



International Women's Day Special Edition 8th March 2026

This International Women's Day

special edition features contributions from our women members, celebrating women's achievements in healthcare and highlighting the issues we still face. Women are represented at all levels of the SHA and we are grateful for their commitment and dedication, which is needed now more than ever. Decades of backdoor NHS privatisation means the service is now fragmented, chronically underfunded and in perpetual crisis mode. Fifteen years of austerity has caused an alarming decline in the population's health. For women, the picture is particularly stark, with maternal mortality rising to its highest for 20 years. Women spend more of their life in ill-health than men. Where we see increasing rates of disease, e.g. Type 2 diabetes and colon cancer, the increases are higher for women than for men. Conversely, reductions in disease prevalence benefit men more than women. Rates of mental health disorders such as anxiety and depression are rising disproportionately in women. And for women who are black, disabled or from another minority background, their health and access to health services is impacted even further. At all levels and ages, women continue to be failed by a medical system designed by and for men.

Yet women are the backbone of our health and social care services – making up over 50% of doctors, 89% of nurses, almost 100% of midwives, 59% of unpaid carers and 81% of all social care staff. 75% of all NHS staff are women. Data on female representation at senior and executive levels is outdated but shows that women continue to be underrepresented in NHS leadership.

The SHA works and campaigns on the NHS, social care and the population's health through its policy groups, branches and individual members. If you are inspired by the work represented in this special edition of the newsletter and would like to get more involved, please contact admin@sochealth.co.uk. We'd love to hear from you!

Edith Summerskill: Doctor, Feminist, Socialist, Reformer

Dr Rathi Guhadasan, SHA Chair

The achievements of Dr Edith Summerskill – a founding member of the Socialist Medical Association in 1930 – were extraordinary. She qualified as a doctor in 1924 and from the start of her career, she understood that women's health was inseparable from women's and class equality.

In Isabel Hardman's history of the NHS, "Fighting for Life" Dr Summerskill describes attending her first patient in labour, as a newly-qualified doctor:

"There lay the patient on a mattress, covered by a threadbare blanket, a girl of my own age, in labour with her second child. By the bed stood a cot and standing grasping the wooden bars was a child with bulging forehead and crooked legs. The classic picture of rickets, a disease of undernourishment. The young mother clutched my hand with her own moist bony fingers, on which she wore a greenish brass wedding ring, twisted round with cotton to prevent it falling off. In that room that night I became a socialist and I joined in the fight, not against a class but against a system."

She established a surgery in Enfield in the 1930s and saw firsthand the health inequalities endured by working-class women and their families. She joined the Socialist Medical Association (later to become the Socialist Health Association), a new group of doctors set up to campaign for universal health care, free and open to all. Within a few years, they achieved their first victory when the Labour Party, to whom they had affiliated shortly after their foundation, adopted the idea of free medical care, managed by local government, as official policy...

Within the SMA, Summerskill was a powerful advocate for integrating women's health into the broader socialist programme. She argued that specific health burdens borne by women – repeated pregnancy, domestic labour, malnutrition – were not merely medical problems but symptoms of a profoundly unequal social order. She used the SMA as a platform to link clinical evidence to political argument, making the case that a National Health Service must serve women on equal terms and must take seriously the relationship between poverty and ill health. As part of the campaign for universal health care, she campaigned with midwife Esther Rickards, for a National Maternity Service, raising awareness of the high rates of preventable maternal mortality and morbidity and ensuring that the birth of the NHS in 1948 brought considerable improvements to maternal, newborn and child health.

The SMA's influence on the creation of the NHS was considerable, and Summerskill's dual authority as both a practising doctor and a parliamentarian made her uniquely effective in bridging the medical profession and the Labour movement." Read in full, [here](#).



On women's inequality in healthcare

Kate Osborne MP – Jarrow & Gateshead East, SHA NE

This International Women's Day we celebrate the social, economic, scientific, cultural and political achievements of women across the world...Women are the shock absorbers of poverty, violence against women and girls still remains at a crisis level and women continue to face systemic discrimination in workplaces, healthcare, politics and in society. We have also seen a rise in sexism and misogyny fuelled by toxic online behaviour – 73% of social media users have witnessed misogynistic content online and it's something I and many other women experience everyday on social media.

