WOMEN'S FIGHTBACK

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Women's Fightback is a socialist feminist magazine produced by Workers' Liberty.

We stand for trans-inclusive, sex-positive, class struggle feminism. We organise in our workplaces and trade unions, and in the student movement and Labour Party for socialist feminist politics.

If you would like to organise with us, or contribute to 'Women's Fightback', please write to us at:
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IN THIS ISSUE

For centuries medicine had viewed women's bodies as inferior, unstable, weak and dangerous. This legacy still haunts us. As Women's Fightback Health Special goes to press, a damning three-year long review of the biggest childbirth scandal in NHS history concludes revealing brutal treatment of those receiving maternity care.

Our editorial charts the history of how women's health has been understood, the role the National Health Service has played in improving women's health and the challenges we face today through inequality, privatisation and distrust in health systems.
We have reports of campaigns of workers improving trans healthcare fighting HIV stigma, saving care services and to support sex worker decriminalisation.

Our country profile covers women's struggles in Hungary, and we have class struggle feminists reports from Latvia, the US and Nigeria. We always appreciate responses to our coverage, get in touch to let us know what you think.

• Nye Bevan, with hospital workers on the day the NHS was created

EDITORIAL

WOMEN'S HEALTH, INEQUALITY AND THE FUTURE OF THE NHS

The subject of women's health and what shapes our understanding of it is complex. Healthcare systems are shaped by the societies that create them, and historically those societies have not treated everyone equally – particularly when it comes to women.

This article will look at:
• the history of how women's health has been understood
• the role the National Health Service has played in improving women's health
• and the challenges we face today through inequality, privatisation and distrust in health systems.

I can only briefly touch on some of the themes, but I hope it encourages people to read more and write more on the issues raised.

THE HISTORICAL ROOTS OF WOMEN'S HEALTH INEQUALITY

For centuries medical theory framed women's bodies as fundamentally unstable or irrational.

Diagnoses such as 'hysteria' were used to explain a wide range of symptoms in women, from anxiety to chronic pain. The legacy of medical thought, as sanctioned by religion, saw women and women's bodies as deviant, inferior and defective, always governed by the whims of the womb. It wasn't just the unruly womb that was seen as problematic, but the assumption was that this led to women being emotionally unstable.

These underlying assumptions shaped and continue to shape research priorities and clinical practice.

For example, for decades medical trials largely excluded women because their hormonal cycles were considered 'too complicated' for research. As a result, many drugs and treatments were tested primarily on male bodies.

Even today, women are around 50% more likely than men to receive an initial misdiagnosis following a heart attack, because the symptoms women experience can differ from the male-centred medical model.

These examples, and numerous others in regard to physical and mental health treatment, demonstrate how the myths and biases surrounding women's physical and mental health are built into health systems.

THE CREATION OF THE NHS: A VICTORY OF THE LABOUR MOVEMENT

The biggest positive change in relation to women's health was the creation of the National Health Service in July 1948. It was one of the most transformative social achievements in British history.

The NHS was established by the Labour government elected after the Second

World War. Often, the creation of the NHS is taught in schools as part of a so-called 'post-war consensus', as if all political parties agreed on it; but that isn't true.

The Tories opposed the creation of the NHS and voted against the NHS Bill 22 times during its passage through Parliament. There were also political battles inside the Labour movement itself between those who supported the creation of a universal public health system and those who opposed it. It was created by a movement based on working-class struggle and protest; 1944 marked the peak of wartime strike action, with over two thousand stoppages involving the loss of 3,714,000 days' production.

So the NHS was not the product of consensus – it was the result of class struggle and political pressure from the labour movement.

Its purpose was explicitly social and collective. The founding legislation placed a clear duty on the Minister of Health: to establish a comprehensive health service designed to improve the physical and mental health of the population, and to provide those services free of charge at the point of use.

That principle transformed lives.

Before the NHS, working-class families often delayed or avoided medical care because they simply could not afford it. For working-class women in particular, the impact was enormous. The NHS expanded access to maternity care, reproductive health services, vaccinations, cancer screening and general healthcare. Maternal mortality fell dramatically across the twentieth century, and access to healthcare was no longer dependent on income.

The NHS represented a fundamentally different idea of healthcare – not as a commodity, but as a social right.

STRUCTURAL BIAS IN HEALTHCARE SYSTEMS

However, even within the NHS, structural biases remained.

Healthcare systems were largely designed around male bodies, male employment patterns, and male health risks.

Historically, clinical trials relied heavily on male participants. This meant that diagnostic standards and treatment protocols were often based on male physiology.

The result is that women's symptoms are still more likely to be dismissed or misunderstood.
In mental health care, women's symptoms are often framed through emotional instability or hormones rather than receiving full diagnostic assessment.

This contributes to conditions such as autism and ADHD being underdiagnosed in women, because diagnostic criteria were historically developed around male presentations.

Even though, as mentioned previously, the focus was on women's reproductive role, this doesn't mean that it is properly funded or that provision is good. In the UK, maternal death is rare, but it remains a serious indicator of inequality. Recent data shows that around 13 maternal deaths occur per 100,000 pregnancies in the UK. What is even more striking is the inequality within those figures.

Research monitoring maternal deaths across the UK shows that Black women are nearly three times more likely to die during pregnancy or shortly after childbirth than white women, and women living in the most deprived areas have almost double the risk compared with those in the least deprived areas.

On 26 February 2026, an interim report from the National Maternity and Neonatal Investigation Committee found that maternity services in England are failing 'too many' families, with problems 'at every stage' of the maternity journey.

Racism, staffing and accountability issues were among six factors identified so far by the review. The findings included: Services depleted or stopped because of capacity pressures, with stretched antenatal wards and delivery units resulting in delays to admissions and the use of community midwives in delivery units impacting safety.

'Poor relationships' between team members, including obstetricians and midwives. Racist and bullying behaviour of senior clinicians was not always dealt with by management.

Structural racism and persistent inequalities leading to 'notably higher risk of adverse outcomes' for women from Black and Asian backgrounds and women from more deprived areas. Discrimination against disabled women, Muslim families, refugee and asylum women and LGBT families was also reported.

A lack of compassion and transparency when baby loss and harm occurs, which can lead to mothers wrongly blaming themselves, compound trauma and impede opportunities to learn from mistakes.

Care being delivered in outdated and dilapidated buildings, in some cases compromising clinical care. Bereavement spaces were insufficient or nonexistent in some trusts.

Staff reporting maternity units did not have enough personnel to provide safe care.

INEQUALITY AND PREVENTIVE HEALTHCARE

Health outcomes are also shaped by the inequality that is seen in the provision of preventative health care.

For example, breast cancer screening programmes aim for around 70% uptake across the population, but in many areas with higher deprivation or larger Black and Asian populations, screening uptake falls below that level.

Barriers include language access, working hours, cultural barriers, and distrust of institutions.

Women living in the most deprived communities are significantly more likely to be diagnosed with cancer at a later stage.

So, healthcare inequality is not just about treatment – it's about the social conditions that determine who can access care in the first place.

AUSTERITY, PRIVATISATION, AND NHS REFORM

Over the past 40 years, political changes have increasingly reshaped and undermined the provision of universal health care.

One major turning point was the Health and Social Care Act 2012. This legislation significantly expanded the role of market competition within the NHS and opened more services to private providers. At the same time, austerity policies led to cuts across the healthcare system.

Cuts to services such as sexual health clinics, reproductive healthcare, community services and mental health support have disproportionately affected women – as patients, carers and staff.

More recently, the Health and Care Act 2022 introduced further structural changes to the organisation of NHS services.

While presented as improving integration between health and social care, the reality is that these reforms continue to expand the role of private providers and reduce democratic accountability within the health system.

Keep Our NHS Public provides important statistical analysis of this. They show that in some of the 42 integrated care boards, the percentage of funding going to private health care providers is as high as 25–35%. They also provide details in regard to, amongst other things, the vast amount of money being spent on IT contracts, the proportion of funding given to private hospitals in elective care, and funding given to private providers of specialist diagnostic services such as autism and ADHD assessments.

Notably the attacks on trans healthcare and particularly bans on access to puberty blockers haven't only increased transphobia and discrimination against trans people, but have also led to the creation of private companies who will, under some conditions, give access to the required medication but only at a huge cost. So, drugs that are cheap and safe only become accessible to those who can pay for them, and it means another sector of private healthcare grows.

Together, these changes represent a shift away from the founding principle of the NHS as a fully public, comprehensive service.

THE COMMERCIALISATION OF HEALTH

Alongside these political changes, we have seen the rise of private clinics, online healthcare platforms, and the rapid growth of the wellness industry.

Globally, the wellness market is now estimated to be worth over $4 trillion.

Many of these products are marketed directly at women — supplements, hormone tests, detox programmes, fertility tracking apps, and anti-ageing treatments. Most of these are expensive, poorly regulated, and promoted through social media rather than scientific evidence.

Health is increasingly presented as something individuals must purchase and manage privately rather than something society provides collectively.

DISTRUST AND THE POLITICS OF HEALTH

At the same time, political polarisation and the rise of far-right movements internationally have contributed to growing distrust in medical institutions as well as the more obvious attacks on abortion rights.

While critical scrutiny of healthcare systems is necessary, extreme distrust can lead people to reject beneficial care such as vaccinations, screening programmes, or medical treatment. This rise of the far right harms public health and creates a toxic environment of unscientific, irrational thought that paves the way for further attacks on public health provision.

CONCLUSION: REBUILDING A PUBLIC HEALTH SERVICE

Women's health is not just about biology, it is about history, inequality, politics, and the organisation of healthcare systems.

The NHS transformed the lives of working-class people, particularly working-class women's lives, by establishing healthcare as a universal right; but that achievement was not inevitable, and it is not guaranteed to last.

It was won through struggle, and it can only be defended and rebuilt through struggle.

If we want to protect women's health, we need a renewed movement:
- That defends the founding principles of the NHS. That means reversing the market reforms introduced by the Health and Social Care Act 2012 and the Health and Care Act 2022, and rebuilding a health service that is truly comprehensive, publicly provided, and free at the point of use.
- That tackles the inequalities and biases in research and in health provision.
- That scraps all the anti-trade union laws that stop us from organising to defend services and improve the pay and conditions of those who work in health.

TRANS SEGREGATION, A NEW ERA OF MISOGYNY: THE NEW EHRC CODE OF PRACTICE

Cece Standring

The Equality and Human Rights Commission (EHRC) has laid out its new Code of Practice for services, public functions and associations, its guidance to service providers on how they should interpret last year's Supreme Court ruling on the Equality Act's definition of sex. Despite the EHRC's claims that this Code of Practice brings 'clarity', the guidance itself is unclear, unworkable, and amounts to a significant rollback of trans rights.

The new Code of Practice is minimally changed from the interim guidance that the EHRC put forward last year, which called for service providers to begin excluding trans people from single-sex services.

The Code of Practice represents not only a move to remove trans people from public life, but also gives trans-exclusionary misogynists the tools to wage further lawfare against service providers that want to remain trans-inclusive, and encourages a new wave of gender policing at a time where misogyny is already on the rise.

There is already a move to scrap the Code of Practice, which we should lobby MPs to support. But, beyond this, we should also be seeking to update the Equality Act to undo the damage caused by the Supreme Court ruling, as well as building a trans liberation movement capable of reversing the damage of recent transphobic attacks, and winning actual gains for trans people beyond that.

WHAT HAS CHANGED?

What has not changed is that trans people are still afforded protection from sex discrimination. However, the EHRC has now opened the can of worms that is legal protection on the 'perception' of sex.…

> **4.53** A trans woman is a member of an association and applies to become treasurer, but her application is rejected. She is told by the Chair of the association that this is because they want a man to take the role on as they do not think a woman could do the job as well. This is less favourable treatment because of sex. *The trans woman would have a claim for direct discrimination because of her perceived sex as a woman*, no less than if she were a biological woman.

The EHRC itself makes no attempt to suggest when a trans woman can or cannot be assumed to be perceived as a cis woman, offloading this problem back onto the courts. If this Code of Practice is ratified by Parliament, we may very well see sex discrimination cases that hinge on arguments about whether or not a woman was perceived to be a cis woman. This goes beyond impacting trans women (although it will be trans women who face the brunt of it). It will usher in a new age of policing femininity, and is a perfect example of how anti-trans legislation only serves to reinforce misogyny.

Beyond making protection from sex discrimination dependent on perception, the main substance of what the EHRC has changed in this new Code of Practice is summarised here…

> **13.130** *If a service provider (or a person providing a service in the exercise of public functions) admits trans people to a service intended for the opposite sex,* then it can no longer rely on the exceptions set out at paragraphs 13.99 to 13.111. This means that if a service is provided only to women and trans women or only to men and trans men, *it is not a separate-sex or single-sex service under the Equality Act 2010.*

Essentially, the EHRC is suggesting that service providers are no longer able to operate single-gender services: for example, a 'women-only' service would open itself up to legal challenge from trans men excluded from the service. Instead, if a service provider wants to operate such a service, it must admit trans men and exclude trans women to comply with the law under this new Code of Practice.

The only 'gain' given to service providers as a result of last year's Supreme Court ruling is the ability to provide a single-sex service that excludes trans people who would ordinarily use it (for example, trans women excluded from women-only services). Under the EHRC's interpretation, the previous understanding of the Equality Act meant that a 'single-sex' women's service could face legal challenge from trans women excluded from the service, or from cis men excluded if the service admitted trans men. When anyone

describes this new Code of Practice as a 'win for sex-based rights', this is what they are referring to.

This change effectively abolishes women-only and men-only spaces. A women-only service could previously include trans women and exclude trans men by default, but now cannot. However, the EHRC does provide enough cover to allow trans men to be excluded from both men's and women's single-sex services on a 'case-by-case' basis – leaving trans men at real risk of being denied access to any single-sex service, with no attempt to explain when such exclusion would be considered reasonable.

> **13.128** […] The gym should also consider whether a service user may have a reasonable objection to a trans man accessing the gym and, if so, whether it is necessary to exclude them. This will be a question of proportionality and will depend on all of the circumstances, including the extent to which the trans person presents as the opposite sex. For this reason, they should only consider doing this on a case-by-case basis.

WHAT DOES THIS MEAN FOR ORGANISATIONS?

