



JOURNAL OF THE NATIONAL ASSEMBLY OF WOMEN 50P SUMMER 2020

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covid-19 – where was the PPE?

I am sure, like me you must have been horrified to observe the absolute calamity that unfolded regarding the lack of PPE for front line health workers and all health and care workers, the government's inability to make sure the essential PPE was in stock ready to use defies belief there had been work done on *What if a pandemic?* but if after that the administration then ignores the findings and what needs to be done, shame on them! It could be argued that this was a case of the incompetent being led by the inept. (or is it the other way around?). One thing is for sure though that the vulnerable together with health and care workers have suffered the most.

NAW Executive member, Rose Keeping recommends the latest report which lays bare the "fundamentally dysfunctional" system for sourcing PPE and reveals that privatisation is at the centre of the "ongoing fiasco" of PPE shortages in the face of the coronavirus pandemic.

According to the report, published by *We Own It – public services for people not private profit*, the privatisation of the NHS Supply Chain and its break up into 11 outsourced contracts has contributed to the failure of the NHS to acquire and distribute sufficient PPE to medical staff.

The report shows how the procurement process itself has been entirely outsourced. Instead of being handled by civil servants directly employed by the NHS, companies like DHL [2] are in charge of selecting suppliers for the NHS. These suppliers in turn select other private companies to make specific items, like PPE gowns for them, and then hand them to yet another private logistics company to deliver them to the NHS trusts. NHS trusts have been told not to source PPE from local suppliers, but to use this centralised system. In doing so, every piece of equipment goes through four separate layers of profit-taking. [3]

The report authors [4] – including campaign group We Own It, and Professor David Hall, of the Public Services International Research Unit at the University of Greenwich – show that the privatisation of the process of sourcing of NHS supplies has created a "fundamentally dysfunctional system" and that this has "severely undermined the national effort to protect NHS and care staff", which has "helped turn the pandemic into an utter disaster".

Professor David Hall said: "Privatisation of the NHS supply chain has created a complex, fragmented, unresponsive and bureaucratic mess which has left us unprepared and ill-equipped to tackle the

current crisis. So much responsibility has been outsourced to so many contractors that the secretary of state literally cannot know what he is doing. It is shocking that DHL, the parcel delivery subsidiary of Deutsche Post, has been deciding how to spend over £4 billion of the NHS budget.

"The entire system must be simplified and brought under direct NHS control, with clear lines of accountability. This is work which should be done by civil servants employed by the NHS, responsive to the needs of their fellow-workers in the NHS, with a public service culture of prioritising safety, long term planning and smart use of skills and resources within the NHS, local communities and the local manufacturing sector."

A central problem the report identifies is the "just in time" business model used by logistics contractors such as Unipart in the stocking and distribution of PPE. The "just in time" model is common in industries such as car or electronics manufacturing and is designed to reduce stock levels. However, the report argues that this creates risk for the NHS that sufficient supplies are not available to manage unforeseen events, such as the current pandemic. Stocks of key PPE items were not maintained by the contractor responsible for the pandemic stockpile, the government only 'paused the run-down' of stocks in February, and NHS trusts were warned that their orders for PPE might be treated as 'excessive' which "may be subject to automatic system reduction... or cancelled".

A number of private companies also face specific criticism in the report, including those involved in the procurement process such as DHL and Foodbuy; logistics companies including Unipart, Clipper Logistics and Movianto and others awarded special contracts by the government, such as Deloitte which has been criticised for its coordination of coronavirus testing centres, along with the companies it has contracted to run them including the outsourcing giant Serco.

Speaking on the failures of these companies, We Own It Director Cat Hobbs said: "It is beyond scandalous that so much of the coronavirus response has been handed over to private companies – companies that have failed time and time again to deliver. Whether it is Unipart or Deloitte, Movianto or Clipper Logistics, these companies should be kept well away from our NHS.

"This crisis has shown us that the NHS is made far more vulnerable by privatisation, and so many failings – from the fail-



ure to distribute sufficient PPE to the ineffective approach to testing – lie at the door of private companies.

