

men & women  
working together

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Open Letter July 2021

**Rt.Hon.Sajid Javid MP, Secretary of State for Health & Social Care**

Dear Sajid Javid

I am writing to you on behalf of Men & Women Working Together (MWWT) in order to congratulate you on your appointment as Health Secretary.

I am hoping to persuade you to break with decades of Gender Apartheid Policies against men which is effectively disenfranchising all men as they are now without any form of real representation in Parliament. Your current Women's Health Strategy : Call for Evidence forms part of our 8 Men's Issues and our request for a Minister4Men. Men were already being discriminated against in the field of men's Health. Your new strategy will worsen men's position. I have outlined our issues below. Please take the trouble to read them.

#### **MWWT MEN'S ISSUES**

**Family Courts** - Men are currently discriminated against in the Family Courts and have no Legal Presumption of Contact with their children after divorce even when they are a fit father.

**Domestic Abuse Act** – not a single man or men's group were allowed to be part of the Oral Hearings section which included single women and women's groups. Efforts to find who or which department was responsible for this inequality by means of FOI requests were totally blocked. Two **suicidal young men** who suffered from mental and physical abuse from their mothers and denied any support should have had an Oral Hearing and were Manor : <https://youtu.be/noG2wrk-Zlc> & Heaven : <https://youtu.be/IHaam91L8eI> MWWT interviewed them in 2020 and one is still suicidal. Men are now being silenced in the Women's Health Strategy.

**Bench Book** – this was first written in 2010 as a sentencing guide and is used to ensure that women are spared jail for crimes which men would be sent to prison for. It has resulted in very low numbers of women in prison and the next move is rehabilitation centres for women while men languish in sub-standard prisons rife with drugs and violence.

**Boys Education** - "Boys could do better" was published in around 2000 and outlined the many reasons as to why boys had slipped behind girls in most subjects. In brief, they concluded that much had been done to raise girls educational standards in maths and science subjects where they had trailed the boys but did not balance this by trying to raise boys educational standards in English language and literature. They also introduced coursework which girls rapidly adapted to and reduced the amount of sudden death exams which boys preferred. Despite this evidence nothing was done.

**Rough Sleeping** – men form 83% of rough sleepers and little or nothing is done to remedy this problem. This figure alone shines the spotlight of Gender Apartheid on a situation which would, quite rightly, not be tolerated if women formed the 83%.

**False Allegations**- Rape itself is an abhorrent crime and any woman or man suffering from it will be scarred for life. Every effort must be made to ensure that the correct procedures are applied to ensure that a safe conclusion is reached.

There were a series of collapsed rape trials whilst Alison Pearson was Head of the CPS. She along with sloppy police work resulted in 27 rape trials collapsing due to withheld evidence and the CPS desire for a conviction at any cost. This has resulted in the public's lack of confidence in the judiciary and the police and cannot be tolerated any longer. The effect on men of being falsely accused is appalling as they are pilloried in the media, can lose their wife, family, job and are ostracised in public. Some even commit suicide.

**Male Suicide** – Year on year men form around 75% of suicides. Efforts are being made to reduce this figure but with little success. MWWT have studied the above men's issues and it is clear that if we are to reduce male suicide the solutions lie in reforming each area eg. **Family Courts** – a lack of contact enforcement lasting for many years combined with Parental Alienation is a cause of male suicide. A study on the CSA shows that men who are always behind on payments are more likely to commit suicide. **Domestic Abuse** - due to the general lack of support, especially refuge provision, is the cause of increased male suicide.

**Benchbook** – high rates of suicide in HMPs is caused through intolerable conditions in men's prisons which should be raised to the status of women's prisons and include rehab. **Rough Sleeping** – there is little or no need to dwell on this. Men are subjected to assaults, ignored, trodden over, falling into drink/drug habits.

All of these above issues, including Health which follows below, start under the same premise which has been used by misandric groups for years – create a few Myths, add some poorly researched information and then fail to comply with the 2010 Equality Act and the Human Rights Act 1998. Men have become disenfranchised and have to sit on the sidelines while their wellbeing is being deliberately neglected by the continued Gender Apartheid policies of the Establishment of all political leanings.

## **Enough is Enough – Men & Women must Work Together – this divide and rule approach is negative as seen below and fails to solve the whole problem**

Over the years there has been a constant narrative that men do not look after themselves and a whole system of victim blaming developed as an excuse for ignoring their issues. Fortunately women have had the benefit of breast cancer screening since 1987 when women were first invited to attend for screening. It is usually within 3 years of their 50<sup>th</sup> birthday. This facility has never been offered to men for Prostate Cancer during this period of 34 years. The Government appears quite happy to allow men and boys to languish by neglecting to bring their health issues to the same level as that enjoyed by women. We do not wish to see a reduction of support given to women, rather MWWT wishes to see Men's Health taken more seriously and to remove all of these excuses for doing nothing.

We now outline the roadblocks being erected through the timeworn invention of Myths followed by a deliberate lack of compliance of the 2010 Equality Act and Human Rights Act 1998

## **The latest Gender Apartheid Policy against Men – Women's Health Strategy ; Call for Evidence**

**First Up – the Myths – Ministerial foreword – Matt Hancock** – there are no less than 21 pages detailing the requirements needed to improve women's wellbeing and continue the neglect of men.

Men and Women must work together to ensure that the wellbeing of every man, woman and child in the UK regardless of ethnicity or sexual persuasion is catered for. We have highlighted just three key items from the 21 pages of propaganda.