Of course, whatever the EHRC's Code of Practice says, simply declaring that trans people be barred from the single-sex spaces that they have used for as long as such spaces have existed will not make it so. What it does do is legally threaten any service provider that wants to provide trans-inclusive single-sex services. A service provider may still offer a service to, for example, cis women and all trans people, but would no longer be legally protected if providing a service for cis and trans women only.

Legal threats have been a core tactic of the anti-trans movement in recent years. Even before this new Code of Practice was released, both the Women's Institute and Girlguiding announced that they would no longer be admitting trans women and girls – not because those organisations necessarily wanted to implement such a ban, but because they were threatened with legal action if they did not. Small organisations have always faced this risk, regardless of the law, because any person or group with deep enough pockets can bring spurious legal claims against small organisations that cannot afford to defend themselves in court. What this new Code of Practice does is make those claims much less spurious, increasing the likelihood that organisations that try to challenge such claims will lose.

WHAT DOES THIS MEAN FOR INDIVIDUALS?

The Code of Practice is aimed at organisations. It does not put trans people at legal risk for using single-sex services that align with their gender or current sex. Instead, where the EHRC calls for trans people to be excluded from single-sex services, it will be the responsibility of service providers to enforce this exclusion.

WHAT COMES NEXT?

It's worth looking beyond what the Code of Practice says on paper to consider the actual impact it will have if ratified by Parliament. The obvious and immediate consequence will be banning trans people from single-sex spaces, but it will also have a wider impact. Employers, who were already less likely to hire trans people, will be incentivised to avoid hiring trans workers to avoid legal hassle. Disabled people will also be affected, as disabled facilities may be the only gender-neutral ones available to trans people now excluded from single-sex spaces. The Code will escalate transphobic and misogynistic rhetoric, and it will embolden trans-exclusionary misogynists to push for even further anti-trans legislation and enforcement. This Code of Practice is not the 'end goal' of the anti-trans movement; it's just another step towards the ultimate aim of pushing trans people out of public life – and, ultimately, out of society altogether.

Given that the headline impact from this new Code of Practice is the effective segregation of trans people from public spaces, it is telling that the Code goes out of its way to state that segregation on the basis of any protected characteristic other than race is not discriminatory by default.

> **4.14** There is no equivalent statutory rule that segregation automatically amounts to less favourable treatment for protected characteristics other than race.

There are several ways that this segregation is likely to be enforced: through self-exclusion, direct enforcement, indirect enforcement, and legal challenge.

SELF-EXCLUSION

Perhaps the most common way this ban of trans people in single-sex services will be enforced is through trans people themselves. In an environment where anti-trans rhetoric, harassment, and violence are escalating, some trans people will avoid using single-sex services to avoid the risk of potential harassment. This

• Europride, 2013

already happens: trans people sometimes avoid using public bathrooms, seeking healthcare, or being involved in sports groups for fear of the harassment they might receive as a result. The EHRC's new Code of Practice will make this even more commonplace.

The EHRC is likely relying on this as a key mechanism of enforcement, as it makes sure to tell service providers that if they provide a single-sex service, they must remind trans people that they are excluded from it…

13.166 It is likely to be a legitimate aim for a service provider, a person exercising public functions or an association *to seek to ensure that service users understand that the service or the association is a single or separate-sex service or association,* under the Act. Read paragraphs 13.92 to 13.152 for further detail on single-sex services. *Doing so is likely to be necessary as part of the lawful provision of such a single or separate-sex service or association.*

13.167 In many cases, *the primary means of ensuring that lawful provision is to clearly communicate to potential service users or members that those services are available to those of the same sex only.* This should be done by using proportionate means which are likely to be effective. These may include signage, promotional materials including online and hard copies and verbal information provided as part of any enrolment, admission or induction process.

DIRECT ENFORCEMENT

Some organisations that want to exclude or segregate trans people from their services will use this Code of Practice as an opportunity to do so. Likewise, some organisations that would otherwise not want to segregate trans people will do so for the sake of covering themselves from legal action.

In most cases, the enforcement will come in the form of policy telling trans people not to use the single-sex services that align with their gender. In some cases, enforcement may extend to tasking staff with challenging anyone they suspect may be trans when they try to use single-sex services, although this level of enforcement is probably not going to be widespread even amongst organisations that would want to implement it.

INDIRECT ENFORCEMENT

Most organisations are unlikely to make much of an attempt to enforce any sort of trans ban or segregation policy, although in many cases this will be because of the cost (both material and reputational) rather than any strong political opposition. What is much more likely is that individual bigots will be emboldened to harass anyone they perceive to be trans accessing single-sex services. There has already been an increase in gender non-conforming women being harassed on suspicion of being trans. If the EHRC's Code of Practice is ratified, this is likely to get worse.

This gender vigilantism is already being encouraged by some MPs. In a debate on the EHRC Code of Practice, Minister for Equalities Seema Malhotra suggested that

Most people have the common sense to step in when necessary, when a person of the opposite biological sex enters a single-sex facility in error, for example, or to know when to alert a member of staff.

The Code of Practice itself hand-waves away how enforcement should work wherever it comes up. You can see it in passages like the below…

13.168 Where, regardless of such communications, there is clear evidence of an issue with members of the opposite sex accessing or seeking to access the single or separate-sex service or association in question, it may be legitimate to ask individuals to provide confirmation that they are of the eligible sex by proportionate means. Evidence of such concern might include the individual's physique or physical appearance, behaviour or concerns raised by other service users. However, service providers, those performing public functions and associations must keep in mind that it is not always possible to be sure of a person's sex from their appearance. Whether it is legitimate to approach any particular individual to make enquiries about their sex will be a sensitive question that will depend on all the circumstances.

In just this one section, the EHRC says that gender policing is a legitimate method of excluding trans people from single-sex services, suggests

• International Women's day protest 2026

that physical appearance is sufficient evidence, suggests that physical appearance is not sufficient evidence, and says that actual enforcement 'will depend on all the circumstances'.

This seems confused – because the EHRC is trying to dress up its transphobia and misogyny in respectability. While the purpose of this Code of Practice is to exclude trans people from single-sex spaces, the EHRC avoids outright telling service providers to start banning any woman who doesn't look sufficiently feminine from women-only spaces. This would be too unpopular, make it clear how the Code of Practice harms all women, be too obviously transphobic, and not actually be effective at banning all trans women.

The creation of this legal 'grey area' by the EHRC will mean that, while organisations will try to avoid enforcement, trans-exclusionary misogynists will feel emboldened to harass women who they perceive to be insufficiently feminine and to bring legal action against any trans-inclusive service providers, all while allowing the EHRC to distance itself from these actions.

LEGAL CHALLENGE

While most organisations will be reluctant to enforce trans exclusion themselves, the anti-trans lobby is not going to accept unenforced segregation – especially given it's likely that organisations will move towards prioritising gender-neutral services and facilities to save themselves a headache.

Much as the Supreme Court ruling was the result of well-funded anti-trans organisations using the courts to effectively rewrite the Equality Act, those same organisations will be looking for opportunities to bring more legal cases to try to force organisations to enforce trans exclusion. While widespread enforcement is fundamentally unworkable, the result of any such legal challenges will mean further attacks on the rights and dignity of trans people if not effectively challenged.

HOW CAN WE FIGHT BACK?

It's important for us to be aware of how a trans ban is likely to manifest so that we can identify the best ways to counter it. It is also important that we start coalescing the trans liberation movement to be able to effectively fight back. This has started to emerge: with trade unions starting to take trans rights more seriously, with local trans activist groups organising against the attacks on trans people in recent years, with the Trans Liberation Group beginning to build a nationwide member organisation for trans liberation, and with nonprofit organisations such as Trans+ Solidarity Alliance and TransActual organising against the EHRC's Code of Practice. But these efforts are in their infancy, disconnected from each other, or limited in scope. Resisting this latest attack against trans people offers another opportunity to build a more serious force for effectively resisting the current attacks, and going beyond to win real gains for trans liberation.

RESISTING WORKPLACE POLICY

Resisting workplace enforcement of trans-exclusive policies is likely to be the most straightforward way to resist the new Code of Practice. While the Code of Practice isn't aimed at employers, it is inevitable that employers will use it to guide their policies. In leaked draft guidance from the Cabinet Office, it appears that trans civil servants will be told that they cannot use the facilities that align with their current lived sex, and that using the facilities that align with their birth sex (if they wish to do so) will only be possible 'in some circumstances'.

There is an obvious fight to bring to our unions and workplaces: that gender policing and trans segregation is harmful, misogynistic, and unworkable, and that it is not in the interests of workers or organisations to enforce such segregation, regardless of any EHRC guidance.

Unions should fight to ensure that workers are not made to attempt to enforce any sort of 'sex policing', for the benefit of workers and trans people in workplaces where employers do push for this. This acts as a pre-emptive measure to dissuade employers who might otherwise try to make workers enforce a ban, and as an opportunity to push unions to further support trans people more broadly. They should also aim to challenge 'paper policy', even if it lacks actual enforcement measures, for the sake of providing an environment where trans people are less likely to self-exclude.

DEFENDING TRANS PEOPLE

We should not denigrate those trans people who do self-exclude for the sake of their personal safety, especially given that not all trans people take on the same level of risk with non-compliance. Nonetheless, we should do whatever we can to support those who will continue using the single-sex services which align with their current lived sex.

This could take many forms. Resisting trans-exclusive workplace policy is part of this, drawing a line in the sand that trans exclusion is not to be accepted. But this support might also come in the form of: publicly challenging misogynistic witch-hunting of people perceived as trans; allies accompanying trans people to single-sex facilities when they want support in case they are challenged; and naming-and-shaming service providers where trans people are harassed, to provide a counterforce to the legal threats that trans-exclusionary misogynists will direct at trans-inclusive service providers.

RESTORING THE EQUALITY ACT

The primary tactic of trans-exclusionary misogynists has been legal threat, and it's also the area where we are weakest to resist. Unions may be able to beat fines if taken to court, but small service providers or employers may not be willing to risk this sort of legal challenge, even with sustained pressure from workers or the public. We should still push for this – the more organisations that refuse to implement trans segregation, the harder it will be for individual organisations to be singled out for legal challenge – but legal challenge remains a real threat.

There are likely workarounds for this, for example: providing 'single-sex' services that are technically services provided to a particular sex and all trans people; or nominally 'single-sex' services that are technically open to all; or moving away from single-sex services to gender-neutral services. But none of these workarounds are a real solution on their own.

The fundamental legal issue is the Supreme Court ruling that rewrote the Equality Act, which was always intended to be trans-inclusive. The Equality Act was written a full six years after the Gender Recognition Act, which clearly defines sex as an individual's current lived sex (not simply their assigned sex at birth) and explicitly sets out a legal mechanism for changing sex. This new interpretation of the Equality Act largely nullifies the Gender Recognition Act, and happened without even a vote in Parliament. As well as resisting the EHRC's Code of Practice within the labour movement, we also need to increase pressure on MPs to resolve this.

An Early Day Motion (EDM 240) calling for the Code of Practice to be disapproved has been tabled by Nadia Whittome MP, and has received cross-party support from more than 110 MPs at time of writing. This alone will not undo the damage of the Supreme Court ruling, and a further push to clarify a trans-inclusive definition of sex in the Equality Act will also be needed, but it serves as a jumping-off point to pressure MPs into standing up for trans people.

GOING BEYOND REACTION

With the relentless attacks against trans people in recent years, it is hard to avoid continually fighting on the back foot. While we should absolutely resist the attacks we are facing today, we will not be able to reverse the damage without taking control of the narrative and making positive demands. We should demand an end to the anti-trans attacks of recent years:

- Support EDM 240 and scrap the EHRC Code of Practice.
- Amend the Equality Act to undo the damage caused by the Supreme Court ruling.
- End the discriminatory puberty blocker ban.
- Institute a complete ban on all types of conversion therapy, including trans conversion therapy.

But we should also demand actual gains for trans liberation:
- Enshrine the right to self-identification of gender, including non-binary gender, for all purposes.
- Replace the EHRC with an equalities body that actually protects human rights.
- Make sex education in schools queer and trans-inclusive.
- Desegregate trans healthcare, and significantly improve healthcare provision, with bodily autonomy for all.

We should take these demands into our unions, pressuring the Labour party and the Greens to fight for them. At the same time we should defend trans people against exclusion and harassment: refusing to implement or enforce trans segregation, challenging misogynistic gender policing, and supporting trans people to continue accessing the single-sex spaces they have used, without issue, for decades. And we should build for an organised trans liberation movement capable of effectively fighting for and winning these demands.

SHEFFIELD TRANS HEALTHCARE PRACTICE LEARNING INITIATIVE

Nelsey

On 13 May in Sheffield, over 300 local GPs, Advanced Nurse Practitioners and other healthcare professionals – plus 80 more online – attended a Protected Learning Initiative (PLI) session focused on the healthcare needs of adult transgender patients.

The trans community is a hugely underserved and undersupported demographic in healthcare. The session aimed to expose and address the vast healthcare inequalities faced by trans patients. It also shared the findings of TransActual's 2025 Healthcare Professionals Report, in which GPs overwhelmingly reported insufficient training and confidence around transgender healthcare. This lack of confidence was mirrored in the pre-PLI survey of attendees. The session set out to address that.

Lived experience was central to the session. Two of the three presenters were trans or non-binary, one of whom used his own transition to explain how an alternative, informed consent-based model of care could look. The third was one of Sheffield's leading GPs on trans health. Session content was built around Medact's findings from a survey of Sheffield-based trans people on what they wished their GP knew. A trans woman based in Sheffield spoke in a video about her positive and negative experiences of care. She also warned clinicians against Trans Broken Arm Syndrome, where unrelated health issues are incorrectly assumed to be transition-related.

Trans health was put forward as a PLI topic by a member of Workers' Liberty through the workplace EDI Champions working group, citing the dire situation for many trans patients. The session was developed through work with Medact Sheffield, and clinicians themselves voted for the topic.

FILLING THE KNOWLEDGE GAPS

The session began by outlining the current situation. Waiting lists to be seen at a Gender Identity Clinic (GIC) are often years or even decades long, while the political context is becoming increasingly hostile. Meanwhile, many healthcare professionals in primary care see gender-affirming care as something they cannot do much to help with due to a lack of specialist knowledge.

It then moved into more practical aspects of care, including how clinicians can support social and legal transition through admin such as providing supporting letters, understanding the difference between deed polls and Gender Recognition Certificates, and understanding screening needs. Medact survey responses demonstrated the impact of both positive and negative experiences on patients.