"From now on, we need to ensure that our NHS is run in the interest of public health, not private profit. In doing so, the government needs to reinstate it as a fully publicly owned and run health service."

The report comes off the back of a campaign launched by We Own It which calls for the NHS to be put in charge of managing its supply chain, no new private contracts to be granted during the coronavirus crisis, and the reinstatement of the NHS as a fully public service.

It also follows a group of scientists – known as Independent SAGE – called for major reforms of the NHS procurement process. The group recommended that "there must be reform of the process of procurement of goods and services to ensure responsive and timely supply for primary and secondary care, and community infection control, in anticipation of a second wave of infection."

FURTHER INFORMATION

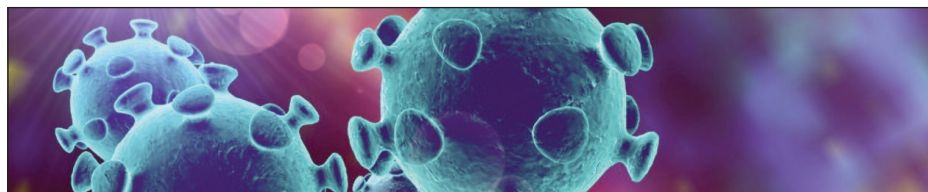
[1] THE FULL REPORT – PRIVATISED AND UNPREPARED: THE NHS SUPPLY CHAIN – IS AVAILABLE AT: [WEOWNIT.ORG.UK/PRIVATISED-AND-UNPREPARED-NHS-SUPPLY-CHAIN](https://weownit.org.uk/privatised-and-unprepared-nhs-supply-chain)

PLEASE CONTACT CHRISTOPHER@WEOWNIT.ORG.UK FOR AN EMBARGOED COPIED OF THE REPORT
[2] DHL IS OWNED BY DEUTSCHE POST – THE GERMAN MULTINATIONAL PACKAGE DELIVERY AND SUPPLY CHAIN MANAGEMENT COMPANY. THE COMPANY HAS BOASTED ABOUT HOW IT HELPED THE GOVERNMENT PRIVATISE "THE GOVERNMENT PURCHASING AND SUPPLY AGENCY AND LOGISTICS AGENCY. DHL HAS PREVIOUSLY CONFESSED TO BEING PART OF FREIGHT CARTELS. DETAILS ON DHL CAN BE FOUND ON PAGE 33 OF THE REPORT.

[3] A DETAILED EXPLANATION OF THE CURRENT PROCUREMENT PROCESS CAN BE FOUND IN PAGES 10-21 OF THE REPORT.

[4] THE REPORT HAS BEEN CO-PUBLISHED BY THE UNIVERSITY OF GREENWICH AND WE OWN IT. IT IS WRITTEN BY DAVID HALL (VISITING PROFESSOR PSIRU, UNIVERSITY OF GREENWICH), JOHN LISTER (SENIOR LECTURER COVENTRY UNIVERSITY AND DIRECTOR, LONDON HEALTH EMERGENCY), CAT HOBBS (WE OWN IT), PASCALE ROBINSON (WE OWN IT) AND CHRIS JARVIS (WE OWN IT), WITH ADDITIONAL MATERIAL BY DR HELEN MERCER (RETIRED SENIOR LECTURER AT THE UNIVERSITY OF GREENWICH).

[HTTPS://WEOWNIT.ORG.UK](https://weownit.org.uk)



NHS not trident now more than ever



AS I write in mid-June 2020, in the middle of the Covid-19 pandemic, it's clear that mistakes rooted in ideology have driven the UK almost to the top of the excess deaths international league table. Since March, 25,000 patients have been discharged from hospitals into care homes without testing facilities or adequate PPE (personal protective equipment). Were they judged by government to be expendable, some kind of acceptable collateral damage? The term on many people's lips is that elders, disabled people and people with learning disability have been culled. More than half of the deaths from Covid in England have been of elderly people.