Of course the abuse I receive comes with an added serving of homophobia, we know that intersectionality means that working class women, Black women, disabled women and LBQT women often receive abuse more frequently and abuse that is compounded and more intense...International Women's Day is not only a moment to celebrate progress, but to confront the inequalities that persist and call for continued action. Nowhere is that more necessary than in healthcare.

Women's health has historically been under-researched, underfunded and too often overlooked. Conditions that disproportionately affect women –from endometriosis and polycystic ovary syndrome to menopause and reproductive health issues – are frequently dismissed, misdiagnosed or left untreated for years. Many women still report having their pain minimised or ignored, a reflection of the misogyny that has long shaped medical systems and research priorities. The gender health gap remains stark. Much of modern medicine was built on research conducted primarily on male bodies, meaning diagnostic tools, ...

treatment pathways and clinical trials often fail to reflect the realities of women's biology and lived experience. The consequences are often catastrophic: delayed diagnoses, inadequate treatment and poorer health outcomes for millions of women.

As Chair of the All-Party Parliamentary Group on Fertility, I see first-hand the challenges many people face in accessing treatment. Across the UK there remains a postcode lottery for fertility care, with families unable to access NHS-funded IVF despite clear clinical need. Read Kate's article in full, [here](#).

365 Day – Our fight for fair pay!

Caroline Hayhurst – Gloucestershire Phlebotomist

"I have worked in the NHS for 42 years. It is not normal for NHS workers to be forced to strike for a year simply to be recognised for the skilled work they do. For 365 days, alongside 36 colleagues, I have been on strike to win the re-banding that my fellow Phlebotomists and I rightfully deserve. Our role is specialist and essential. We play a critical part in patient care, supporting doctors, clinicians and the wider NHS every single day. This has already been recognised elsewhere – at Homerton Hospital in London, Phlebotomists were recently re-banded in acknowledgement of the vital and skilled nature of their work. We are simply asking for the same fair treatment. Throughout this struggle, we have not stood alone. The support from the public and the wider trade union movement has been incredible, and it has strengthened our resolve.

On 17 March, we mark 365 days of strike action with a march and rally in Cheltenham – and we are calling on everyone to stand with us.

9:30am – Gather at the Weathered Man statue, Sandford Park, GL50 1DZ

10:00–10:30am – March around the hospital, returning to Sandford Park

10:30–11:00am – Rally in the park

This important action is supported by: BFAWU, Fire Brigades Union, General Federation of Trade Unions, HCSA, National Education Union, NHBC Staff Association, PCS, Strike Map, Royal College of Podiatry, Unite the Union, and UNISON. After a year on strike, we are still standing. Join us on 17 March and show that this fight for fair recognition matters. **In solidarity.**

Event details, [here](#). Support workers through Strike Map, "I give a pleb" badges available, [here](#).



IWD – more relevant than ever

Jamie Green, SHA Cumbria

“Hundreds of thousands of working women who labour with their brains are just as much exploited by the action of capitalists and middle-men as the millions of women who work with their hands, because the whole capitalist class hangs together, and defends its interests.” — Clara Zetkin

Clara Zetkin (1857–1933), a German Marxist theorist, communist activist and teacher, proposed the first International Working Women’s Day in 1910. Zetkin wrote prolifically on women’s liberation – and the intrinsic divergence between the bourgeois feminist and the proletarian women’s movements...Zetkin argued that despite political equality, nothing had truly changed in terms of the actual relations to power – “free competition” with men would not liberate women, but only by the abolition of the capitalism and construction of a socialist society could women be free. Zetkin argued fiercely against Hitler and the rise of fascism, described as the *“strongest, most concentrated, and classic expression at this time of the world’s bourgeoisie’s general offensive. It is urgently necessary that it be brought down.”*

Zetkin’s words remain painfully relevant: the perpetual and inherent crises of capitalism persist, embodied in Trump’s corruption in the US and ICE – the [masked face of US fascism](#) – Israel’s genocide in Gaza, killing over 28,000 women and girls and over 1,686 healthcare workers, displacing millions – and now the US/Israel attack on Iran which has already led to bombing of a girl’s school in Minab, leaving 168 dead.

