals maintain separate and unequal facilities for maternity patients who are paying or have insurance coverage and those who do not. I have heard Black workers prefer to the "Black predominant maternity wards" of Hutzel Hospital - Detroit as the "ghetto. It is often assumed when a poor woman

aborts a child that she is happy. Detroit General Hospital went into a white suburb to find a nephrotic child for ~~the~~ the first kidney transplant. Yet there were Black kids with acute nephritis in the hospital at that time.

PART II WORKERS IN CONTROL OF MEDICAL CARE DELIVERY

Why workers must control: Taking profit out of medical delivery will benefit workers and society. The struggle occurs because power relationships, too, would be altered. All the profiteers in medicine would begin to lose money with the advent of socialized and preventative medicine. Th ough the infant mortality rate would drop, the mortality rate of obstetricians would rise if obstetrics were socialized and mothers were subsidized during pregnancy instead of the other way around. These doctors would have heart failure when tax time came.

Drug firms would go out of business if they couldn't develop alternatives to making profits on aspirin and Penicillin. But the masses of workers would gain. More humane research would probably be done. in the chemist's laboratory. The standard of living for working people in health teams would increase almost double. The professionals salaries would probably be cut in half. But they'd still earn twice that of non-professional workers. They'd also retain their incentive because their money would purchase more.

All of this of course, could only happen through a drastic transformation of society. By the workers. There is no example in history where those in power voluntarily gave up that power. Rather,

the tradition is to fight like hell to maintain the status quo if you're in control. Henry Ford II will never willingly share profits with his wage slaves. To do so would mean sharing power. He'd be stoned by all the millionaires in the country, his family included. His empire is the economic equivalent of a political state - _____ The same holds true for powerful people in medicine. The medical profession or business, or institute, has the combined resources of a nation state, with powers thereof. It is a ludicrous concept for the hospital institutions to entertain ideas of relinquishing power or control. But it is not ridiculous to those who do the work.

To give decent wages to randk and file medical workers would be analagous to giving them political powers. Where this was done, class consciousness was raised. A well fed worker has time to study, to think, to want power and control. The medical organizer within a medical center should relate to this. A left base has to be formed in hospitals around non-co-optable issues. One N.C. issue is more Black students in medical schools especially in cities where most of the population is Black. Another is black or community control of hospitals and medical schools that learn on or treat mostly black patients . This would involve definite worker community control of the financial resources available to present local governments, health commissions and university medical schools in black cities and all cities workers.

These workers demands are not simply non-negotiable. Without control of resources talk of total control of medicine is (or a society) is meaningless. The more political workers should create a Labor-Strike and Defense Fund to sustain workers during a struggle.

II

ORGANIZING AND POLITICIZING HOSPITAL WORKERS

Creaste research teams to use facts on percentiles of black workers in professions. Be truthful and realistic about statistics. Never allow management to define your goals or role as revolutionary medical cadre". Revolutionary workers define what is official and what is not. It is fair if revolutionary politicizing is controlled. Reactionary medicine if you recall, has always been rigidly controlled. The control I'm talking about is necessary to train workers to act independently and bravely for their own needs.

Communication can be done with leaflets, etc. Open hearings or meetings are advisable if the M.C. can control it. If co-opted, they should be subtley disrupted. Included in communications should be educational classes. THe LRBW role here is revolutionary political education. The M.C. as extension of LRBW should integrate paramedical and political education. The final goal should be a workers force that can run hospitals independent of ruling class and its lackies. Radical

medical professionals are extremely important in these efforts as medical advocates and mediaal professionals. They understand ____ and cadre' method of organizing.

Women's role in worker's struggle cannot be separated from medical workers struggle. They are one and the same because they are workers and mostly women.

(develop more)