The Guardian newspaper of 13 June refers to "dubious ethical decisions". We need to be clear that NHS clinicians were operating to Department of Health guidelines, signed off by government ministers.

We must try to understand what has gone wrong and why, and why government priorities are so distorted. In order to do this, we have to look at some modern history.

The post war settlement from the 1940s to the 1970s saw a great movement towards reducing inequality, with the foundation of the NHS, programmes of house building, better education and adult education and access to higher education for working class people.

However, military expenditure and arms sales were always part of the mix. Expenditure on the military (so called "defence") was and is still seen as patriot-

ic while expenditure on and possession of nuclear weapons is perceived as giving the nuclear armed states some kind of 'heavy-hitter' status. Arguably this has been driven by some kind of post-imperial grandeur. One of Boris Johnson's first official visits as Prime Minister was to the nuclear submarine base at Faslane in Scotland, where he was photographed on board a sub, chatting to the crew.

Thus, even though the current pandemic (an existential threat) has nothing to do with nuclear weapons or aircraft carriers or the wider military infrastructure, the government chose to prioritise a Tier 2 threat of nuclear war above the Tier 1 threat of a global pandemic. The security services MI6 and GCHQ were either not listened to at the beginning of 2020 or they missed a trick. The government ignored its own biological security strategy.

It did this, knowing that stocks of PPE and other pandemic essential medical supplies had been run down in the austerity years of Cameron/Clegg, May and – until now – Johnson. Ideology was more important than public safety.

Johnson consciously chose to keep two big sports events on the calendar and to allow ski tourists to fly home from Italy without sufficient testing at airports or quarantine from there. Only about one third of passengers were intercepted. This seems to have been because of a fear of economic damage or unpopularity combined with the misplaced concept of 'herd immunity'.

why nuclear?

So what of nuclear weapons? Sara Medi Jones, Campaigns Officer at CND, has recently written that a leak from the Pentagon reveals that work on the warheads had started before parliament approved it and before the forthcoming Defence & Security Review. The UK's relationship with the USA supersedes parliamentary scrutiny and accountability. The work has begun ahead of the government's own forthcoming foreign policy and defence review and of course pre-empts any conclusions from that review.

This is in the context of climate change, terrorism and health pandemics. South Korea has warned that there are bound to be more novel coronaviruses. We know already of the toxic environmental consequences of war. The maintenance of nuclear weapons can only exacerbate the climate crisis.

The reality of our current situation is that a neoliberal market economy just cannot cope with climate breakdown and pandemic. Nuclear weapons pose only the threat of nuclear disaster. They are irrelevant, dangerous, madly expensive and add to inter-state paranoia and confrontation politics.

This at a time when 36 states have ratified the United Nations Treaty on the Prohibition of Nuclear Weapons, so we



are more than two thirds of the way towards such weapons becoming illegal.

Now, as we move towards some form of transition out from international lockdown, we see in the UK a call to Build Back Better. This is just as two spontaneous developments arise from the Covid-19 outbreak – mass mutual help and co-operation and solidarity and the Black Lives Matter campaign, which challenges the core of imperialism and racism.

We know that there will have to be a readjustment on priorities including 'defence' and 'strategic deterrence' (nuclear weapons to you and me). Outdated perspectives on nuclear arms will have to go.

We know that arms conversion from weapons making is possible; BAE systems and Babcock have switched quickly to manufacturing ventilators.

It's time once again to assert NHS not Trident, and to bring together the social, environmental and peace agendas.

I am grateful to Paul Rogers and Rainer Braun for much of the material in this article.

PAM FLYNN IS CHAIR OF GREATER MANCHESTER CND AND A MEMBER OF NAW

VISIT CNDUK.ORG FOR MORE INFORMATION AND WEBCASTS



toilet rights for **all** transport workers



SUSAN MURRAY WAS FOR 16 YEARS A NATIONAL HEALTH AND SAFETY ADVISER FOR UNITE THE UNION. RECENTLY SHE HAS BEEN WORKING WITH TWO GLOBAL UNION FEDERATIONS SPECIALISING IN WOMEN AND OCCUPATIONAL HEALTH AND SAFETY, INCLUDING HELPING TO DEVELOP THE ITF'S TRANSPORT WORKERS' SANITATION CHARTER

A toilet is a human right for all transport workers: the International Transport Workers' Federation's (ITF) global sanitation campaign.