In a short article we cannot even begin to cover the depths and wide reach of the depravity of those involved in the Epstein scandal. The hidden [links](#) to Israel, Mandelson, Trump and other powerful people are slowly becoming clear. The Iran war is not simply a distraction from the Epstein files – but an extension of the Epstein scandal: interlinked as it is in the patriarchal capitalist system, elitism and the exploitation of women.

In a time when the world is seeing historic levels of wealth, 342.4 million women and girls are trapped in “extreme poverty” and expected to live on less than \$2.15 (£1.60) a day by 2030.

In Britain, the top 10% richest households retain upwards of 43% of wealth, while 4.1 million women are living in poverty (2023–2024), with 4.5 million children in relative low-income households. 4.6 billion people worldwide lack access to essential health services, with women often facing greater difficulties due to systemic barriers and gender imbalances in healthcare.

Austerity policies between 2010–2019 cut life expectancy by an average of five months for women... Neoliberalism, systemically violent in its effects over the last forty years... are all linked to “over 1 million premature deaths” in England alone...This systemic violence has a disproportionate affect on Black and Asian communities, as well as disabled women – described by the Women’s Budget Group as the “triple penalty” for low income, disabled, Black or Asian women – suffering the sharpest and most aggressive edge of cuts to our society... Ending capitalism, and building a socialist society then, as Zetkin concludes, is a question of “survival for every ordinary worker, a question of bread, working conditions, and quality of life for millions and millions of the exploited.” Read in full, [here](#). **Bread, roses, and solidarity on this day.**

A Life in Health, Care and Advocacy

Glenda O’Brien, SHA Cumbria

“For more than thirty years I worked as a nurse...Good healthcare is not only about treatment and medicine; it is also about listening, explaining things clearly and showing compassion...Like many nurses, I rarely thought about my own health while caring for others. But life has a way of changing direction. In later years my health changed dramatically. I suffered strokes and developed a number of long term conditions which left me living as a disabled person. Experiencing serious illness from the patient’s side of the system is something that gives you a completely different perspective. When you become disabled yourself, you begin to see the world differently...

At first this change in my life was difficult to accept. However, over time I realised that the values that guided me as a nurse had not disappeared...Because of my own experiences I have become more involved in advocacy and speaking up for disabled people... *International Women’s Day is a chance to recognise women from all walks of life who quietly make a difference in their communities. Many of them will never appear in headlines, yet their work and dedication improve the lives of others every day.*” Read in full, [here](#).

Save Liverpool Women's Hospital

Interview with Stephanie Miller, retired midwife

Video transcript. "I'm Stephanie Miller, I'm a retired midwife obviously - worked for decades within the NHS, first as a nurse and then as a midwife. All I can say as a midwife, I never lost a mother or a baby, neither did my colleagues. Why are we now losing so many mothers in the 21st century? Why are we losing so many mothers and so many babies. Somebody must look and the rationale authorities - services have been decimated, fragmented - bureaucratic - literally interfered in what was a woman's professional jobs that we handed down from one generation to another - we were dedicated, we were professional and we were safe. But they destroyed that when they broke us up into teams, so-called controlled choice and continuity - there was no choice, no continuity - and midwives were totally broken up into different groups, demoralised, over-worked and let some of our best midwives, our most experienced midwives left the NHS and the job they loved because they couldn't take the pressure any more..."

Watch in full, [here](#).



Women's history is being erased

Judith Varley, SHA Liverpool

"Elizabeth Garrett Anderson (1836 - 1917) was the first woman to qualify in medicine in England. As she was not accepted to train in England on gender basis, so she went to Edinburgh and disguised herself as a man to qualify. The hospital she founded still exists; located on Euston Road, London sited between Euston station and the British Library, and used to be accessed from the foyer of the UNISON building. Unfortunately it has been closed since Covid, even the sign with its name (The Elizabeth Garrett Anderson Hospital) and a brief history has been removed. It should be restored.

Specialist Women's Hospitals have been closed across the country. 60 years ago, every major conurbation had a women's hospital. Only two remain, one is Liverpool Women's Hospital which has been under grave threat for years. Thanks to a small determined group of women led by Felicity Dowling, the fight to keep it continues. The other is Birmingham Women's and Children's Hospital. We know there is a national crisis in maternity services; the closure of specialist hospitals indicates the dire and neglected state of women's health, and the refusal of the establishment to recognise women and their health issues as of real importance.