Concerns around regret popped up a few times in the pre-PLI survey. These were addressed by highlighting the positive impact of gender-affirming hormone therapy (GAHT) on mental health outcomes and social and global functioning, and comparing regret rates for gender-affirming surgery – around 1.94% – with those for knee replacements, bariatric surgery, and cancer-related prostatectomy (10–30%). A comparison with the regret rates for marriage and children also helped put these figures in perspective.

The session addressed how to manage the initial GP consultation sensitively and supportively, and the practical aspects of how to refer patients to a GIC and to an NHS endocrinologist (which can speed up access to GAHT if the patient has been given a previous diagnosis of gender incongruence). A few words were shared on due diligence for private clinics – with the gold standard being UK-based, GMC registered, and also working in NHS practice.

Wider aspects of care were also covered, including fertility preservation, contraceptive choices, and additional transition-related interventions such as speech therapy, hair removal, and surgical options beyond what is available on the NHS.

There was also discussion of bridging prescriptions – GAHT prescriptions to 'bridge' the long wait between presentation in primary care and being seen at a GIC. Some GPs, depending on practice policy, and only if they feel confident in their knowledge to do so, may be able to issue one if a patient is deemed at risk of resorting to grey market 'DIY' hormones, self-harm or suicide. Content included official guidance, medicolegal considerations, hormone counselling and reasons to consider prescribing. Related to this was guidance on supporting and monitoring patients who are already DIYing (self-administering hormones without a prescription).

WHAT NEXT?

To support clinicians to build confidence on an ongoing basis, there is now a trans healthcare resource pack as well as a new clinician peer support network.

Feedback so far has been overwhelmingly positive. Some clinicians described it as the most comprehensive education they have received on trans healthcare. The PLI was a significant step forward.

It is not a silver bullet, though. Systemic challenges with significant barriers to care remain. Gender-affirming care is paid for in years on waiting lists, in private healthcare costs, and/or in health risks from DIYing. This session alone certainly won't move us away from a system of having to repeatedly 'prove' transness in order to access care, nor towards one based upon informed consent. And the fact that this session, which lasted less than two hours, was so highly praised only highlights how sorely lacking trans health education is in primary care contexts.

Addressing these issues would require an overhaul of gender-affirming healthcare in the UK, and the struggle for that must continue. Nonetheless, in the meantime, initiatives like this may help to improve care at a local level. Clinicians in Sheffield will hopefully feel better equipped and more confident to support their patients. For trans patients, this could mean being better understood, more supported, and in some cases having easier access to life-changing care that may otherwise have felt out of reach.

Those working in primary care elsewhere should seek to try and replicate this kind of initiative. As many activists will know, it is surprising what can sometimes happen if you ask the right questions in the right places.

FIGHT THE EHRC NOT REPS!

A UNISON Activist

At UNISON's National Delegate Conference, which ran from 16-19 June in Brighton, Lambeth Local Government Branch Submitted an Emergency Motion on the EHRC, calling for the union to publicly oppose and campaign against the implementation of their revised guidance on single sex spaces into law and campaign positively for a law which enshrined trans rights and self-id.

The motion, which had been checked over by a former Standing Orders Committee (SOC) member, was ruled out of order and not published in the motion book due to fear of putting the union in legal jeopardy.

Delegates from Lambeth challenged the standing orders committee on this and received the response that the information was to be kept private due to "legal privilege". Further challenges were made about what legal privilege meant when members submitting a motion could not hear the legal advice on their own motion.

Branch delegates decided to print the motion under the heading "The Motion They Didn't Want You to See…" and distribute it outside the conference hall.

On the penultimate day the SOC pulled Lambeth branch delegates Ruth Cashman and Simon Hannah up for distributing the motion. They were asked to apologise, but refused.

On Friday morning they were expelled from the conference. Supportive delegates raised points of order to ask why, and point out that transphobic speakers were still in the hall, but the chair shut down this debate, eventually saying that the delegates had been rude to her personally, though there was no meeting with the chair and the delegates were ejected by staff. The delegates were also accused of undermining the SOC by publishing the motion.

Many branches put in complaints — we hope that this will lead to the General Secretary launching an investigation into how the SOC and the conference chair behaved. Ruth and Simon addressed a lively, impromptu demonstration outside the conference centre at lunchtime.

Lambeth Branch is incredibly proud of our record on trans rights and will continue to stand in solidarity with our trans siblings and comrades, push back against the tide of transphobia and the bureaucratic hijinx which give it room to grow in the labour movement.

Lambeth's motion has been available on the branch's website since they first passed it: https://bit.ly/lambethehrc

UNIONS

STRIKE SAVES CENTRAL HILL DEMENTIA CENTRE

Ruth Cashman

Adult social care workers at the Central Hill Dementia Day Centre, Lambeth took to the picket lines to defend the service from closure. The first strike day on Thursday 14 May 2026 was rock solid, with not a single person crossing the picket line. Continuous strike action starting was called off when the Council announced the closure plans had been scrapped and people would be referred to the Centre again.

Lambeth Council had proposed the closure of the day centre and the elimination of 10 posts in the service. They wanted to move the remaining service to a room in the Aspire building which is inadequate for helping people with dementia who often have complex needs.

The Labour Party lost control of Lambeth in the local elections. Residents elected 29 Green Party councillors, 26 Labour councillors and eight Liberal Democrat councillors. The strike is the first test for the Green Party who have committed to a pro-worker, anti-austerity agenda in Lambeth. Green Councillors visited the first picket line. UNISON demanded the Green Party stopped the closure and once in charge the Greens reversed the job cuts and closure.

A 'pilot scheme' that saw most people referred to other services, effectively running down the service on Central Hill Estate has been stopped. Social workers had reported they had been asked not to refer to the Centre instead suggesting other community provision like libraries and Dementia cafes. Central Hill is the only dedicated day centre in Lambeth for people with dementia where their carers can also get some respite from 24/7 care, with alternative services requiring carers to be there with their relatives. All alternative options mean no break from caring responsibilities.

Both paid and unpaid elder care are taken up disproportionately by women. The gender care gap drives the gender pay gap. A UK study shows that carers in the UK have lower earnings compared to those who do not provide care. The Joseph Rowntree Foundation shows that providing unpaid care results in an average earnings loss of £414 per month, which reaches £628 per month six years after the onset of caring responsibilities. This results in a cumulative loss of gross earnings of approximately £30,000. The effect of care on earnings is gendered too, with a yearly reduction of over £10,000 in earnings relative to men without caring responsibilities, while male carers were earning £6,800 less.

Caring for ten or more hours weekly is associated with lower odds of being in paid employment, lower earnings, poorer mental and physical health, and higher odds of loneliness and social isolation. Austerity has pushed more care onto families.

Taking a break from caring while the person you care for is looked after by someone else gives carers the chance to relax and helps to stop them from becoming run down and exhausted. We need an expansion of services which relieve responsibilities from carers.

UNIONISING AGAINST HIV STIGMA

Kieran James Paterson, UNISON Activist

Over 100,000 people in the UK are living with HIV. With less than five years remaining until 2030, the goal of achieving zero new HIV cases is within reach, but this will only be achieved if we confront the stigma and inequality that continue to prevent people from accessing testing, treatment and support.

Medical advances have transformed HIV outcomes in recent years. In England, 98% of people accessing HIV care now have an undetectable viral load due to effective antiretroviral treatment. This means they cannot pass the virus on through sex, the basis of the U=U message (Undetectable = Untransmittable).

But these medical advances are not being experienced equally, and stigma remains deeply entrenched.

A report from the Women and Equalities Committee recently warned of 'alarming' increases in new HIV diagnoses among women. The latest data from the UK Health Security Agency shows major disparities in testing uptake. In specialist sexual health services, 96% of gay and bisexual men accepted an HIV test when offered, compared to 85% of heterosexual men and only 64% of heterosexual women.

Women are also more likely to receive a late diagnosis. This has serious consequences. People diagnosed late with HIV in 2023 were ten times more likely to die within a year than those diagnosed promptly.

The same inequalities appear in access to preventative medication. HIV Pre-Exposure Prophylaxis (PrEP) is a vital tool in reducing new HIV cases to zero. Taken either as a daily pill or a long-acting injection, it prevents HIV infection by stopping the virus from replicating in the body if exposure occurs.

While numerically more gay and bisexual men struggle to access PrEP, the data consistently shows proportionally greater unmet need among heterosexual men and women.

The pattern is clear: women continue to face barriers to accessing testing, prevention, and timely treatment. These inequalities are not simply medical, but rooted in wider social and economic conditions.

This issue is also deeply intersectional. For migrant women, Black women, and women experiencing poverty or insecure housing, the barriers can be even greater.

Widespread cuts to the NHS and public health services have only deepened the problem, and stigma remains one of the biggest obstacles to ending HIV transmission.

Misinformation about HIV is still widespread despite major medical advances, and many workers and employers are still unaware that people living with HIV are protected under the Equality Act 2010 through the disability protected characteristic.

Trade unions therefore have an important role to play.

Unions should recognise HIV stigma as a feminist issue and a workplace issue. Women living with HIV can face discrimination at work, barriers to healthcare access and isolation. Challenging this must form part of the broader struggle for women's liberation and workers' rights.

We should organise within our unions to:

• Encourage branches to adopt the National AIDS Trust's HIV Confident Charter.
• Campaign for workplace HIV policies, such as the model policy developed by UNISON Greater London Region.
• Oppose cuts to NHS and public services that threaten HIV testing, prevention, and treatment provision.
• Expand education and anti-stigma campaigning, particularly in rural and under-resourced areas where isolation can make support harder to access.

The fight to end HIV transmission by 2030 is achievable, but medical advances alone will not get us there. We need collective organisation, public investment, workplace solidarity and a determined campaign against stigma.

Trade unions can and should be at the centre of that fight.

CHALLENGE TO WOMEN'S RIGHTS IN LATVIA

Vicki Morris

In October 2025 the Latvian parliament held a shock vote to withdraw from a key international treaty for women's rights, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, also known as the Istanbul Convention after the city where it was launched in 2011.

The vote was promulgated by conservative parties, on the grounds that the Treaty is ineffective (which it might well be) and erodes family values and the idea of there being two sexes, men and women.

Latvia has the highest rates of femicide in the European Union and the lowest rates of reporting of sexual and physical violence against women. Women's and democracy activists demonstrated in protest at the vote, and President Edgars Rinkēvičs, who is gay, exercised his constitutional right to veto its passage, requesting the Parliament to reconsider. The next Parliament could make the decision on it after the autumn 2026 election, which is likely to be polarised around this issue.

The Istanbul Convention is the first European treaty dedicated to combating violence against women and domestic violence.

It arose from the Council of Europe – a transnational body with membership from 46 European states, including Russia and Belarus, founded in 1949. The Council focuses on promoting democracy and originated the European Convention on Human Rights (ECHR).

The European Union adopted the Convention in 2023 and requires its Member States to adopt it too. Bulgaria, Hungary, Slovakia, the Czech Republic and Lithuania have yet to ratify the convention.

In 2021 Türkiye became the first signatory to withdraw from the Istanbul Convention. Latvia would be only the second if the parliament's decision is upheld.

• Protest against the withdrawal from the Istanbul Convention, two central signs are a play on the national anthem and read, roughly, "Where Latvian daughters sing, where Latvian Daughters scream in pain"

WHO CARES?
UK FOSTERING SYSTEM IN CRISIS

Wilson Gibbons

You're a social worker. It's 7pm, you're sitting in a room in your office with a very tired, very hungry and probably very scared child – they've been there since they finished school that day. You're waiting for your placement officer to get back to you, again. You've probably been pestering them since 9am and you probably made the referral days ago. It's the same response every time: 'there aren't any placements.' You take the child to McDonald's and hope that by the time they've eaten you have somewhere decent to take them. A question often nags at the back of your mind: is this really good enough? Is this the best we can do?

Eventually, you'll pack their small number of belongings into an Uber and then settle them into a new home as best you can when you arrive, but there's no telling when or where that will be. It might be their first placement, it might be their fifth or 16th, but the story is often the same and across the country every social worker will have a similar experience.

What should be seen as a failure has become the norm.

ILLEGAL PLACEMENTS AND SOARING COSTS

In some of the worst cases, children are being placed completely outside the regulatory system intended to protect them. In January 2026, news broke about the skyrocketing scale of illegal foster and residential care placements in use by local authorities. A report by Public First recently revealed that in the past five years, the use of illegal care placement settings – those not registered with OFSTED, with no regulation or oversight – has increased by roughly 370%. In worst case scenarios, the most vulnerable children with the most acute needs are being placed in caravan parks, hotels and AirBnBs.

At best, these placements tend to be care homes with minimally trained, often unchecked staff, usually under the ownership of private companies with no formal inspection or scrutiny. These placements, often used in an emergency, can cost up to £10,000 a week for local authorities, with children often staying for weeks or months – even if placements were initially intended as emergency stop-gaps.

At the beginning of April 2026, a further LBC investigation found that there were more than 800 illegal children's care homes operating across the UK. In one case, a young girl, aged 15, known to social services to be at high risk of sexual exploitation, was placed in an illegal setting in County Durham where she was subsequently sexually abused over the course of several hours. Two former soldiers, Liam Ramsay and Stephen Hurst, were hired as staff despite having seven convictions between them, at least four of which were violent offences. Over the course of several hours, Hurst and Ramsay plied the teenager with alcohol and drugs before returning to the home where she was sexually abused. The following day, the men covered their tracks, removing alcohol bottles, drug paraphernalia and blood from a nosebleed she had had the previous night. The girl ran away from the care home and was eventually picked up by police following contact with her mother by mobile phone. When LBC reporters gained access to the home they found holes drilled through doors, windows that couldn't be unlocked or opened, and heard from neighbours of instances where staff would film and mock distressed children.

The Public First report stresses that these placements are not all poor quality and that the choice in these situations is often stark – does a Local Authority bow to using an illegal placement, or do they risk leaving a vulnerable child in a police station, hospital, or worse, on the streets? But by their nature, existing outside of any regulatory framework, it means the state 'just doesn't know what is happening to these children' in these settings, and it runs the risk of adding to the trauma already experienced by these children and allowing them to slip between the cracks of a system straining to meet the needs of those it was meant to protect.