“Bus workers in some countries resort to using adult diapers due to lack of access to toilets. We share these shameful working conditions but can't even afford to buy diapers.”

Woman bus conductor, India

Safe access to decent sanitary and washing facilities is essential for all workers. Already a serious health and safety issue for transport workers, especially women, there is a new urgency with the global Covid-19 pandemic.

what is the problem?

Long working hours with limited breaks and lack of access to facilities are prevalent in the transport industry. When facilities do exist at all they are often insecure, dirty and poorly lit and ill-equipped (especially for women) which forces workers to improvise. This includes using diapers and bottles for disposal, deliberately not taking liquids thus risking dehydration, or

“holding it in” which may affect their concentration as well as their health. All this compromises workers' dignity, their health, safety and security, and threatens public safety and health.

Women transport workers are particularly affected. Research has shown that women need to use the toilet more frequently and for longer. Many transport workplaces do not provide facilities for women workers at all, putting women at risk of violence and ill-health and creating a barrier to their employment and retention in the stubbornly male-dominated transport industry.

Workers in the informal transport economy (such as platform workers) are especially vulnerable.

Covid-19 adds to the problem – when it should be prompting employers to ensure easy access to facilities and address hygiene issues

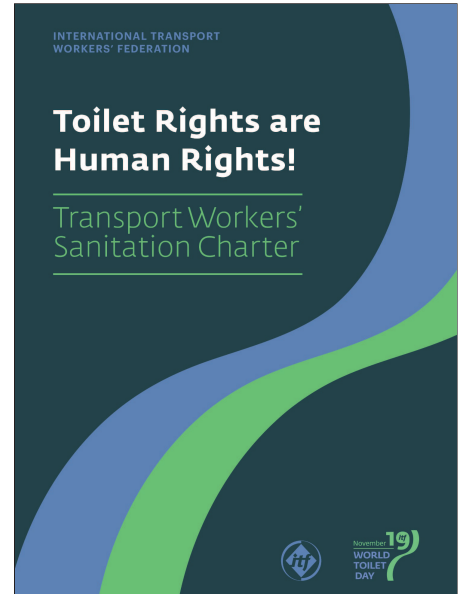
Examples include:

- Women seafarers may not have access to sanitary products while stranded in a foreign country with no freedom of movement
- Covid-19 being used as an additional excuse to deny delivery drivers access to sanitary facilities at premises they visit for work
- Public transport workers working long shifts and high levels of exposure to the virus with limited or no access to sanitation facilities which is exacerbated by the closure of cafes and restaurants
- Some employers being slow to implement hygiene and protective measures such as social distancing in warehouses and distribution centres where work and worker numbers may have increased due to higher demand.

a toilet is a workers' right

For all transport workers, decent workplace sanitary and washing facilities are

- a human right
- a labour right
- a gender equality right
- central to decent work in the global



transport economy

- essential to the health, safety and welfare of all transport workers.

A toilet should be available, appropriate, clean, private, safe, secure and accessible for all transport workers wherever they are working.

But these labour rights, human rights, gender equality and health and safety rights are routinely flouted across the world.

working for solutions: the ITF Sanitation campaign

The ITF's sanitation campaign took off after ITF Women organised a well-attended fringe meeting “Our right to flush” at ITF Congress 2018 in Singapore – and decent workplace sanitation for all transport workers became a Congress priority.

Led by ITF Women, the ITF developed the Transport Workers' Sanitation Charter which was launched on World Toilet Day 19 November 2019 (an official United Nations observance day). The launch prompted global action by ITF affiliates.



what is the Transport Workers' Sanitation Charter?