The Women's Library and Museum was originally founded by Millicent Fawcett (sister of Elizabeth Garrett Anderson) in 1926 - its centenary is imminent. Some years ago it was housed in a building owned by the University of East London. This building itself had been an East End washhouse originally used by thousands of Victorian women. It was restored and developed sensitively by a group of women architects. The Museum / library was accessed as all other similar collections are, from the street with conventional hours of opening. After a few years, the university decided it wanted the building back and the contents were taken to the LSE. However, no-one knows it's there, and even if you find out, it's impossible to see it without prior notice and a special pass unless you are a student or staff member of the LSE. Effectively this collection, the archive and the history has been disappeared."

Editors note: As the library is an Open Access(OA) library, many of its items are available online, read more [here](#), and how to plan a visit in advance.



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Contact: admin@sochealth.co.uk

Restore and Save Maternal Health!

Felicity Dowling

Maternity services in Britain are significantly damaged and damaging – damaging to mothers, babies, families and communities. The damage is also felt by workers and professionals: midwives, obstetricians and other NHS staff. On International Women's Day 2026 and in the year that follows, let's raise our voices long, loud and unceasing, to demand that maternity services are urgently repaired, restored and rebuilt for all our mothers, daughters, sisters, friends and lovers – and for every baby. Maternal death rates in the UK have increased to levels not seen for almost 20 years according to MBRRACE-UK Collaboration.

“The maternal death rate for women from Black ethnic backgrounds has decreased slightly from the rate in 2019–21 but Black women remain three times more likely to die compared to White women. The maternal death rate for women from Asian ethnic backgrounds remains two times higher than that of White women; Women living in the most deprived areas still have a maternal death rate more than twice that of women living in the least deprived areas.” Infant mortality has not improved. Black, Brown women – especially impoverished women, are much more likely to experience the pain and bereavement of infant deaths...NHS staff deserve our thanks and our support as they too fight for improvements in the maternity service. The campaign, and petition previously shared by SHA, to legally restrict the working day for midwives should be supported. The damage to maternity services is well known to the government – well known to many who have used the service or had family using it. It is known to all who work in or around the service... The sources of these damages?

- **Austerity:** A driving force of this is inadequate funding that drives cuts. Understaffing and overworked staff are core elements in this dangerous mix. Chronic underfunding must be addressed if any other interventions are to succeed
- **Poverty:** An entirely avoidable and preventable variable that significantly affects women ...

especially mothers with young children and pregnant women. Austerity has badly hit women's income, especially the income of women with children. The health of the baby is derived from the health of the mother.

- **Allocation of resources:** The Maternity Tariff and Birth Rate Plus, an invaluable tool, are both inadequate.
- **Staff over work:** Midwives are massively overworked, as described by SHA Maternity Working Group organiser, Pat Schan.
- **Staff skill sets:** There is a need for better management of deteriorating patients.
- **Staff Training:** University staff are concerned at the facilities and resources available for training midwives.
- **Retaining staff:** Staff leave through stress and overwork meaning that the age and experience profile of midwives has significantly changed. *“The rise in midwives leaving the profession is a warning sign we cannot ignore.”* – RCM, 2025
- **Racism:** Racism in NHS maternity care worsens outcomes for Black women, Asian women and Muslim families. This contributes to billions in negligence claims. Black, Asian and other global ethnic majority midwives and maternity support workers (MSWs) also experience bullying, harassment and discrimination at work, are *“more likely to face disciplinary proceedings and have fewer opportunities to progress their careers.”* – RCN, 2024.
- **Uncosted policies:** ‘Continuity of Care’ is undoubtedly a good service, and often indicated as a solution to the problems of the service. However, there are not sufficient midwives to provide this service and midwives often specialise in one aspect of maternity so are not available for full implementation of this method.
- **Trauma** and fear amongst women giving birth as well as Lack of respect for women giving birth

Demand resources, respect for women, demand proper consultation on methods to improve the outcomes and experience of giving birth. Make the government listen. Organise for maternity. Take the issue to the trade unions outside the NHS.

Read in full, here. Follow and support Save Liverpool Women's Hospital. Read SHA's ‘In Place of Trauma’.