SHORTAGES, PRIVATISATION AND PROFITEERING

The UK now has more than 102,000 looked after children, with over 38,000 entering care in 2025 – roughly 106 a day. The figure is slightly down on 2024, but nevertheless represents a 15% increase from 2015. At the same time as this, the number of foster carers in the UK has shrunk drastically. Since 2020, the number of fostering households in England alone has dropped 12% and the Fostering Network estimates a shortfall of roughly 6,000 foster placements across the UK, with recruitment not even reaching replacement at the current rate. In recent surveys, carers cited

• The first children in the UK to be placed with foster families were children, similar to below, from a workhouse in Cheshire removed by Reverend John Armistead in 1853.

rising financial pressures, lack of support from services, lack of respect, and the increasing complexity of children's needs, without the backing of training or proper support to manage those needs. Research from the Fostering Network in 2024 highlighted that 60% of carers were considering leaving the system, and 58% reported experiencing burnout and other negative effects on their mental health. Against that backdrop, some carers have attempted to get organised – the National Union of Professional Foster Carers and the IWGB Foster Carer Workers Union have sought full employment rights for foster carers, along with better pay and conditions, however, these campaigns remain small.

In that context, local authorities are being stretched to their limit in order to find placements for vulnerable children, sometimes paying exorbitant retainer fees in order to hold a placement until a planned move can take place.

As a social worker in training, you quickly learn of a sort of hierarchy within the care system. In an ideal world, a child remains safely at home; failing that, social workers look first to family and friends, then foster care, then residential or semi-independent accommodation. While these decisions should be made around what is best for a child's safety and development, they are increasingly shaped by economic pressures, with overstretched councils attempting to contain costs while simultaneously being forced into using extortionately expensive private providers as they haemorrhage in-house foster carers.
But scarcity is profitable and business is booming. Nearly half of all foster carers now operate through privately owned Independent Fostering Agencies, while 83% of residential care placements are privately owned. Nearly a quarter of all foster placements are through Private Equity backed agencies who siphon off large amounts of public money – putting strain on already slashed local government budgets whilst leaving carers themselves struggling to make ends meet.

The total value of the country's foster care market is estimated at nearly £2.2bn, with the largest firms making up to 19% profit from children in care each year. The average cost of a residential placement is now £6,100 a week, or £318,000 per year. On top of this, private providers are often charging exorbitant rates to councils for 'specialist' or 'therapeutic' placement where support rarely seems to materialise. In 2023, one council reported paying up to £63,000 a week for a specialist residential placement. Staffordshire County Council paid £2.6 million last year to house a teenage girl in a registered placement with 5:1 care.
As a result, the children with the most complex histories and most acute needs can be – and often are – refused by placement after placement, or moved through multiple foster placements in quick succession, with the search getting more difficult and the placement more costly each time.

SPLIT UP, LOCKED UP AND DISPLACED

This leaves children in limbo. Repeated moves retraumatise children, deepen feelings of abandonment and sever relationships at the very moment stability and familiarity are most needed.

Many children are moved far away from their communities, friends and schools. Over a fifth of children in care are placed more than 20 miles from their home area, driven fundamentally by shortages of foster carers across the UK. These shortages have also contributed to rising numbers of sibling groups being split up. Around 37% of children in care with at least one sibling – roughly 20,000 children – are separated from their brothers or sisters, often simply because no placement can be found willing or able to take them together.

At the same time, the number of teenagers entering care has increased, while adolescents are often considered among the hardest children to place. As a social care system designed primarily around harm within the home struggles to respond to growing risks outside it, in the form of criminal and sexual exploitation, children are increasingly moved across the country in attempts to distance them from perceived dangers in their local areas.

Some children are placed under even greater restrictions on their freedom, with limits imposed on where they can go, who they can see, or through constant supervision. The use of Deprivation of Liberty Orders has risen sharply, with 1,440 applications made in 2025 and nearly 1,200 granted. While intended as safeguarding measures, these orders remove fundamental freedoms from children and have become increasingly common amid severe shortages of specialist placements better suited to meeting complex needs. This increasingly punitive direction is particularly striking given the history of institutional abuse within Britain's care system. From the Pindown scandal of the 1980s to the widespread abuse uncovered in Lambeth children's homes and onto the illegal care home scandal unfolding today, history has demonstrated repeatedly the dangers of systems built around isolation, containment, and the silencing of vulnerable children.

THE CHILDREN'S WELLBEING AND SCHOOLS ACT

The Government has called their reform of children's social care the biggest in a generation; it makes some attempts to address the crises bearing down on the social care system. The Children's Wellbeing and Schools Act is set to

restructure the entire system of child protection in England – though what this major restructure will look like remains unclear. It provides extra money for recruitment of foster carers, with the government pledging to add 10,000 extra positions. It purports to tackle the rampant profiteering and agency worker use, prioritise sibling contact, and fine unregistered placements.

On the surface, these appear to be reasonable, long overdue reforms, but the Act ultimately treats the crisis in children's social care as a problem of regulation and system management rather than one rooted in austerity, privatisation and the hollowing out of public services.

Measures aimed at curbing profiteering stop short of fundamentally challenging a care market increasingly dominated by private equity-backed firms. The Act provides powers for a profit cap on service providers, but the Government has suggested they will not implement this. Rather than tackling the causes of risk in the community, the Act creates a new form of deprivation of liberty for children to be put under. Recruitment targets alone cannot reverse years of burnout, falling pay, and worsening conditions for foster carers and social workers alike.

The legislation also says relatively little about rebuilding the preventative services that might stop families reaching crisis point in the first place. After more than 16 years of cuts to youth services, mental health provision, domestic abuse support, and welfare, the state increasingly intervenes only once situations have already deteriorated. In this context, reforms focused primarily on safeguarding and oversight risk managing the consequences of social crisis rather than addressing its causes.

WORKERS, CARERS AND CHILDREN IN CRISIS

Ultimately, the Act fails to get to grips with the root causes of the crises across the sector and continues to deepen cost saving and managerial measures rather than providing funding to rebuild services. Without substantial investment in local authority provision and wider social infrastructure, there is a danger that the reforms amount to institutional level neglect of some of our most vulnerable children.

The lack of clarity around some aspects of nationwide restructuring, in an immediate sense, leaves practitioners feeling less rather than more sure about their futures. Many social workers are worried that, in spite of changes, they will still be dealing with more numerous and complex cases with fewer resources. This lends itself to 'check box' assessments, where the lack of time and lack of access make assessments rigid and programmatic rather than providing social workers and families with the tools they need to get by.

WORKERS' DEMANDS FOR CHILDREN'S SOCIAL CARE

With a system in complete meltdown, workers across children's social care need to demand thorough change.

UNISON has rejected the 3.3% local government pay offer and social workers should vote to strike to win an improved offer. We also need to go further. We should look to build struggles with other local authority workers to demand:

Introduce Safe Workload Caps – rising caseloads are driving social workers out of the profession at record rates and leaving vulnerable children in unsafe conditions. Nationally enforced caseload caps are needed to curb excessive unpaid overtime and burnout, and to keep children safe.

A total end to outsourcing – for too long local authorities' budgets, already constricted by direct cuts, have faced overpriced, outsourced services, profiting off service users. Only by bringing the bulk of services back in house can that be halted. In the meantime, the Government should confiscate the profits of all outsourced services and reinvest them directly in Local Authority departments.

Fight the cuts; a full restoration of public services – already bled dry by austerity, local authorities continue to scramble to make cuts, driven by sky-high temporary accommodation costs and the price of outsourced services. We must fight not only for an end to cuts but for a full restoration of public services. In the face of excuses about financial responsibility and the economy the Government inherited, our response is clear: tax the rich. There is plenty of money and our communities cannot wait any longer.

Build more homes – in England 173,130 children are in temporary accommodation, with councils paying directly to private landlords to cover the shortfalls of housing benefits. The private sector will not build at the scale required unless profits are guaranteed. Councils and regional authorities have the motivation to meet social needs, but not the money. The solution is simple: give them the funds and the mandate to build.

Early Intervention and universal support – an overstretched social care system lends itself to fire fighting. Families only come to attention at flashpoints and in crisis and we work backwards to try and improve safety. This has been exacerbated by the hollowing out of early intervention and the closure of Sure Start Children's Centres. We must fight to rebuild services with the aim of prevention and early intervention, universally available to families without the need for professional referrals. Childcare provision should be made free at the point of use.

Expand welfare provision – poverty is the 'wallpaper' of child protection, ever present but rarely noticed. Families need money: time and again, research shows that when immediate financial pressures are relieved, families find more stability and safety. Expanding the welfare system, scrapping means testing, and putting money in families' pockets would be transformative for many families.

Only by building those fights can we begin to fix our care systems and truly protect vulnerable children and families and improve workers' conditions.

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• Dolores Huerta (left), one of Chavez's alleged victims, speaking at a press conference alongside him (right), 1973

AGAINST THE CULT OF PERSONALITY:
CÉSAR CHÁVEZ AND THE UFW

Mara

Back in March, a New York Times article reported on serious abuse of women and girls by the lionised leader of the American union United Farm Workers (UFW), César Chávez.

Two of the women who have come forward are from families involved in the union. They were very young – in their early teens – when they helped in the UFW office and were abused by César Chávez. Debra Rojas says that Chávez raped her while travelling on the historic farmworkers' march of 1975, when she was 15. 'There's so many secrets that have done so much harm,' she says. The women now speaking out are joined by Dolores Huerta, a founder and leader of the union.

The UFW was formed in the early 1960s from the National Farm Workers Association and the Agricultural Workers Organizing Committee. The union became well known nationally in the Delano grape strike of 1965–70, which involved a national grape boycott, and it was involved in the Civil Rights Movement. It engaged in many militant strikes, especially in California in the sixties and seventies, and was an important pole of struggle in the Chicano and Mexican communities in the South-West.

It has been well-known for decades that César Chávez was controlling and would purge people from the union for disagreeing with him. After the successful 1979 vegetable strike – which had been won due to on-the-ground escalation, against Chávez's orders – the workers elected representatives for the first time, many of them from the strike committee. When these reps continued to push rank-and-file interests within the union, Chávez fired them.

Dolores Huerta, a decades-long activist in the UFW, says she did not say anything about her own abuse out of fear it would harm the movement. She felt compelled to speak only after other women shared their own experiences. Huerta also stated that the assaults resulted in two pregnancies, and that the two children were raised by other families.

Huerta says that she now feels deeply distressed that not speaking out at the time may have allowed Chávez to abuse more young girls. Other women involved have said they did not speak out earlier because they thought they would be called liars and attacked. Both of these fears are grounded in reality: at the time, farmworkers were shot dead during strikes; the union faced real repression; and women were routinely attacked, disbelieved, and called wreckers.

The common tendency to treat the UFW's struggles and victories as the result of Chávez's personal brilliance, and to perceive the union itself as his creation, is part of the problem. Chávez didn't create farmworker struggle: there were militant strikes in the fields in California for decades before the UFW started. Glorifying individual leaders and conflating their personal status and authority with the movement makes abuse easier, as well as making for a worse union movement.

In a 2010 survey of farmworker women in California, 80% of the women surveyed said that they had experienced sexual harassment at work. The violence these workers routinely experience carries on within their unions. The cumulative violence women experience – in the workplace, within unions, in their communities, and through interactions with the state – produces conditions in which they feel trapped, silenced, and crushed.

The answer is not to say that women need to 'speak up' or 'be strong', but rather to collectively confront and challenge the conditions that keep victims silenced – the hero worship of leaders, the lack of truly democratic structures, the vilification of dissent as treachery, and the widespread culture of ignoring, belittling and blaming women.

EVERLASTING BREAD EXPOSES NIGERIAN AUTHORITIES' LACK OF CARE FOR PUBLIC HEALTH

Vic Agwu

Have you ever wished bread didn't go off so fast? Well, for the shop owner and content creator who had that wish granted, it wasn't all it's cracked up to be. Love Dooshima, 52, posted a video on TikTok detailing an experiment she did where she left a particular brand of bread open on her counter for two months and documented her shock in finding it looking and smelling as fresh as the day she bought it. As a woman who experiences health issues due to menopause, Dooshima uses her platform to educate her fellow Nigerians on being mindful about food consumption.

In the video, Dooshima says that fresh bread had a very short shelf life when she was growing up, only lasting a couple of days without refrigeration before mould would begin to form. She jokingly dubs her discovery 'everlasting bread' and concludes, 'whatever is in this thing, it's not healthy.'

Others corroborated her findings, speaking in the comments about how the bread they bought had been on their shelves for weeks to months without any signs of spoiling and tried to guess the brand name of the bread she did this experiment on.

Dooshima took the precaution of hiding the name of the brand in the video and joked, 'they don't have a conscience, is it me they won't come after?' This turned out to be unfortunate foreshadowing of what was to come.

The next day, Dooshima was sent a DM from the company demanding that she take the video down, which she refused to do. Two days later, she was shocked and perplexed to receive a letter from the solicitors of Bon Bread. The company was demanding 50 million Naira for loss of revenue and reputational damage due to her video and Dooshima was invited to the Nigeria Police Force headquarters for questioning.

In a video on Instagram, the CEO of Bon Bread, Maria Umeagwukadilo, detailed her struggle as a mum of two who started the business from nothing, growing it from 3 members of staff to over 80 onsite staff members and over 100 indirect workers: 'It pains me that after putting in 20 years of hard work, somebody on social media with a two-minute clip will cause so much damage.'

Nigerian TikTok creator Love Dooshima

Dooshima went to the police headquarters to honour the invite but was met with prejudice and derision. 'Everything that happened showed that my case was determined before I got there… I was treated like a criminal on arrival.' Her phone was confiscated and she couldn't make calls without police being present.

Her recount of the questioning reveals the authorities were already heavily biased against her, with a policewoman commenting that maybe Satan made her make the video. She describes the Assistant Inspector General's rudeness and abrasiveness, constantly interrupting her, accusing her of chasing 'cheap popularity' and trying to take a company down. The blatant unfairness made Dooshima feel like giving up. 'I was meant to be silent and apologise.'

She was ordered by the general to hand over the bread to the police. When she declined to do so, she was immediately detained. Dooshima reports that her health concerns were ignored despite repeated pleas. The room she was confined to was dirty and mosquito-infested, and her health concerns were brushed aside, with the authorities not allowing her son to bring her prescription medication: 'I begged them not to put me in a small, smokey, airtight compartment because I am claustrophobic, hypertensive, and menopausal. I have hot flashes, but I was denied,' she said.

