

# DETROIT REVOLUTIONARY MOVEMENT RECORDS

BOX 14 OF 16

FOLDER 18

CLP REPORT HOSPITAL  
WORKERS

We see the hospital fraction as a tool which would aid us in recruitment into the party of unskilled & semi skilled workers, in hospitals. This means, dietary, housekeeping, maintenance, nurse aides & nurse assistants, ward clerks. Most of these workers are national minorities & most are women. (2) Understanding the relationship of the political & economic struggle in the city, & how it affects us as hospital workers, ~~then~~ and ~~that~~ developing unity between hospital workers and all other workers, esp. <sup>due to lack of contacts</sup> ~~unio~~ workers, (3) Being able to particularize & generalize in concrete ways the call for free & universal medical care.

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In order to accomplish these objectives we feel that it is necessary to set up a meeting in which to discuss the political motion of the hospitals (ie SEMCCG, Det. Med. Center etc) <sup>and</sup> ~~not~~ the research that needs to be done, ~~and~~ it is clear that the response to the movement of the Bang will be different at the different hospitals. It is also clear that we need to link these responses & struggles together. (2) We then need to set up a fraction. This fraction would at first be internal to the party, ~~but~~ however within 2 year if we do our work properly, it could be an external fraction. For example - many of the comrades are in organizations (Elaine & Philip N.M.) (Mike professional & semiprofessionals) (Gwen, Sherr, Rita trade union's) (work with Pontiac General) & we must be able to have these different org. support each other & develop & raise the social & class consciousness of all the workers @ the hospitals. This means a form which would enable us to get together, and aid the comrades in doing their ~~external~~ communist work.

Build the party

This report is a summary of a meeting among 2 comrades from hospital units and 2 comrades from the research unit to discuss our present analysis of the general political situation in hospitals and the health care industries, the specific motion in Detroit, and the areas in which further research might help move our work ahead.

General analysis: The basic motion in the health industries reflects the overall drive toward fascism as the capitalist crisis of overproduction persists. Competition among elements of the bourgeoisie with financial interests in health care is intense. Consolidation of insurance companies, medical centers, and medical products industries has been proceeding for years but the pace is increasing with the pressures of an economic crisis on one hand and the potential rewards of a centralized federally organized national health insurance program on the other. This struggling takes a variety of forms, including:

- a) Insurance company maneuvering around malpractice & coverage
- b) Blue Cross rate increases and payment freezes
- c) Widespread county hospital closures and the consolidation of many small hospitals into giant medical centers.
- d) Increasingly intense battling around various government health programs: National health insurance, Health maintenance organizations, National Health Planning and Resources Development Act, etc

The economic and political fallout from these conflicts falls most heavily on the working class, particularly national minorities. As patients the working class faces rising insurance costs, cuts in "creature comforts" in hospitals, workman's comp "reforms". As hospital workers the class faces layoffs, speedup, intensification of national divisions, attacks on democratic rights. (We don't have much information on workers in other branches of health industry, eg the drug companies, electronics, etc)

Also under attack are the petty bourgeois health professionals whose position as small "independent" businessmen holds back the full scale consolidation needed by finance capital. Doctors in particular find their positions disrupted by malpractice increases, state programs to review medical practice, Blue Cross freezes, and the generally increasing inability to practice medicine except as a corporate employee inside a giant medical complex.

Hospital workers, including professionals, have shown increasing militancy in the past 10 years in defense of these attacks (many union drives and strikes, housestaff organizing, AMA legal maneuvers), but the workforce in hospitals still remains historically and deeply divided. As deep as these splits have been, however, the basis is developing for a broad unified struggle against fascism within the hospitals as the work becomes increasingly socialized and as the fascists strike out at larger and larger segments of the workforce. The 2 greatest problems to be overcome are the divisions along national lines (eg Negro and Phillipino nurses at DGH) and the conflicts between proletariat and petty bourgeoisie (eg LA doctors responding to attacks of insurance companies by staging a "slowdown" which has the effect of laying off 4000 hospital workers).

Specific situation in Detroit: All these factors are at play today in Detroit, with the most active and representative focus being the Detroit Medical Center. This monster complex represents the epitome of consolidation within the health industry with a large multinational workforce and a large multinational working class patient group forced together to serve the needs of finance capital. The contradictions are developing most clearly around Detroit General Hospital which already has among the most oppressed and exploited hospital workers in the city and now faces the prospect of worsening conditions as the motion develops to place it under control of a "public

corporation," strip it of responsibility for keeping open the doors to all sick people, cut back 222-200 beds, lay off an unknown number of workers and attack the seniority, pensions and other rights of those remaining on the job. In addition the anger developing around the loss of accreditation makes DGH the forefront of the spontaneous motion of hospital workers in the city. /

In figuring out the importance of various hospitals in Detroit we must look not only at their relation to the motion around health care nationally but also at their relation to the most significant ~~political~~ specific political developments in the city, eg busing, upcoming rent strike, UAW contract talks. The situation at Metro Hospital thus takes on particular significance this year because of the activity which will be coming off the UAW talks. Our ability to link together these issues in all our hospital work (Medical Center, Metro, Quadrangle, and elsewhere) is key if we are to ~~not~~ avoid the syndicalist errors which could wreck our chances of success.