The Charter outlines the problem including workers' stories of ill health, loss of dignity, financial costs, and risk? of violence because of poor or non-existent toilet facilities for transport workers (especially for women). It emphasises that collaboration means improvement, with examples of successful actions and campaigns by affiliates, such as negotiating designated breaks, specific facilities for women transport workers and employers providing sanitary products free of charge to workers.

The Charter demands action for improvements in sanitary provision for transport workers, giving particular attention to the needs of women transport workers, from the International Labour Organisation and regional inter-governmental organisations.

“When working coastwise (cruise ships) we used to have to shit in a hole.

“After women came to the waterfront we had actual toilets; it got better for all of us.”

Male dock worker, Canada

The Charter also makes extensive demands for action from governments (such as for gender-responsive legislation, research and policy), employers and their supply chains (such as worker consultation on health and safety and sanitary provision including women workers) and investors in transport projects who should satisfy themselves that labour rights are being respected and the infrastructure includes appropriate sanitary facilities for all workers.

There is a checklist for decent sanitary facilities for transport workers to assist in collective bargaining, information on

health issues arising from lack of access to toilet facilities at work (such as urinary tract infections, menstruation and pregnancy) and a list of key legal sources including international UN conventions and resolutions and ILO conventions and guidelines underlining the right to sanitation under international law.

the Charter and Covid-19

Building on the Charter, the ITF has issued demands for urgent necessary action from employers, governments, and investors.

These include:

- integrating a gender-responsive approach to legislation, policies and guidelines in relation to workers' hygiene and sanitary provision and to all the practical steps needed to keep workers safe and healthy
- ensuring appropriate facilities and breaks for workers during the working day to use them without loss of pay or victimisation
- including women and men on Covid-19 public health and occupational health and safety advisory bodies
- provision of information, instruction and training on Covid-19 and of suitable PPE free of charge to all transport workers.

FURTHER INFORMATION

ITF: FOR THE FULL LIST OF DEMANDS OF THE TRANSPORT WORKERS' SANITATION CHARTER WWW.ITFGLOBAL.ORG/EN/NEWS/TOILET-RIGHTS-ARE-HUMAN-RIGHTS-TRANSPORT-WORKERS-SANITATION-CHARTER

ITF: COVID-19 AND ACCESS TO SANITATION FACILITIES FOR TRANSPORT WORKERS WWW.ITFGLOBAL.ORG/EN/NEWS/COVID-19-AND-ACCESS-SANITATION-FACILITIES-TRANSPORT-WORKERS

PLEASE CONTACT WOMEN@ITF.ORG.UK FOR MORE INFORMATION ABOUT THE ITF SANITATION CAMPAIGN

Le droit aux toilettes est un droit humain !

Права на туалет - это права человека!

¡Ir al baño es un derecho humano!



DfT & HSE care about toilets...

SPURRED on by Covid-19 if not by concern for drivers the DfT and HSE produced the following letter in May 2020:

To whom it may concern

Access to hygiene facilities for drivers

This letter has been produced by the Department for Transport and the Health and Safety Executive (HSE), to reassure drivers, and to remind businesses of their obligations under the Workplace (Health, Safety and Welfare) Regulations 1992, to provide suitable toilet and hand washing facilities to drivers visiting their premises.

Businesses which make or receive deliveries, should ensure that drivers have easy and safe access to toilets and hand washing facilities to support their health and wellbeing whilst carrying out their important work, which supports the economy.

Preventing access is against the law

Regulations 20 and 21 state that suitable and sufficient sanitary conveniences and washing facilities shall be provided at readily accessible places and that hot and cold running water and soap must be available to use. Whilst this obligation for business is not new, ensuring that hygiene facilities are made available to visiting drivers is especially important during the current COVID-19 crisis, to avoid unwanted public health implications and to help tackle the spread of the virus, at a time when there are fewer locations operating with facilities that drivers can access.

HSE guidance states that drivers must have access to welfare facilities located in the premises they visit as part of their work. The responsibility in law to provide access rests with the person in control of the premises.