She was finally released after 24 hours with the help of her son and some human rights lawyers, but being the example of Nigeria's overpolicing of civilians took its toll. 'Going outside, the first thing I saw was our national flag and I broke down crying. This is supposed to be our symbol of freedom. This place is supposed to be where we run to for safety… But this has become our prison, because we are helpless people.'

Unfortunately, it is not just one company's overzealousness that blew this issue out of proportion. The way this was allowed to play out was due to several systemic failures.

Nigeria, like many other African countries, has much weaker regulatory enforcement than European and American countries,

which are easy for companies both in and outside Nigeria to take advantage of. Last year, Nestlé was found to be putting six times more sugar in their Cerlac Infant Cereals sold to African countries than in their European counterparts.

The overuse of preservatives in foods in Nigeria has had to be investigated numerous times over the past few years. It's not just bread, but meat and agriculture too. With unstable electricity and rising shipping for products, manufacturers are cutting corners where they can to soften the financial blow.

During the 2026 World Consumer Rights Day, Federal Competition and Consumer Protection Commission Executive Vice Chairman Tunji Bello warned that 'unsafe products are undermining trust in Nigeria's economy.'

Nigerian citizens are all too aware that reporting any of these failures will get them nowhere. As popular creator Peter Akah (@randypeterz) said on Instagram about the everlasting bread situation, 'The fact that as a Nigerian you're one frivolous complaint away from spending the next weeks or months of your life in prison should scare everybody.'

When asked why she didn't go to the National Agency for Food and Drug Administration and Control (NAFDAC) or the authorities first, Dooshima said, 'The system did not give us the faith to believe that if we take this route, it will end in our favour and things will get better.'

Bon Bread is not the only company to wield the power of the police against concerned consumers. In 2023, Chioma Okoli made a Facebook post criticising Nagiko Tomato Mix as being 'pure sugar'. Erisco Foods, the company that made the product, had her arrested under the Cybercrime Act. She was pregnant at the time and it was confirmed in court that she lost the pregnancy due to stress and poor medical care in detention.

Unfortunately, since the authorities are always on the side of the person with the most money and power, there is no protection for consumers speaking out against unsafe products. Those who do are hung out to dry. All we can do for now is remain vigilant of the things we put in our bodies and use any privilege we have to support those who dare to speak out. But change around food and public health is needed and must be fought for.

On 17 May 2026, Bon Bread proudly posted a press release on all their social media stating NAFDAC found that their product 'met approved requirements, contained no objectionable substances, and remained within permissible food safety limits.'

The day before, Dooshima posted a video of the bread she had been keeping since 25 February, showing the bread had still not gone off and still smelled fresh.

Dooshima said it best: 'It's high time we stop standing on the sidelines when it pertains to the safety of what we ingest. It's that serious, no one is coming to save us.'

REVIEW

THE MANY LIVES OF TRACEY EMIN

Vicki Morris reviews *Tracey Emin: A Second Life* (Tate Modern, until 31 August 2026)

'Through painting, video, textiles, neons, writing, sculpture, and installation, Emin continues to challenge boundaries, using the female body as a powerful tool to explore passion, pain, and healing.'

'Using the female body…?' A strange choice of words in the exhibition notes, but Tracey Emin's own, presumably, or at least she signed off on the copy. This is an exhibition focused not on depictions of the joyful things but on the painful things in Emin's life, and any woman – any person – could relate to a lot of it.

Examining some more visceral aspects of life in a female body – sex, menstruation, pregnancy, abortion, illness, surgery – this is Emin's self-portraiture done when she or anyone would be at their least pretty.

There are moving reflections on pregnancy, miscarriage, and abortion. Even when abortion, for example, is not a happy choice, Emin espouses reproductive rights. There are her paintings of women's – her – naked body, seen from all the awkward angles. They are full of messy life and movement. There are reflections on sex and on sexual violence, which are horribly entangled as we all know.

But the pieces here are not just about her body but also about what one does with a body, including working. Emin's work

is very different from the work most of us do, but it's her work, the profession of artist. It appears here in the form of Exorcism of the Last Painting I Ever Made, a reconstructed studio from Stockholm, where she stayed for three weeks in 1996 regaining her powers as a painter.

And there is her personal environment, her home town Margate, in a large, enjoyable sculpture based on the rollercoaster at Dreamland. The story about this piece is particularly interesting and we all probably have some local icon where we grew up that is woven into our – weirder – dreams.

There's little overt evidence of partners but some lovers; children are there at least in the absence; there is a lot of domesticity but without any housework.

The exhibition title refers to Emin in her thirties when she was successful and she liked her body and the way she looked but describes herself as leading rather a shallow life and Emin today after radical cancer surgery, older, possibly wiser, and sometimes in a lot of pain. I used not to like Tracey Emin – for a long time I felt channeled to disparage her unashamed focus on herself. So you slept with X number of people, so what, I've slept with…! A (male) friend pointed out to me that Everyone I Have Ever Slept With 1963-1995, also known as The Tent, includes… her grandmother. (Emin sold the piece for £12,000, the advertising magnate Charles Saatchi bought it from the original owner for £40,000; it was destroyed in an art warehouse fire before he could sell it on for God knows how much.)

My Bed is in the exhibition. It made a huge stir at the time, 1998, which now seems completely bizarre – it's just an installation, with fairly mild content compared to vast amounts of largely male-made art of the previous century! Two otherwise probably inoffensive performance artists had a topless pillow fight on the bed and called it Two Naked Men Jump into Tracey's Bed – bravo, sirs.

We can thank Emin for having made large, usually hidden parts of women's lives objects for contemplation, discussion, and depiction.

Nowadays we can read it in a whole new way again as an anticipatory rebuke to the curated images of self and lifestyle content produced by influencers and other egoists – no crumpled tissues to be seen. You might not enjoy it, but Tracey Emin's work is at least real.

It's a credit to Emin that she now lives and works in Margate, Kent, where she escaped from along with her painful childhood and teenage experiences of racism and misogyny to go and live her artist's life in London. Now, she is probably Margate's best ambassador and citizen, opening studios for artists starting out, renovating buildings, etc. The Emin branding of the town can get overdone, but it's still a better legacy than many artists who have made it big as she has.

'INSIDE THE MANOSPHERE' BARELY SCRATCHES THE SURFACE

Annie Lawson-Foley

Inside the Manosphere premiered on Netflix on 11 March 2026.

Louis Theroux's latest documentary promises a no-holds-barred investigation into a hard-to-access network of controversial 'alpha male' influencers. What it delivers leaves much to be desired, as we witness how Theroux's hands-off reporting style is not fit for documenting, or interviewing, the manosphere and its provocateurs.

For *Inside the Manosphere*, Theroux spends time with a series of celebrity influencers. These men might not define themselves as belonging to a 'manosphere', but it's the best working term for the hypermasculine, misogynist subculture they are part of.

The documentary presents the misogyny, conspiracy thinking and general hatred of the manosphere. It also shows the contradictions of the ideology: these men espouse traditional familial roles while not living them out; they are disgusted by sex workers whilst using them for views and therefore profit; they perpetuate the same unattainable goals of hegemonic masculinity they accuse women of expecting. HStikkytokky (HS), a British streamer who Theroux spends time with in Marbella, is the most honest about these contradictions. In the attention economy of social media, controversy makes money, and he will do anything to make money. As he states, he's 'always been a salesman' whether he believes what he says or not, and its impact on his legion of fans – many of them teenagers – is irrelevant.

Despite the documentary's narrative being heavily disrupted by the men he encounters and the extensive power they wield, Theroux states, 'Much of the manosphere is made up of relatively uncontroversial comedians and podcasters who broadcast about women, fitness and wealth to a mainly male audience.' The 'community of more extreme content creators' rests at its edges. This is rather a generous take: misogyny and opposition to feminism are central to most definitions of the manosphere. Indeed, how exactly do these comedians and podcasters talk about women? What do they think about wealth, and who do they think controls economies? If Theroux spent more time exploring those influenced by the manosphere, rather than with its celebrities, he might have discovered that the 'extreme' views he encountered are more widespread than he thought, and that the manosphere evidently feeds into the alt-right pipeline.

TOO LITTLE, TOO LATE

Any value *Inside the Manosphere* has in presenting the misogyny and contradictions of the manosphere are too little, too late. When we discussed it at the South London book club, we agreed that this would have been a useful documentary if it had been released two years ago.

By now, Netflix's *Adolescence* has shocked the UK, and most of us are aware that virulent misogynists lurk across social media. Furthermore, the access that Theroux has in these men's lives is not so rare. He is not infiltrating a secret society. These men are public figures who hold self-promotion at the heart of their philosophy. Their opinions are on display across their numerous social media channels and podcasts, and HS spends up to twelve hours a day livestreaming. This cannot be called 'rare access'.

This highlights what lies at the root of my criticism: that Theroux's documentary style is not suited to the subject of the manosphere. He approaches it as if he was making a *Weird Weekend* episode by fixating on eccentric individual characters, rather than by substantially interrogating the expansive network that comprises the manosphere. The 'alpha male of the month' may change as influencers lose and gain popularity or venture off to new horizons, but a broad shared ideology remains.

In getting caught up in the bluff and braggadocio of the individuals he encounters, Theroux is diverted from further investigation into the ideology and reach of their subculture on a larger scale, sprawling though it is.

He appears, at times, to accept their self-aggrandising at face value, offering minimal resistance or critical pushback. That is Theroux's style, more report than interrogation. He does occasionally provoke the men he meets and offers some challenge to their views. This rebuttal is particularly well displayed during his appearance on Myron Gaines's podcast, but moments like this are far too rare to compensate for his otherwise hands-off approach. Again, these men's views are not unknown. The ethics of airing these men's views without adequate challenge is questionable.

Theroux receives a level of candour from the men he speaks to, which is something that a female journalist would likely not

be afforded. A certain amount of casual rapport may be useful for disarming some of the documentary subjects, but these are people who champion their views openly and proudly. This approach is largely not necessary here, unlike in Theroux's earlier work with the more evasive white supremacists. Manosphere influencers such as Gaines, who publicly proclaims that women should not have the right to vote, do not need coaxing out of their shell. Indeed, part of the manosphere's appeal to its audience is that its proponents are not afraid to speak the so-called 'truth' in the age of wokeness and censorship. Theroux's approach is fundamentally incompatible with the modern-day internet provocateur.

WHO RUNS THE WORLD?

Belief in antisemitic conspiracy theories is common amongst the men Theroux meets. Whether this is genuine or just for views, the impact is the same. The limitations of Theroux's approach are exposed yet again when his interviewees bring up the subject of whichever secret group they think runs the world. To give him credit, when Sneako expresses that the government is run by a Satanist cabal started by the Rothschilds, Theroux does remark that his beliefs resemble antisemitic conspiracy theories. However, he misses the opportunity to ask Sneako about his own relationship to power; if the government is run by a shady cabal, what does that mean for Trump, whom he was a firm supporter of and whose inauguration and celebratory ball he attended?

In the final showdown set up by HS, however, Theroux flounders. HS says, 'Have I said in a clip, "Fuck the Jews?" Yes. Does it mean I'm antisemitic? No, I'm clip farming.' He points out that Sam, his camera man, is Jewish. It would be interesting to hear from Sam, but Theroux doesn't speak to him and instead leaves him to livestream their meeting uninterrupted. When HS asks him if he thinks Israel is committing genocide, Theroux freezes, unable to coherently respond. HS is free to continue on his rant: 'I'm not a puppet. I'm not controlled. No one's my daddy. Savile's your daddy. The Jews are your daddy.' Theroux is stunned, unable or unwilling to argue back.

WOMEN

A common criticism of *Inside the Manosphere* is that Theroux should have spent more time speaking to the women around the influencers he meets: their partners, friends, employees, and in HS's case, his mum. A greater focus on these women could have provided a more complex picture of the lives of Theroux's subjects and their entourages. This is real 'rare access' that Theroux does not take advantage of.

When he does have the opportunity to speak with the women orbiting the manosphere, Theroux's nonconfrontational approach limits him again. Justin Waller and Myron Gaines both answer questions directed at their partners while they are present, and Theroux follows their lead, continuing the conversation with the men.

Theroux appears shocked that Kristen, Waller's partner, is accepting of Waller's one-way monogamy and interested in doing 'bedroom stuff' with him and other women. Some members of our book club thought that Theroux came across as prudish or moralistic about this. Non-monogamy is not necessarily the most shocking aspect of these men and their relationships, and rich men having affairs is certainly nothing new.

Waller explains that he uses Kristen to attract other women; on a date he'll show them her photo 'and go straight for the threesome.' Theroux thinks that this is 'slightly aggressive' but does not ask Kristen – who is standing next to him – what she thinks. Was she aware of this? Is she okay with it? Did she suggest it? We don't find out. The opportunity to query how much of Waller's 'game' is his, or is actually derived from Kristen, is missed.

THE INFLUENCED

The documentary's most poignant moments occur when Theroux spends time with Matty and Chris, fans of Waller, who is a steel entrepreneur and influencer in Miami. Here, we see how attraction to the manosphere often stems from very real economic problems. It is hard to get a job; work is exploitative; and increasingly, a traditional nine-to-five job no longer offers stability or a good quality of life. This is a situation we recognise as socialists; but for proponents of the manosphere, these are not the lacerations of capitalism but of the dominance of feminism, or 'the matrix'. The solution is individual hustle, not collective action, fitting neatly into the long-held American values of rugged individualism and self-improvement.

Matty had previously been homeless, but he questions why anyone should have given him a hand up. He tells Theroux these hardships are what makes a man. 'As men we're meant to suffer, we're not meant to be happy… And we don't believe in depression either.' Matty's brother had

recently killed himself. This interview is overwhelmingly sad as we see how vulnerable, and therefore manipulable, Matty is.

This pessimism and insecurity create fertile ground for the manosphere, which belittles the role of men in today's society and then sells them solutions. Waller 'negs' Matty in the same way a pick up artist would a woman: 'No one's going to invite him on a trip to Miami,' he says, 'He has to create value in the world. He has to be valuable to other men.'

Theroux's time with Matty and Chris does provide a genuinely rare glimpse into the lives and thought processes of two young men attracted to the manosphere. The documentary would have benefitted from more of this, and less time with the overexposed influencers.