Developing our work: Hospital units will be getting together soon to review our work and to develop our strategy and tactics more coherently and specifically. A general analysis of the situation will not be enough. We will need specific answers to a number of specific questions, including:

- a) What are the plans of the bourgeoisie in Detroit around hospitals?
- b) What are the strong points and the weak points among the bourgeoisie, what are the major contradictions?
- c) What forms is the spontaneous motion taking within the hospitals? What slogans, demands, programs will best capture the essence of this motion and help to move it ahead?
- d) In what concrete ways can we link our hospital work with the general working class movement in the city, specifically around busing, rent strike, and UAW talks?
- e) How can we develop all the aspects of our demand for Free Universal Health Care into a more complete and specific program which ~~we~~ we can use in drawing hospital workers and health professionals into anti fascist struggle and toward Marxism-Leninism?

Hospitals  
Market Place

We are not at the point where we can give adequate answers to all these questions. Our task is twofold. First, and most importantly, we must combat all our tendencies toward sectarianism, sink our roots deep in the hospitals, unite wherever possible with the spontaneous motion and help to move it ahead by understanding and developing its contradictions. Second, we must develop a program of research and intelligence around the hospitals and health industry to fill in the gaps in our knowledge and keep us one step ahead of the bourgeoisie whenever possible.

Research: At this point we can ~~identify~~ identify several important areas:

- a) ~~How~~ What is the profile of hospitals in the area today? How many hospitals, where located, national characteristics of workforce, patient populations, boards of directors and connections with finance capital? Layoffs, speedups, hospital closures?
- b) Status of movement and organization of hospital workers? Detailed breakdown of union activity needed. What professional organizations, clubs or other gathering places? Any ~~national~~ national minority organizations? Any ~~particular~~ particular militant struggles on wards, ER's, clinics etc which are currently brewing?
- c) Motion of the insurance companies: Which companies provide malpractice and what are their connections? Analysis of Blue Cross, its links with private insurance companies and other capitalist groupings, its relation with UAW, relation to State Insurance Commission, significance of rate increases. Which companies underwrite UAW sickness and accident programs and why? Which companies handle workman's comp?

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d) What are the plans of the bourgeoisie around health care in the area? What are the planning agencies involved, who provided the money? Links between the state apparatus and ~~financial~~ particular banks, industries, universities, etc; development of state programs including Medicaid, National Health Insurance, Health Maintenance Organizations, Professional Standard Review Organizations, National Health Planning and Resource Development Act of 1974.

e) Analysis of the industrial base of health care, the motion within the capitalist sectors planning for and producing medical commodities (see Frost and Sullivan abstracts for a start). What would it mean in concrete terms to nationalize health care?

f) What is the motion of the CPUSA and the new left around health care? Any honest, progressive community organizations involved?

g) In specific terms, how do all these things fit together at DGH and the Detroit Medical Center? How do they fit together at Metropolitan Hospital?

Plans for research: Comrade Gwen has been assigned to center this stage of the work with the hospital units, to provide overall political leadership for this group. Comrade Mike, because he has some time right now and has some experience, has been assigned to gather as much information as possible on these questions in the next month and to prepare a political report at that time.

Because of the enormous amount of research involved we must think in a long term sense about organizing as many people as possible (as many contacts as possible) to help gather information. For instance, ~~several~~ a number of our contacts have expressed interest in doing research on the Detroit Medical Center and we should actively develop this motion. This development is already well underway.

Although we should think in terms of shifting as much of this research burden as possible off of the Party apparatus itself., we feel it is important that the research and development unit be involved at this point to help get the research off the ~~group~~ ground and to help develop its political direction on a sound basis. If this is acceptable we could arrange a meeting as soon as possible to discuss this report in detail and to organize ourselves to implement it.

BUILD THE PARTY  
BUILD THE UNITED FRONT AGAINST FASCISM  
MAKE EVERY FACTORY OUR FORTRESS  
FREE UNIVERSAL HEALTH CARE

*National Health Planning Resources  
Development Act 1974  
sets up a national centralized  
bureaucratic consolidated loose  
structure we could then  
if have any federal funds  
can be approved or disapproved*

*Public Health Service Act  
Public Act 264 (State Agencies  
under Act 1974)*

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initial stage internal  
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# DGH AMER

NOVEMBER 1977 VOLUME III, NO. 10

*Published by Communist Labor Party & Friends of DGH*

## Lessons Learned

With summer over and contracts negotiated, what have we learned?