You can obtain more information on infection control by contacting: Public Health England: www.gov.uk/government/organisations/public-health-england Public Health Wales: www.wales.nhs.uk Health Protection Scotland: www.hps.scot.nhs.uk

Yours faithfully,
Baroness Vere of Norbiton
Parliamentary Under Secretary of State
Department for Transport
Sarah Albon
CEO, HSE

united nations: women's rights

THIS year marks the 10th anniversary of the mandate of the United Nations Special Rapporteur on the rights to freedom of peaceful assembly and of association (FoAA). Its creation by the Human Rights Council in 2010 put the rights to FoAA at the centre of international human rights discussions and helped raise awareness and counter the many threats people face while exercising these rights.

The UN recognised that women and girls have inspired and led mass mobilisations and collective action across the world. Whether they are speaking up against corruption and economic inequality, reclaiming democracy and political freedom, or demanding fair work and climate justice, women of all ages are at the forefront of today's most pressing global struggles. While this is not new – women have been central players in movements for democracy, peace and human rights, including women's rights and gender equality for generations – the power and visibility of their current activism is offering a renewed vision of hope in the context of democratic backsliding and repression of human rights.

Nevertheless, in many countries, women and girls who are publicly and politically active are at much risk of violation or discrimination in their exercise of these rights. They not only face well-documented patterns of state repression – that men, boys and those who identify with other identities also face – but many additional obstacles, challenges and impacts that are gendered, intersectional, and based in deep-rooted discriminatory social norms.

As part of the review organisations were requested to respond to six questions posed by the Special Rapporteur:

1 What has the Government done to ensure that women and girls have equal opportunities to exercise their rights to freedom of peaceful assembly and of association (FoAA), both in law and in practice?

2a) Association: Is there an enabling environment in your country or region for a diversity of women and girls to form and join associations and/or networks? How is an equal and safe space for women and girls to participate meaningfully being ensured? Are there social norms and discriminatory laws, policies and practices that deny or deter women and girls from the exercise of the right to freely associate – directly or indirectly – or laws which affect everyone but have different impacts on women and girls? Are there specific issues women and girls are denied to form associations on and why? Do these extend online

and in digital spaces? Are there attacks and violence against women and girls who form or join associations and how do they manifest themselves?

2b) Peaceful Assembly: In what ways are women and girls in your country or region able to mobilise and participate meaningfully in peaceful assemblies – offline and online? What are some of the drivers behind these mobilisations? What are some of the barriers and obstacles they face specifically – including violations? Are there specific issues women and girls are denied to mobilise or participate on and why? Could you give examples of achievements, which resulted from such mobilisation? Are there discriminatory laws, policies and practices that deter them from the exercise of this right – or affect everyone but have specific impacts on women and girls and if so, how?

2c) In your opinion, which measures and policies would have to be taken to remove existing obstacles and risks to women and girls' enjoyment of these rights?

3 Some women and girls face particular obstacles to FoAA and are at even greater risk of violations of their rights, including violence and marginalisation, due to intersecting forms of discrimination. Can you identify groups of women and girls in your country or region that are particularly at risk and require specific attention in the thematic report? In this regard, what are their specific situations, views and requirements to facilitate and protect their rights to FoAA?

4 The 2030 Agenda of Sustainable Development also calls for gender equality and women's empowerment, as crosscutting issues, especially in Goals 5 and 16. Has your organisation and other civil society organisations been involved in advancing gender equality across the 2030 Agenda where this concerns freedom of association and assembly, as well as specifically concerning implementation of SDG 5 and 16 – both on its own and in cooperation with States and UN agencies?

5a) What has been your and your organisation's experience in supporting women and girls in exercising the rights to FoAA?

5b) What have been the biggest challenges in your work to help guarantee the enjoyment of



women and girls rights to FoAA while ensuring gender equality and addressing the specific needs of diverse women and girls?