FAILURE TO ADAPT

Throughout *Inside the Manosphere*, Theroux's approach is too passive and he fails to adapt to the brash personalities of his subjects. As a result, not only does he fail to adequately challenge them – something I and countless viewers would have wanted from a documentary on the manosphere – but he also fails to dig deeper and ask more, and more probing, questions, which would have made a considerably more interesting documentary.

In the documentary's final showdown, Elaine, HS's mum, accuses Theroux of hypocrisy. 'If you don't agree with what Harrison's doing then why are you making money off of it on a programme by publicising it. You're doing it because you think he's a controversial character, so you're making money off the back of it and that's what all your programmes are.' After 90 minutes of watching Theroux allow the provocateurs he meets to broadcast their opinions with little objection, one can't help but think she has a point.

At best, *Inside the Manosphere* is a loose introduction to the manosphere for the uninitiated, and a decent episode one without a sequel. At worst, it offers a limp handshake of acknowledgement to the men Theroux meets, as it broadcasts their virulent misogyny and antisemitism without much criticism. Perhaps a grimace and a raised eyebrow aren't enough anymore.

UNIONS MOVE TO SUPPORT SEX WORK DECRIMINALISATION

Vicki Morris

Civil Service workers' union PCS is the latest union to call for sex work decriminalisation, backing affiliation to Decrim Now at its conference in May 2026. Motions supporting decriminalisation have also been submitted to the National Delegate Conference of UK's largest union, UNISON, although they are unlikely to be heard because of time pressure.

Nevertheless, UNISON 4 Decrim is a new campaign in UNISON committed to decriminalisation and unionisation of sex work. They will be hosting a meeting and stall at the conference as part of trying to change UNISON policy to support decrim. 'We are fighting a reactionary and conservative vision of women's rights, especially in relation to the question of strippers and sex workers' rights,' they say. 'Many feminists have been more than happy to allow the police and immigration officials to do their dirty work in trying to "abolish" the sex industry.'

Unions already having policies for decriminalisation include ASLEF, BFAWU, BMJ, RCN, CWU, UCU, GMB, Equity, and IWW.

Women's Fightback supports the decriminalisation of sex work; sex workers' ability to form unions and organise together for safer working conditions is central to fighting exploitation in the sex industry. The ability of individuals to leave the sex industry or to report sexual violence when it occurs in the workplace rests on a number of things, including the decriminalisation of sex work, an end to the hostile environment, the opening up of legal and safe routes for migrants into the UK, and the availability of other well-paid, flexible work, adequate benefits, and decent housing.

There now exists a Sex Workers' Union in the UK, a branch of the Bakers, Food and Allied Workers Union. The Sex Workers' Union has achieved significant wins in a number of strip clubs, where organising is easier because those venues are recognised legal workplaces; but it has also organised sex workers on online platforms with some success. The union, through its sister organisation, Workers for Decrim, is seeking support for decriminalisation from the wider trade union movement.

• Read more about Decrim Now, National Campaign for Sex Workers' Rights, at decrimnow.org.uk

FEATURED POET:

ELLY GAULT

Elly Gault is a Brighton-based poet who writes about themes of queerness, feminism, and acceptance.

watch me take up space

i do not become every day,
i am always filling and falling.
but soon i will pop into life before your eyes,
a pile of primary colours into a bouncy castle,
an impenetrable fortress of being.

i am not shouting but your hands are in your ears,
that's fine,
i will raise the volume so you have something to live for,
something to silently fume about-
existence out of these constructed confines

no pin can pop me,
no lid can stop me,
no pity/contempt/politeness will push me into patriarchal cage,
you can't bind me into theories of socially-accepted rage,
i will boycott liberal tolerance and its festering nazi face,
watch me take up space-

if you were truly concerned with the growth of my ontology you would not make assumptions of my mind from my body,
nor my body from my mind,
they have no separate existence,
even you and i are intertwined.

to exist is to influence culture,
but you have made yourselves parasites,
status-stealing vultures,
existing to prey upon identity,
obsessed with crumbling forms of hierarchy,
not me,

i want to unlearn,
this soft and slaving nature.
so first,
watch me take up space

WOMEN'S STRUGG

19TH CENTURY

Habsburg Monarchy

Women's organisation was mainly confined to the middle and upper classes.

1817: First women's organisation, the Pester Women's Charitable Society, founded. As in many industrialising countries in this era, charitable bodies burgeoned as (often religious) outlets for middle- and upper-class women's activity.

1848–1849: Alongside related uprisings in other countries, Louis Kossuth led a bourgeois democratic revolution, including ending serfdom, and widening male suffrage; Austria defeated the war for Hungarian independence with help from the Russian empire.

Mid 19th century: Countess Blanka Teleki (pictured right bottom) opens first women's education institute. Women got access to secondary education. Women's educational development was one element in a modernising drive as Hungary asserted itself against Austria.

LATE 19TH AND 20TH CENTURY

Austro-Hungarian Empire/ Dual Monarchy (1867-1918) and Short-Lived Soviet Republic

1867: Following a long struggle, including the events of 1848–49, Hungary became a joint partner with Austria in the Austro-Hungarian Empire/dual monarchy.

1895: Women were allowed to study philosophy, medicine, and pharmacy at university.

1904: Rózsika Bédy-Schwimmer (Rosika Schwimmer, pictured top left), a pacifist and women's rights advocate, and champion of women workers, founded the Association of Feminists, who pushed for women's suffrage.

1913: Seventh Congress of the International Women's Suffrage Alliance met in Budapest (pictured middle left). Also active in this period were female Social Democrats, and the National Federation of Women Clerical Workers.

1918: Breakup of the Austro-Hungarian Empire. Hungary is a separate nation again; but as a losing combatant in World War 1 it would lose two-thirds of its territory and half its population by the terms of the Treaty of Trianon, 1920.

22 November 1918: Voting reform granted the right to vote to all women aged 24 and older (for men, it was 21), who could read and write (a regulation applying only to women), and who had been Hungarian citizens for more than six years.

March 1919: Béla Kun (pictured bottom left), who had been recruited to the Bolsheviks when a prisoner of war in Russia, led a coup and formed a Communist-Social Democratic coalition government, and proclaimed the Hungarian Soviet Republic. Women workers and men attained the right to vote from age 18. This was revoked after Kun was defeated – women would not gain full suffrage until 1945.

July 1919: Kun's government was defeated with the intervention of the Kingdom of Romania

GLES IN HUNGARY

Vicki Morris

1920-1946

Horthy Regime

Period of right-wing, nationalist backlash against the soviet republic and national humiliation at Trianon, with rolling back of democratic and women's rights. There is economic hardship as a result of war and also the Great Depression. Although they were increasingly politically active, women were often seen in a traditional role as mothers and guardians of the nation's children.

1920: Miklós Horthy (pictured top right) becomes regent of the Kingdom of Hungary and holds the role till defeat in the Second World War.

1920: Margit Slachta (pictured middle right) was elected as a member of the National Assembly, and became the first woman Member of Parliament. She was a Hungarian Catholic religious sister, who distinguished herself by opposing growing anti-semitism.

November 1940: Hungary joined the Axis powers, allying with Germany in the Second World War.

December 1944: The invading Soviet Red Army established a Provisional National Government of Hungary after defeating Hungarian and German forces. During their occupation of Hungary, Red Army soldiers are estimated to have raped 50,000 Hungarian women.

1946-1989

Under Stalinism

Under the new Stalinist regime women had long maternity leave, and access to free crèches and kindergartens. But despite a formal commitment to equality, facilities were often of poor quality, benefits low, and women occupied the worst paid, lower status jobs. Women's educational attainment lagged behind men's.

1946: The Kingdom of Hungary is dissolved and replaced briefly by a democratic republic. This was dissolved in 1949 and succeeded by the Soviet-backed Hungarian People's Republic (until 1989). They nationalise the economy, and repress dissent.

1949: Women made up 18% of members of the parliament (and 30% in 1980) but had little real power to effect positive change for women.

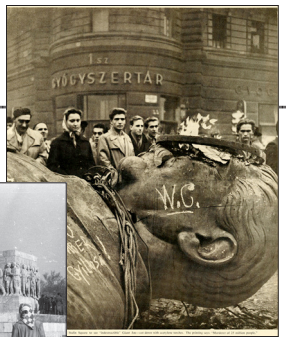
There was formal equality between men and women but independent feminist organisations were suppressed and replaced by one, state-sanctioned Communist Party front, the Democratic Women's Alliance. Women's participation in the workforce was encouraged, including, initially, through liberal abortion rights, although in 1953, concerned with a falling birth rate in the early 1950s, the regime temporarily banned abortion and encouraged motherhood. As elsewhere women experienced the double burden of paid work outside the house, and unpaid domestic labour.

23 October–4 November 1956: Hungarian Revolution: student-led protests against Soviet domination through the communist government of Mátyás Rákosi. The new government of Imre Nagy declared Hungary's withdrawal from the Warsaw Pact and pledged to re-establish free elections.

4–10 November 1956: Soviet troops invade and crack down on the revolt. Thousands were killed or wounded, and nearly a quarter of a million Hungarians went into exile.

4 December 1956: 30,000 women and children march to the tomb of Hungary's unknown Soldier to protest against the Soviet repression.

Post '56: while the revolt had been crushed, to stave off further unrest, the Soviets allowed Hungary to pursue a slightly more economically liberal and consumerist course than its other satellites. The period was known as 'goulash communism' and Hungary as 'the happiest barracks' in the Eastern Bloc. The women's and other radical movements of the 1960s and 1970s were portrayed by the Communist regime as unwelcome and decadent, Western interference.



OVERLEAF

FROM PAGE 26

1990-2009
Post-Communism

Working-class women were squeezed in the move away from a statized economy. There were moves against reproductive rights, with nationalist anxiety about low birth rates.

1990: Hungary held its first free elections after the fall of communism; only 7% of the elected members were women. By 2018, women made up just 12.6% of the parliament.

May 1990: The Feminist Network was established.

1997: Removal of the marital exemption from the rape law.

2004: Hungary joined the European Union.

2010-2026
Orban Governments

Under Viktor Orbán (top left) and his Fidesz governments there was an active rollback of women's and LGBT+ rights.

2011: In response to EU "gender mainstreaming" the Government espoused "family mainstreaming".

2012: Ban on abortion pills comes into place. Abortion is reclassified solely as a surgical procedure. New constitution defines marriage as "between one man and one woman".

2018: Government bans Gender Studies programmes.

2020: Hungary's Family Minister Katalin Novák published a video lecturing women on how to achieve success, advising women not to expect to get equal pay.
Law introduced prohibiting the legal changing of one's gender.

2022: Decree that all women seeking an abortion must listen to the heartbeat of the foetus.

2025: Restrictions on right of assembly put in place — this was tied to a ban on promoting homosexuality effectively banning pride events. 200,000 people nevertheless showed up to Budapest Pride in June (pictured bottom left).

TODAY
Post-Orban

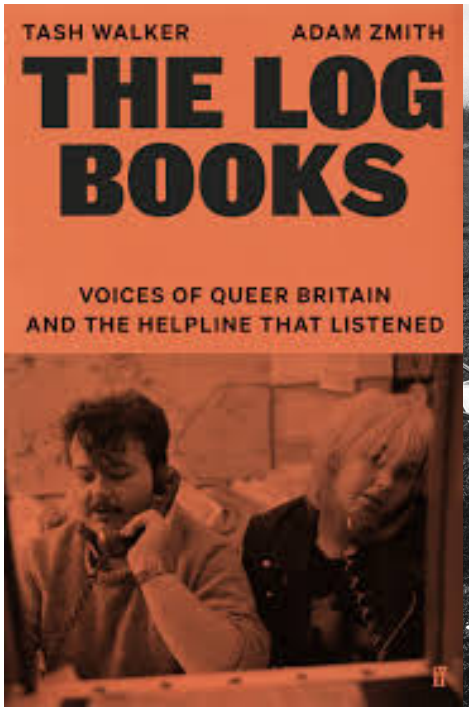
Hopes for liberalisation and better scope for women's political organisation exist following the defeat of Orbán. Budapest Pride march has been unbanned after years of harassment by the authorities and an outright parliamentary ban in 2025. It will go ahead on 27 June 2026.

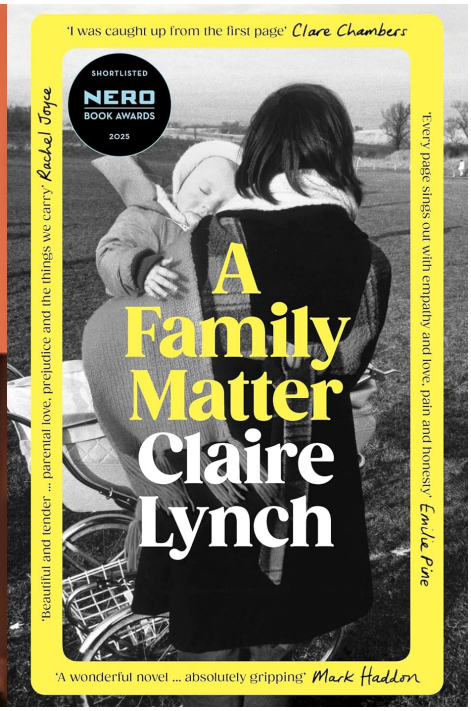
12 April 2026: Péter Magyar, president of the centre-right Tisza Party, won a two-thirds supermajority in parliamentary elections, allowing him to overturn Orbán-era laws, and became Prime Minister. Magyar was previously a member of Fidesz but has pledged to be more pro-EU and culturally liberal and to combat anti-Roma discrimination.

REVIEW

OUR FAMILY HISTORY:

A REVIEW OF TWO BOOKS





Hannah Thompson reviews *The Log Books: Voices of Queer Britain and the Helpline that listened*, by Tash Walker and Adam Zmith (2026) and *A Family Matter*, by Claire Lynch (2025)

A good friend bought me *The Log Books* as a birthday gift.

My friend and I had been having conversations about human connection and practical organising – what to say to someone in crisis, how to listen, support, signpost. *The Log Books* is real queer history told through the worknotes of callers to the Lesbian & Gay Switchboard, a pioneering LGBTQ helpline which ran from 1974-2003, based in a flat above Housmans bookshop in North London.