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Honouring the women of Gaza

Rathi Guhadasan, SHA Chair

Speech delivered at IWD rally, 06.03.2026

I am here today, on behalf of the Socialist Health Association, to honour Gaza's health workers – and in particular, its women.

Women such as Safaa Nezar Hassouna – a young pharmacist serving her community who was killed alongside her 3-month old daughter. Women like Majda Abu Aker, who practiced obstetrics and gynaecology until she was murdered by an Israeli air strike. And midwives like Ayda – who delivered babies by the light of her mobile phone – under constant bombardment.

Gaza's healthcare system has been systematically and deliberately dismantled. All its hospitals either damaged or destroyed. Ambulances destroyed and paramedics murdered even as they try to rescue the injured. 1200 doctors killed, almost 400 detained – simply for being doctors.

Pregnant women have given birth in the streets, in shelters, in the backs of cars. Caesarean sections performed without anaesthesia. Women dying from sepsis because there are no antibiotics. Newborns dying because there was no electricity for incubators, because their mothers are unable to feed them and because when they get sick, they are denied the medicines that could save them.

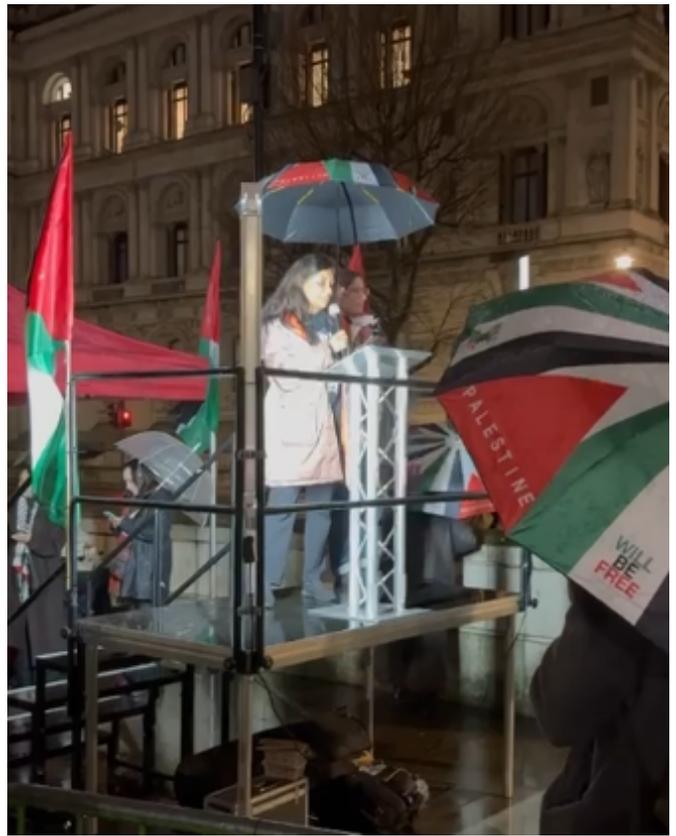
This is not collateral damage. This is a war on life itself – the deliberate destruction of Gaza's capacity to live.

And it wasn't just the health service that was attacked – it was every facet of public health infrastructure – the very infrastructure of survival.

Clean water – gone. Sewage systems – destroyed. Bakeries bombed. Food, medicine and aid convoys blocked. Over 90% of homes destroyed – forcing people into overcrowded conditions.

With sanitation collapsed, infections spread fast: hepatitis A, cholera, meningitis, polio and many other preventable diseases. Malnutrition, especially in children and pregnant women, has reached catastrophic levels.

And yet, despite the destruction of their facilities, the risks to their own lives – despite their own suffering – Palestinian medics, nurses, and aid workers have continued to show up.



Women like Dr Alaa al-Najjar – the paediatrician who was treating injured babies when the charred bodies of her 7 children were brought to her hospital. She went from treating her patients to the morgue and then back to the ward to care for her surviving child and husband.

This is not just way above and beyond the call of duty – this is beyond our imagination – and yet it happened.

Their acts of bravery and of caring are the backbone of resistance, of memory, of hope. Their dignity stands in stark contrast to our own leaders – men who chose to fund and arm a genocide when they had the power to stop it.

So let us pay tribute to all the women of Gaza but especially the health workers, the mothers and everyone who has provided care through unimaginable horror but let us continue to speak up for them and never let their stories be forgotten.

Free Palestine.



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