6a) Can you name measures and policies taken by a State or the UN that you think have been especially effective to ensure women and girls' equal enjoyments to their rights to FoAA? Do you have any examples of good practices or strategies put forward by civil society to overcome the restrictions that women and girls face in exercising these rights? What role can the UN play in this regard and how could its action be improved to better support women's activism?

6b) Can you share an inspiring story of how women and girls exercised their rights to FoAA to change their lives, that of their families, communities or countries for the better?

6c) How do you view the feminist movement and the challenges it faces – and how these can best be addressed? What are notable examples of women's activism or women-led organisations and movements from your country, region, or area of thematic expertise from 2010 to the present?

YOU CAN READ THE FULL SUBMISSION OF THE NATIONAL ASSEMBLY OF WOMEN ON OUR WEBSITE
WWW.SISTERS.ORG.UK/INDEX.PHP/DOCUMENTS/

widf covid-19 statement

THE WOMEN'S INTERNATIONAL
DEMOCRATIC FEDERATION WORLD
SECRETARIAT STATEMENT ON THE COVID
PANDEMIC, JUNE 2020

WIDF expresses its solidarity, in particular with the women and children of the world, and renews its appreciation to the medical and health personnel committed worldwide at the forefront to combat and prevent the pandemic.

We especially thank the women who make up 70% of the personnel involved in assistance and care work, who have made an unparalleled contribution as front-line assistants, health professionals, volunteers from non-governmental, scientific associations, or providing essential services that have allowed the rest of their communities to live in personal isolation during quarantine.

Government responses show that there are notable differences in health care, and these differences are based on class, gender, origin, social systems in geographic areas, etc.

Countries with public health systems focused on people's well-being and environmental security, and non-profit organisations, have better conditions to prevent the spread of the virus and significantly reduce its impact on communities.

In capitalist and neoliberal countries, with privatised health systems based on the profit objective, the pandemic has added more damage to the pre-existing ones: social inequalities have widened and exacerbated discrimination, exploitation, violence against women and girls who have endured these attacks in confinement.

It is unacceptable that in the 21st century there are public health systems that cannot cope with habitual or urgent situations because the State and the monopolies consider people's lives and needs as 'costs'.

The problems in the countries oppressed by hunger and poverty have been aggravated or strangled by debt and structural adjustments, as well as by austerity policies.

We strongly condemn Zionist policies, continued military occupation, colonisation and settlement construction in Palestine, supported by the administration of the United States.

We reject the occupation of Israel in southern Lebanon and on the occupied Syrian Golan.

We call on the international community to speak out and reaffirm the right of the Palestinian people to establish their independent state in their own land, and the return of refugees in accordance with Resolution 194.

We denounce the intensification of imperialist actions in different regions of the world, the economic blockade against Cuba, the attempted military aggression against Venezuela, at a time when these peoples are fighting to combat the Covid-



19 pandemic

WIDF repudiates the economic sanctions imposed on Zimbabwe by the United States and the European Union,

which have lasted almost two decades, and we call for an end to the sanctions that are more urgent today due to the impact of the coronavirus pandemic (Covid-19), that affects Africa and the world.

The Venezuelan people in the midst of the Pandemic suffer the consequences of the sustained and criminal aggression of the US government and its European allies, which seek to restore their dominance over the country. The WIDF denounces and condemns all the interventionist actions of the United States Government.

The right-wing fascist agenda of the ruling parties and governments have tried to normalise their regimes and states of siege, and have pushed people into extreme misery and further discrimination.

covid impact in britain

THE Covid-19 crisis has compounded pre-existing gender inequality faced by women across our society, with women from BAME communities at far greater levels of inequality.

The majority of workers in the health and social care sector are women – 77% and 83% respectively. The shortage of PPE put them and their families at risk and saw them working for long hours and on wages that do not reflect their social worth. Underfunding of the NHS and staffing shortages were prevalent prior to the Covid-19 crisis so it is vital that NHS funding is increased and must include a salary review, bringing back in-house previously outsourced services and reinstatement of bursaries for student doctors, nurses and other health professionals. The shocking state of our social care provision has been starkly exposed during the Covid-19 crisis. Local councils should be given the powers to provide social care and to take over private care providers, employing staff on comparable NHS pay and conditions.