What was especially thoughtful about the gift was how relatable and fascinating the struggles were. It was a history of ordinary queer people, of all ages and circumstances, looking for support – sometimes therapy – putting complete trust in each other through the strength of the community they built. Logging calls, collecting the best information, endless filing, listening, spreading the word by getting Switchboard's number under as many eyes as possible.

The Log Books is easy to race through, and also to chat to your Mum about, because so much of Switchboard's history is in the 70s and 80s – AIDS, Section 28, Women's Lib. This led my Mum to lend me the book *A Family Matter* by Claire Lynch from her bookclub. It's a fictionalised account of a lesbian mother who battles for custody of her daughter. Both *Log Books* and *A Family Matter* flick between timelines; the 2020s and 1980s, daughters grown to adulthood; mothers discovering themselves; fathers trying to find roles that fit the socially acceptable 'code'; our lives and our parents' lives as part of an important history.

Log Books writes, 'For decades... hundreds if not thousands of lesbian mothers fought for their right to be seen by the courts as a lesbian and a mother – a direct challenge to the idea that these two identities were incompatible.' (p. 174)

In *A Family Matter*, the narrative thread of Dawn is 1980s small village life, a nuclear family, saving pennies for bring-and-buy sale clothes. Her life revolves around the things she believes it should – married to a man in her twenties, raising and dedicated to her three-year-old daughter. When she meets, befriends and falls in love with Hazel, Dawn plans how she will tell her husband, how her and Hazel will make space for her daughter in their flat together; they write each other letters imagining lives away by the sea without having to hide their relationship.

Dawn's shy husband, set in his habits, reacts with outrage that Dawn hopes will cool. He doesn't shout or get violent, but he changes the locks when she's out of the house, dropping their daughter on Dawn during the day so he can go to the office, and seeking legal advice about custody — because he believes it's the best thing for her.

The father, Harry – nicknamed Heron – isn't a string-vest wearer. His patriarchy is quiet, deeply held, motivated by guilt and shame. When he takes her daughter, author Lynch paints a picture of a man in submission to the rules, patronised and out-classed by the lawyers: 'He looks around at all the officials, their legal fees and Latin phrases, and sees that he has not lived the kind of life that would have prepared him for a day like this… Deferring to men who know which fork to use. Depending on the advice of men who wear cufflinks.' (p. 151)

Terrified of losing her daughter, Dawn seeks support. She learns her legal defence won't be enough to overcome the deep homophobia and sexism of the family courts.

From *Log Books*, a call to Switchboard: '24 Sept 1975. A woman rang to ask if I knew anything about the case of a woman who was living with another woman who was refused custody of her child inspite of medical evidence that the child would have been better off with mother. This was for a case on now (very similar) which she wanted the info to help her with…' (p. 174)

Something I found brilliant and inspiring about the feminist volunteers at Switchboard is the simple matter of getting the phone number 'under women's noses':

'They needed to know all the publications and places where women might stumble across an advert for a support line. In the case of women who were living as straight, in probably quite conventional family homes not in London, this posed its own challenge... Lisa remembered placing an ad in *Women's Own*... not long after the ad ran, Switchboard's phones began to ring.

'Suddenly we were getting calls from married lesbians who were literally sneaking downstairs at one or two in the morning to phone us while the family were asleep. They knew they were lesbians – quite often they were in love with the woman next door, or something like that, or their best friend or whatever – and

they had agreements that they would not tell their husband or leave their husband until the kids had grown up and left... They were literally just waiting to be able to come out until it would not destroy the family.' (p. 178)

In *A Family Matter*, Dawn finds an ad for a magazine in the back of a Sunday newspaper: 'she thinks it's a miracle, or a trap... Dawn writes a letter in her neatest handwriting, addressed to a PO Box in West London. The reply arrives a week later, an ember of hot white hope landing on the doormat' (p. 116). After a call in a phone box behind a car park, tracing the route to the meeting place and months of hesitation, Dawn joins the mothers' support group and is alarmed at how commonplace her story is. She wants them to be shocked, to call the police, but finds they are not surprised.

'Dawn comes back to the group the next week and the next. She learns about the never-ending battles with social workers, the cost of solicitor's letters. She listens to the women who strike deals with husbands, the ones who find a way to make it work. The ones who don't... It is just like every other mothers' group Dawn has been to. Tired women, doing their best.' (p. 119)

The Switchboard volunteers had to signpost and give advice as best they could to address the problem of lesbian custody. 'Volunteer Femi Otitoju told us how women like her had to collect and share the best advice with lesbian mothers, such as leaving the family home with the children before the father found out they were lesbian' (p. 176). The well-known campaigning group at the time, Gay Liberation Front, didn't take the issue of lesbian custody seriously, so a group formed in 1976 called Action for Lesbian Parents.

The group that received most referrals from switchboard, however, was a broader feminist group Rights of Women, campaigning for women's legal equality.

'18 July 1984. Please could all the men note (all the women already know, I hope) that the correct org to refer to is RIGHTS OF WOMEN for all 'technical' stuff on lesbian custody.... RIGHTS OF WOMEN have a lesbian custody specialist worker on staff.' (p. 176)

Dawn's support group receives legal advice from a solicitor, 'a serious woman in a dark blue suit' (p. 120). 'There's more chance of salvaging something ... if you can prove to the court that you live alone ... an out-of-court settlement is usually safest ... if you're willing to play the good girl ... if you can get your husband to sign up to it, that is.'

'And if he doesn't?' they ask.

Hopefully the advice Rights of Women were able to offer was more useful than Lynch's solicitor. Dawn's court case itself is typical of the many experiences documented of lesbian custody battles. Julia Anne Brophy's PhD research with 22 lesbian mothers recounts lawyers interrogating women in court: on how they reached orgasm with their partners; husbands intercepting letters and phone calls to be used as 'evidence' and read aloud; jurors lecturing women about 'wifely duties' and 'perversion'. In *A Family Matter*, Lynch paints a picture of the social worker of nightmares:

'...houndstooth jacket sloping from his shoulder. It is his view, he says, then, correcting himself, it is his professional opinion that they are discussing a child at risk. Dawn lets out a noise at these words, a sound of deep surprise that escapes her against her will.

"'You mean to say you think Mrs Barnes will harm her own daughter?"

"'Not physically, perhaps," the social worker says, "but morally. This is a moral question."' (p. 150)

During the court hearing her husband begins to doubt himself, seeing the cruelty of it. He doesn't feel that he has the confidence and moral high-ground his barristers expect him to have. But Heron's cowardice and shame push him forward: 'He cannot face a lifetime of seeing the way Dawn looks at him now. As if he is the one who has changed, become unrecognizable.' (p. 153)

The barrister grills Dawn on the letters sent between her and her partner, hidden around the house to be read privately when they were apart. Now uncovered, read aloud in court, used as evidence against her.

'There is so little lust to find in the letters;

they weren't fools. Is this what they are accusing her of, Dawn wonders, the dream of swapping one kitchen sink for another?

'There is the evidence, he says, written in biro, a house by the sea.

"'You are planning to abandon your child, Mrs Barnes?'"

The courts rule that Dawn's daughter be taken from her, for 'It is widely understood that such women are incapable of natural maternal feelings' (p. 182). The pompous language would be comical. Lynch writes Dawn's last heartbreaking night with her daughter, that had me choking back tears on the train:

'When her bag is packed, Dawn goes into the kitchen. She cracks the eggs into the brown Denby mixing bowl her grandmother gave her for a wedding present. She creams the butter and sugar, she adds the flour. Dawn waits as it bakes then she watches the cake cool and the night pass. She does not rush, sieving the icing sugar to avoid lumps, spreading one layer of buttercream between the sponges, another on top. She arranges the chocolate buttons, as she has promised she would, in the shape of the number four. Carefully, Dawn lowers the cake into a tin and puts the pink birthday candles in beside it. She knows that Heron does not know where the birthday candles are kept.' (p. 183)

The *Log Books'* authors interviewed Elaine Fitzgerald, who in 1981 battled for custody of her sons. 'I was made to feel like an animal... the price was that I would hopefully get to keep my sons.' (p. 176)

Elaine won her battle, and had to come out in court. Thanks in part to her battle and bravery, things began to change.

In 1982 the Lesbian Custody Group & Rights of Women surveyed 36 lesbian mothers and made 17 recommendations, including education, court reform, and anti-discriminatory laws (*Lesbian Mothers on Trial*, Nov 1984). The law changed, gradually, as more and more lesbians were granted custody – many personal trials stacking up and eroding some of the judiciary's bigotry. 'Various laws passed in the 2000s made claims that women like Elaine would be unfit mothers impossible to make, and the Equality Act 2010 bundled these laws together in even stronger provisions against discrimination.' (*Log Books*, p. 180)

It frightens me how much power a court can have over matters so personal and intimate. Fictionalised by Lynch, and backed up by Switchboard testimony, homophobia and misogyny in the legal system weaponise social prejudices and have the power to make cruelty a sellable commodity. Court battles break open the complex and private details of human beings to pass judgement, interrogate, frame events the way the lawyers want them to be. Our society leans on laws to protect us, and support 'what's right', but we cannot rely on that. We know how dangerous it can be to enable a higher authority to intervene in what is most personal and precious to us.

In the custody support group, Dawn asks another mother, 'What harm are they doing to anyone?' She replies, 'They are terrified... Think about how it looks to them. Mothers, housewives, shacking up together. We'd bring the whole system down.' (p. 120)

OBITUARY: MARJANE SATRAPI (1969-2026)

Vicki Morris

Marjane Satrapi, the Iranian-French writer, artist, director, and political activist, has died aged 56. Satrapi was best known for her graphic novel Persepolis, an account of her childhood in Iran after the Islamist Revolution in 1979. Belonging to a middle-class, left-leaning family, the child Satrapi experiences the Islamic Republic regime's suppression of women's rights, repression of its political enemies, including the execution of a beloved uncle, and the Iran-Iraq war. As a young teen Satrapi became rebellious against the regime and her family sent her to live with a family friend in Austria, where she later also experienced homelessness and severe bronchitis.

She returned to Iran and studied visual communication. She later married and returned to Europe, living in Strasbourg.

Persepolis and *Persepolis 2* were published in French in 2000–2003, and then in English.

Persepolis was made into a successful film for which Satrapi was nominated for an Academy Award in 2008. She enjoyed further professional success.

Satrapi protested when the 2009 presidential election in Iran was won fraudulently by ultra-Islamist hardliner – it's all relative – Mahmoud Ahmadinejad, and she supported the Woman, Life, Freedom movement that arose after the killing of Mahsa Amini by the Iranian Islamist regime in 2022. Satrapi's second husband died in 2025. Her family have only said of her death that Satrapi 'died of sadness a little over a year after the death of Mattias Ripa, her husband and the love of her life.'

JOIN A SOCIALIST FEMINIST BOOK CLUB

Worker's Liberty, the organisation which produces Women's Fightback, runs monthly book clubs in London, Edinburgh, Manchester, Sheffield, Leicester and online. All are welcome.

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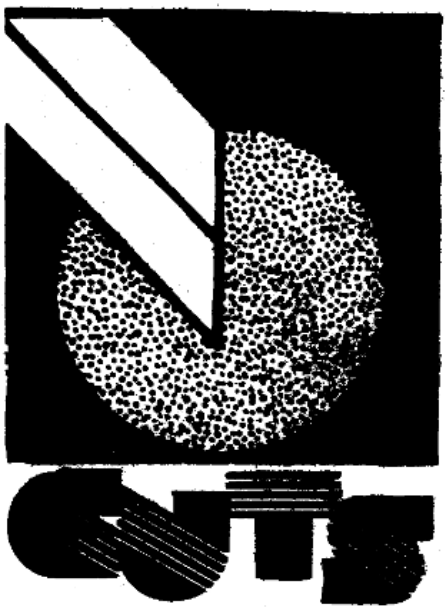
send us a DM on:
womens.fightback

WORKERS IN ACTION

WHEN WORKERS OCCUPIED THEIR HOSPITAL

In recent months we have again seen doctors take to the picket lines in struggles over pay. In the 1970s against the backdrop of a wave of cuts and closures, hospital workers took action to try and save their worplaces. Workers took action at Whitechapel Hospital, Bethnal Green Hospital and Brookwood Mental Health hospital. But at the forefront of this struggle was the Elizabeth Garrett Anderson Women's Hospital, where workers staged a 'work-in' where they occupied the hospital, keeping it running themselves for 22 months. The campaign ultimately succeeded in winning the hospital many reprieves and eventually saving the hospital from closure in 1979.

Here we republish several articles from the time, first published in Workers Action, the forerunner of Solidarity, the newspaper of Workers' Liberty.



Workers Action No.37 November 1976

WORKERS TAKE OVER AT THREATENED HOSPITAL

Hospital Workers at the Elizabeth Garrett Anderson Hospital in North London occupied the site on Monday 15th November in protest at the proposed closure of the hospital.

The decision to occupy has been taken early on by the Joint Shop Stewards Committee to prepare for the closure when it comes. They explain in their Manifesto: "It may be now that the Area Health Authority officers will act arbitrarily to close the hospital, as they closed the EGA Maternity Home. The staff are extremely frustrated that the case for maintaining the EGA has never yet been adequately examined by the authorities, and that all kinds of tricks have been tried to disown and dishonour this unique women's hospital."

All of the workers in the hospital — covered by eleven unions — are supporting the occupation, and very importantly support is also coming from other local hospitals — the Royal Free, University College Hospital, the Whittington, Queens' Square and Maida Vale, some of which are only waiting for the axe to fall on their.heads as well.

During the occupation a 24 hour picket is being maintained and the hospital is continuing to run as usual, with one big difference —the workers themselves are running the hospital and taking all decisions. There is some friction between management and the workers as the workers are starting to assert their own interests — for example they have withdrawn one of the workers from the project which was working out the move of the hospital.

Aware that the rundown and closure of the EGA and other hospitals are just a part of the massive cuts in social spending being made by the Labour Government, the EGA sent a huge 2000-strong contingent on the national demonstration on the 17th against all cuts in social spending.

The work-in and occupation will continue until the Secretary of State for Health and the Area Health Authority enable the hospital to continue on its present site, by repairing the lift and undertaking needed maintenance. The workers need messages of support and donations.

Marian Mound

Workers Action No.39 December 1976

The Work-in and occupation to prevent the closure of the Elizabeth Garrett Anderson hospital for women is continuing. The health service is running as normal, with the workers monitoring those entering and leaving the hospital, ready to stop any equipment being moved out.