- 1) We need each other. Although there was real progress made in unions supporting each other, we all would have been stronger if we had worked together more effectively. Division between unions and between workers only helps management. Formalizing the Detroit General Hospital Union Council would be a step in that direction.
- 2) The strength of any union is its membership. Only by keeping members informed and involved in making decisions, will unity be created to bring about gains. Members must push union leaderships to protect the rights we won under new contracts and beyond.
- 3) Reprisals always come after a show of strength by workers. Management is currently on a rampage to show "whose boss" thru harrassment of workers who participated in job actions. They are trying to divide us and make us disinterested in our unions. They are trying to make us think we went on strike for nothing by making conditions worse rather than better. This is a crucial time for us to hang together and fight back.
- 4) Trade unions are not the final answer. We won some and lost alot. Trade unions fight largely economic battles to get more from employers but do nothing to change the system (capitalism) by which workers are exploited. It is only when those who produce the wealth (workers) establish a system (socialism) to distribute it based on society's needs, not profits for the few, that we will have job security, good health care and a really better standard of living. While trade unions are important working class organizations, it is only through a political party, the Communist Labor Party, that we can work to achieve those changes in building socialism.

# elections

Detroit, like every other big city, is faced with severe problems. Like every other big city election, the recent primary election was about everything but the real issues facing working people; like the future of DGH. Instead, campaigns were conducted on a "name" basis only.

There were 3 exceptions to this type of campaigning, and all 3 support keeping DGH with the city.

Erma Henderson has been a militant and outspoken fighter for jobs with peace, and against redlining.

Maryann Mahaffey has been active in fighting police surveillance and cutbacks in services for the poor and elderly. She supported the Public Housing Tenant strike and the Texas Farmworkers right to organize.

Clyde Cleveland has been a spokesman for the rights of all workers and especially active in equal rights for minorities.

The deterioration of the school system is a pressing problem. Gail Fahome, running for Region 6 school board, supports nationalization of education and cross district bussing to insure equal, integrated education. She supports millage only as a stop gap measure of keeping the schools open until financing can be changed.

For Mayor, Cookman Young has received support from organized labor, minorities and big business. Where he has taken progressive positions, he should be pushed to do more, where he has taken positions contrary to workers, he should be exposed and criticized. His opponent, Ernest Browne is supported by the most reactionary elements in Detroit. He has taken no real stand on vital issues and must be opposed by all progressive people.

Although city elections do not solve the problems of the working class, they do provide a forum in which to speak. Those candidates who have taken progressive positions need to be supported and pushed to represent the workers even more in the coming years. It is also in the process of fighting for reforms that may bring about temporary relief, that we learn that we have to go further.

**OUR POLICY:** The pages of DGH Alert are open to all workers. Our policy is to print all letters and articles mailed or given to us in the hospital. As a communist shop paper, it is our duty to speak to all the issues workers are faced with. The Alert is produced solely by DGH workers. We are a group of communist and non-communist DGH workers who feel that one step forward in organizing ourselves is the production of a paper able to speak to the issues of the day and offer solutions to these problems.

**ALERT!** We've been sleeping much too long. We have nothing to lose but our chains. We have a world to win!



SEND COMMENTS AND CRITICISMS TO:  
DGH ALERT  
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HIGHLAND PARK, MICH. 48203



# Bakke

Allan Bakke, a space engineer, has recently gone as high as the Supreme Court protesting "reverse discrimination."

Upon learning that his college grades ranked above those of some of the students accepted to Univ. of Calif. Davis Medical School, he saw that only 16 places had been reserved for minorities, out of 100. He decided he was a victim of reverse discrimination.

Reversal in this context would presume a corresponding reversal in the social and economic status of minorities in relation to Anglo-Americans. The fact that 16 out of 100 places had to be specifically reserved for minorities, testifies that the social position of minorities is degenerating rather than surpassing that of the Anglo-Americans.

What is at issue here is not simply a matter of numbers or "reverse discrimination" but a reversing of history. Civil rights legislation as it exists today is the product of a consistent struggle for equality dating back to the days of slavery. The Bakke case is a legal means of undermining this history in general and equal rights and affirmative action in particular.

The Bakke case and its decision may have more impact on equality for minorities, and women than any judgement since the 1954 desegregation of schools case.

And where is our president on this issue? The Carter administration has sidestepped the issue recommending that "consideration of racial quotas should be decided on a case by case basis and that the Bakke case be sent back to the lower courts. By refusing to take a position, Carter has turned his back while attacks against national minorities continue to escalate.

This case is only one of many to come in laying the legal basis for wiping out all civil rights legislation and breaking the long struggle for equality. Equality must be the call for all workers. It is only in the struggle for equality that further gains of the working class can be ensured.