The closure of restaurants, retail shops and leisure facilities has affected young women workers to a greater extent than young men – 36% compared to 25%. The possibility of these sectors closing permanently will therefore have a greater impact on women's employment. There has been little change in the gender pay gap since 2012 and despite it being grounds for unfair dismissal 54,000 women a year are known to lose their job due to pregnancy or maternity. As the lockdown is eased women's employment rights are likely to be at greater risk.

When the lockdown is eased and people are permitted to return to their workplaces, employers should be mandated

to set out their health and safety policies in respect of social distancing and appropriate PPE where needed, fully involving trade unions and/or the Health & Safety Executive. Employees should be free from intimidation in exercising their employment rights if they believe they are at risk. Years of funding cuts to local authorities and the HSE must be reinstated to enable and enforce this.

The Covid-19 crisis has exposed the parlous state of our health and social care services as well as the precarious situation for many workers and their families. It has highlighted the social and economic inequality in our society, particularly for millions of women. Before this crisis, women already constituted the majority of people living in poverty, were more likely to be in low paid or insecure employment and struggling with debt. Women continue to carry out the majority of unpaid work, caring for children, elderly and vulnerable adults and are at a higher risk of domestic violence.

In charting the way forward, the Government has an opportunity to reject the corroding values associated with rampant consumerism and avaricious individualism, and build on the desire of people to act collectively in the interests of the wider community. It is imperative that the Government rejects austerity as a way out of the economic downturn and looks to rebuilding the economy through growth particularly those environmentally and socially useful industries, businesses and social enterprises.

READ THE FULL NAW SUBMISSION TO THE
GOVERNMENT WOMEN AND EQUALITIES
SELECT COMMITTEE ON [WWW.SISTERS.
ORG.UK/INDEX.PHP/DOCUMENTS/](http://WWW.SISTERS.ORG.UK/INDEX.PHP/DOCUMENTS/)

National Assembly of Women Annual General Meeting

Our AGM was due to take place in April but was postponed because of Covid-19. The re-scheduled Annual General Meeting for NAW members and delegates from affiliated organisations is free to attend and will be on

Saturday 7 November

11.30am to 1pm

The annual report and other documents will be circulated early autumn with the next issue of *sisters*

It will be helpful if you let us know if you are planning to attend the AGM.

For further information email naw@sisters.org.uk or write to NAW, Bridge House, Newport Street, Hay on Wye, Powys HR3 5BG

The AGM will take place only if it is safe to do so and will be held at the NASUWT's Hillscourt Education Centre, Rose Hill, Rednal, Birmingham B45 8RS

National Assembly of Women residential weekend conference

how did we get here?

HOW DID WE GET HERE? – an analysis of the economic and social landscape

how do we move forward?

HOW DO WE MOVE FORWARD? – social and economic challenges

Saturday 7 to Sunday 8 November 2020

Starting 1.45pm Saturday, concluding 1.30pm Sunday, at the NASUWT's conference centre in Rednal, Birmingham

Speakers include:

Laura Pidcock, Peoples Assembly General Secretary;
Marion Sharples, Project Manager/Researcher at the Women's Budget Group;
Caroline Underhill, Thompsons Solicitors; **Coral Jones**, NHS frontline worker

Conference costs: single ensuite room **£60** includes Saturday lunch, Saturday dinner, B&B and tea and coffee throughout the conference

The conference will take place only if it is safe to do so. **Registration and pre-payment are essential**

For further information and to reserve a place, email megan@gn.apc.org

Please send your cheque, payable to "NAW", to Bridge House, Newport Street, Hay on Wye, Powys HR3 5BG

what's on...

NAW Executive Committee meetings are open to *all* members. The next will be a "virtual" meeting on Saturday 25 July.

If you would like to attend please contact the Secretary on naw@sisters.org.uk or at NAW, Bridge House, Newport Street, Hay on Wye, Powys HR3 5BG

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