David Ennals [Labour Health Minister] has announced that the remaining in-patients should be moved to the Whittington Hospital by the end of the year. The EGA workers are demanding the Area Health Authority and the DHSS should enable the hospital to continue on its present site by mending the lifts and carrying out the necess-ary repairs.

This Saturday, December 11th, the EGA joint stewards' committee have called a conference to discuss the occupation and how to fight hospital cuts throughout London. All organisations of health workers and the broader labour movement are invited to send representatives at: The New Ambassadors Hotel (The Gold Room), Upper Woburn Place, London WC1 (11am to 4pm).

With 120 hospitals threatened in London alone, it is vital to support this occupation.

Workers Action No.40 December 1976

HOSPITAL WORK-IN GAINS SUPPORT

67 hospitals across London are known to be due for the chop, and the number increases daily, a shop steward and health worker from Greenwich told the Elizabeth Garrett Anderson [EGA] hospital support conference on Saturday 11th December. The Department of Health and Social Security proposes to rationalise the service so that we are left with just 20 inner London hospitals out of 150.

The EGA — a unique hospital, staffed by women, for women patients — is scheduled for closure. The Minister involved, Ennals, has commented: "The EGA never really taken it seriously. It's just an issue for cranks and lesbians".

Both local Labour MPs, Lena Jeger and Jock Stallard, have failed to support the fight against the closure. But, by occupying the hospital, the EGA workers have shown they realised the only way to stop the closure was to take things into their own hands. They have been told they must be housed temporarily at the Whittington, in wards of a lower standard, and are turning this down.

One of the consultants from the EGA pointed out that the DHSS had gone back on the promise made by Barbara Castle (then Health Minister) in March, to find the hospital another site, and that the authorities have no intention of find-ing EGA another place.

The conference also heard of the cuts elsewhere — and the fightbacks elsewhere.

Colin Kenny, from St Mary's Hospital joint shop stewards' comm-ittee, the NHS advisory service of ASTMS, and Westminster Trades Council, pointed out that closures in his area closure of Joyce Grove, Princess Beatrice, and two acute wards of St Charles, among others, are called by the DHSS a 'standstill'.

From Hounslow there was a report of a campaign committee, linked to shop stewards' committees, to defend the three hospitals in the area. 400 health workers have marched through the High Street against the cuts.

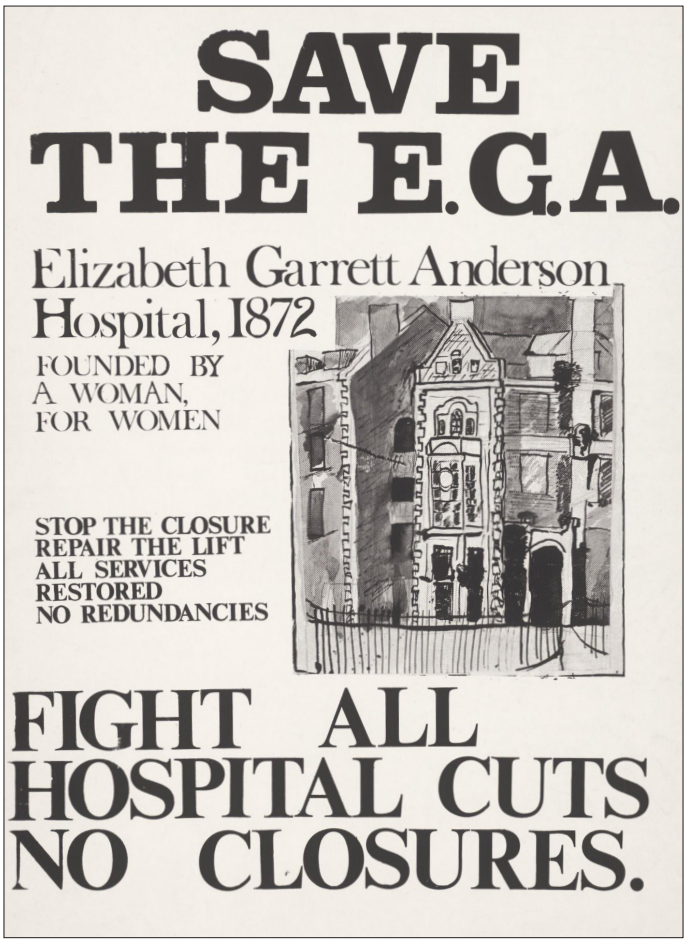
Another important move is the conference organised on 23rd February 1977 for all London shop stewards in the health service.

But one thing that did not come out clearly from the conference was whether or not the EGA campaign was organising a workers' cooperative — or an occupation under workers' control. It was disturbing that, with all the talk of workers' control, the workers themselves are having to solve many of the problems that are not their responsibility, but the Area Health Authority's. For instance, when the heating broke down, the EGA workers got in their own engineer to repair it against the instructions of the AHA.

It was a victory in that the authorities could no longer use the heating as an excuse to close down the hospital. It will be a victory if the money is found and the lift is repaired, it will be a victory if £1,000 is found to replace the tube that has gone in the X-ray machine. But for how long can the EGA workers solve these head-aches themselves?

The conference, in an amendment moved to the main resolution, called for an immediate injection of funds into the NHS, and for a scrapping of the Rourke report, which bases the cuts in London on a reallocation from “overprovided" areas of London, hypothetically to worse-off districts.

The amendment also called for all NHS unions and all other unions to organise a day of all-London strike action against the closures.



The problem with this part of the amendment was that only some of the 80 people present at the conference were delegates. The conference lacked the authority to send repres-entatives back to stewards' committees, trade unions, and so on to organise such a day of action.

Part of the resolution called for the conference committee to explore the possibility of a full delegate conference in the New Year. This should be built for now, and the call for all-London strike action should go out from that conference. The 11th December conference recognised that it is vital that health workers go out and win the support of industrial workers in their fight against the cuts.

The EGA campaign can be contacted at 30 Camden Rd, London NW1, where it meets every Tuesday night at 6.30pm. Pickets and resolutions of support are needed.

Marian Mound

Workers Action no.42 Jan 1977

EGA LEADS LONDON HOSPITALS FIGHT

The schedueled date of closure for the Elizabeth Garrett Anderson women's hospital in Camden, North London, is now less than one month away.

The Area Health Authority have said they will begin moving equipment out on 28th January, in preparation for closure on 15th February — and they might try a surprise move at an earlier date. The EGA workers, who have occupied their hospital and intend to continue running it themselves, need support for mass pickets on those dates. They are also organising a 'Save the EGA' delegate conference on 12th February.

Their determination to resist has been strengthened by reports of the wards being prepared at Whittington Hospital to receive the EGA patients. Large rats are still to be seen there, even though the rat holes have been cemented up.

The weakest point in the EGA workers' campaign is, however, the lack of support from trade unionists at Whittington Hospital. The principal union there, the GMWU, are refusing to black work on the wards being prepared for EGA patients.

Mary Corbishley

The Elizabeth Garrett Anderson struggle is the spearhead of a sharpening situation over the cuts In London Hospitals.

• Workers at the Prince of Wales hospital in Tottenham, North London, had a half-day strike and demonstration on Monday January 10th, against the run-down and threatened closure of the hospital.

• At St Bartholomew's teaching hospital, 500 ancillary workers went on strike last week, and were supported by Industrial action from other hospitals. When three porters were suspended after refusing to carry patients' files, which is not their job. The porters have now been reinstated. New rotas for kitchen staff and porters, which would have meant the work-ers losing £6-£12 a week in over-time pay, have been withdrawn by the hospital administration.

• At St Marks Hospital, which supported the action at St Bartholomew's, the ancillary workers are refusing to serve private patients In protest against the closure of a NHS ward.

• And in East London:-

All outpatients in the area are being closed, with the exception of the East Ham Memorial Hospital, where they are shutting down two wards. There was a promise of a new hospital at Woodside, which was used as an excuse for shutting down the children's hospital at Balaam Street. Needless to say, Woodside has not been built yet. Poplar Hospital has been closed for two years. Plaistow Maternity Home is getting the chop, and the Seaman's Hospital has only two wards left. The nurses at Plaistow Maternity Home were told by the hospital management that if they went to any public meetings about hospital closures, the public would not take kindly if they protested, and anyway it would spoil their 'career prospects'. The decision to close Plaistow was sprung on them, they were being played off against the staff at Forest Gate maternity, which was also under threat. Now Forest Gate is the only maternity hospital in Newham.

Workers Action no.44 Feb 1977

At the Tribunal on Abortion Rights last Saturday, 29th January, Pam Jones, shop steward at the Elizabeth Garrett Anderson women's hospital in North London spoke on the effects of the cuts in the NHS. She said that 300 abortions per year could no longer be performed at the EGA because of the Area Health Authority's refusal to repair the lift, and that plans to open day care abortion facilities have been stopped. The EGA has been occupied since 15th November, to prevent the AHA's plans to close it being carried out. Previously the AHA had said they would move out equipment on 28th January, In preparation for closure on 15th February. But last Thursday they backed down, and have extended their ultimatum for another eight weeks. In that time, they say, they will Improve the wards at the Whittington hospital, where they intend to move EGA patients.

Certainly it is about time the AHA did something about the conditions of some of the antiquated wards at the Whittington hospital. But that should not be used as an excuse for closing the EGA!

The EGA workers are calling for support for the "Save the EGA" conference on 12th February.

Workers Action no. 110 July 1978

EGA "WE STAY OPEN"

Workers at the Elizabeth Garrett Anderson women's hospital in North London are determined to resist the latest scheme for the closure of their hospital.

In response to a Government ultimatum setting the closure for July 21st, the EGA Action Committee decided in May to step up their picket line. At a special meeting called on 5th June by the London Division branch secretaries of NUPE (the main hospital workers' union) it was decided to call strike action in all London hospitals in support of the EGA.

Health Minister Ennals then proposed another stay of execution, the fifth so far. A 'working party' should be set up.

The last 'working party' Ennals set up decided to remove the patients from the EGA to the Whittington hospital! The only representation on it from the EGA workers was two doctors. Ennals refused to allow union members to be represented on the grounds that it would be "too cumbersome".

EGA shop steward Arthur Churchley told *Workers' Action*: "This time the EGA want at least 50% represent-ation on this new working party". But, he said,

"we will not take part in the working party unless the disciplinary action that has been imposed on five ambulance men from the Emergency Beds Service is withdrawn". Five workers were disciplined for taking patients to the EGA against health authority instruction. "Ennals promised that the action would be withdrawn. It wasn't, and the workers received formal warnings". If any of the five receives two more warnings, he will be dismissed.

On 4th July there is to be a mass picket outside the EGA by EGA work-ers, going on to march to the Houses of Parliament. They will be joined by hospital workers from Hemel Hempstead who are demanding new premises in place of their present post-World War 2 Nissen huts.At nine o'clock the same evening there will be a torchlight vigil in memory of the birth of the NHS in 1948. The EGA will carry a coffin, and there will be torchlight vigils at eight other London hospitals, and in Manchester, Oxford, and Cardiff.

As Arthur Churchley says, "No matter what happens, no matter what the decision of the working party, this hospital stays open".

Fran Brodie

THE BATTLE OF TRAFALGAR STREET:
FAR RIGHT BEATEN BACK IN BRIGHTON

Cathy Nugent

Despite a setback for Reform in the Makerfield by-election the far right continues to grow, and its extreme wing, including openly fascist elements, are growing in confidence. The far right were quick to exploit the horrific murder of Henry Nowak and a knife attack on a disabled Belfast man.

Their violent street protests, including arson attacks which targeted migrant families in Belfast, brought a heavy police crackdown, but that will not stop them. Recently, a militant opposition – of leftists, trade unionists and communities — have begun to get better organised. That is what we need to stop the far right.

Who are the extreme far right? What sort of opposition do we need?

The extreme far right may seem disorganised — made up of fragmented groups and constantly changing umbrella alliances — but it is not.

In the racist nationalist battle cry for remigration – forced repatriation — they have found a common cause. Some of these groups — Reform and Tommy Robinson — tend to say 'assimilated' non-white people can stay in the UK. Others, including rapidly growing Restore, are less 'generous'. Together they have made the idea of forced repatriation, something that only fringe fascist groups argued for twenty years ago, politically acceptable.

The far right, are now a huge threat, and increasingly a physically violent threat, to people of colour, migrant communities. And they are attacking women and LGBT+ rights. They are peddling online and real world misogyny. As they make inroads into 'mainstream' political opinion they are — and this is not just Reform — an alarming and present danger inside the trade union movement.
The far right needs to be confronted in the streets and we need to build an alternative socialist politics of equality, aimed at fighting the rich and powerful, the tiny elite which has exploited our labour and ruined our lives for centuries.

Yet the labour movement's leaders continue to talk the talk about opposing the far right, but act as if they may get round to doing something about it sometime in the far off future. The future is here!

On Saturday 13 June thousands of people from Brighton and the south east came out to stop a 2-300 strong far right, some openly fascist group organised under the banner of 'South East Patriots'. A carefully planned operation by a coalition, Carnival Against Fascism (CAF), blocked off every possible route for the far right. They were unable to march and were eventually escorted back to Brighton station by the police. This rout should give us confidence!

There are a few significant things to note:
• CAF's aim was *not* to be a bigger show of numbers, rather, from the outset, they wanted to stop the far right from gaining prestige by marching.

• Shows of strength, like the thousands-strong anti-racist protest in Belfast, which came after the rioting, are important. But stopping far right attacks (and in future we must do more about permanent community self-defence), is even stronger.

• CAF's plan included confronting the police who were protecting the far right. The police are not our friends — on the day they used pepper spray against our people.

• A trade union bloc was organised; local union banners were visible and an important part of the day. CAF invited Trade and Tenants Unions Fighting the Far Right (TUFF), a new network set up to push for unions to mobilise against the far right, to help build, lead and steward the bloc.

• CAF was organised as a coalition, no one group, and certainly not Stand Up to Racism – who initially called their own demonstration but eventually joined the main protest on the day – dominated. Those of us who participated, have no doubt, ensured not only that many more people came out to stop the far right on the day, but our strategy was also better

Similar local coalitions are now getting organised around the UK. All unions branches, feminist groups, students unions and community organisations need to get on board. Get your union branch to sign up to TUFF's mailing list and be part of a growing network.

• www.tuff.network/getinvolved