- ***“For generations, women have lived with a health and care system that is mostly designed by men, for men”***
- ***“This problem affects half of our population. It can lead to poorer advice and diagnosis and, as a result, worse outcomes”***
- ***“This “male by default” problem of the past must be put right. Despite living longer than men, women spend a greater proportion of their lives in ill health and disability”***

#### **Some Facts to answer the above misleading and unsubstantiated statements**

- The 1948 leaflet that was sent out to people when the NHS started said: *‘Everyone - rich or poor, man, woman or child - can use it or any part of it. There are no charges, except for a few items. There are no insurance qualifications.*source FULLFACT It was clearly designed for all people and not just men.
- There are deficiencies in the NHS but they will not be solved by denying men the opportunity to state their case as well.
- “male by default” is pure gender apartheid talk. It then briefly discards the fact that women live longer and then goes onto to state that they spend a greater proportion of their lives in ill health and disability. A few sums reveal that “But those extra years tend to be spent in poor health, the report states. Women are now living on average 19.1 years in poor health, or around 23 per cent of their lives compared with 16.1 years for men or about 23 per cent of their lives.” So on percentage terms men spend the same proportion of their lives in poor health or disability. Hardly “male by default”.

#### **Now let us examine some facts about men’s health**

##### **Fact One - Prostate Cancer**

Prostate Cancer – quote from Prostate Cancer UK Chief Executive, Angela Culhane

*“Prostate cancer research has been underfunded for too long. In the UK, one man dies from the disease every 45 minutes, and that’s not simply because men don’t know when they’re at risk. Tests to diagnose the disease early are not accurate enough and the treatments currently available aren’t always effective for each man’s cancer. In 2018, Prostate Cancer UK shone a spotlight on the shocking statistic that deaths from [prostate cancer](#) now outnumber those from breast cancer, making it the third biggest cancer killer in the UK for the first time.*

*We're determined to make prostate cancer a disease future generations won't have to fear. But we can't do this alone. The government must follow through on its promise to prioritise early diagnosis of cancer and make the necessary resources and funding available to do so. If research breakthroughs are to have any impact on the man in the clinic, NHS England and equivalent bodies in other parts of the UK, must have the infrastructure, workforce, training and drive required to harness them. We must work together and focus efforts if we are to save more lives and build a better future for men."*

**Angela Culhane**  
**UK Chief Executive**  
**Prostate Cancer UK**

## **Fact Two – The Bureau Investigates - Health Check on Men in London**

<https://www.thebureauinvestigates.com/stories/2012-06-25/male-health-initiatives-get-less-money-than-those-aimed-at-women>

*Health check. London PCTs spend more money on outreach health services aimed at women. Only a handful of London health trusts and councils commission services focused on men's physical and mental wellbeing, despite a Bureau investigation showing a shocking disparity between male and female life expectancy in the capital.*

*In some of the most deprived areas of London women live up to 12 years more than men. The Bureau wanted to know if this disparity was being redressed.*

*The Bureau sent out freedom of information requests to Greater London's 32 Primary Care Trusts and the capital's councils. We asked them to disclose how much they paid for health and wellbeing services outside the NHS broken down by gender.*

*Of those that replied, only four borough PCTs commissioned specifically men's services (at a cost of £11,135,291), while 15 PCTs commissioned women's services (at a cost of between £13,156,785 and £13,429,785).*

*For those with gender-based services that replied, women's health services received £1,775,766 to £2,048,766 more funding than men's over the past five years. There is a range because some PCTs would only disclose that an amount between two figures was spent, rather than a specific figure (eg £50,000 – £100,000).*

*The disparity in spending among PCTs was greatest in Brent, where nearly £3.5m was spent on female-focused third sector initiatives over the past five years, and nothing spent on men's. Yet male life expectancy in Stonebridge, Brent, is just 73.5 years, five years below the national average.*

*Alan White, Professor of men's health at Leeds University and lead author of a recent EU report into men's health, told the Bureau that there was a real lack of initiatives directed at the male population. 'At the moment there is a blindness to the fact that there are men*

wanting to use the services and they can't.' He said a particular problem is with working class men, who cannot adjust their hours.

*'If you're not in the van at 8am, you don't get paid, and so any services that are set during the working day are understandably difficult to access unless you have to go. 'So that means a lot of preventative services are not accessible to men – would you lose a day's pay to get your blood pressure checked, just in case it's high?'*

### **Anti HPV Jab – direct discrimination**

***“Anti-HPV jab will be given to teenage boys... but only if they identify as girls so that 'they fit in with their peers”***

- ***For past decade girls have been vaccinated against HPV infection on the NHS***
- ***Now the lifesaving cancer vaccine will be offered to boys who identify as girls***
- ***Vaccine protects against human papillomavirus which causes various cancers***

By [Stephen Adams](#) and [David Rose for The Mail on Sunday](#)

Published: 00:22, 3 June 2018 | Updated: 00:57, 3 June 2018

The [NHS](#) will give a lifesaving cancer vaccine to teenage boys – but only if they 'identify' as girls, The Mail on Sunday can reveal.

*New official advice makes clear that transgender girls – that is, those born male – will be offered the Gardasil jab so they fit in with 'their peers'.*

*However, boys will continue to be denied the vaccine, which protects against the human papillomavirus (HPV), which causes cervical cancer among other forms of the disease.*

*New official advice makes clear that transgender girls – that is, those born male – will be offered the Gardasil jab so they fit in with 'their peers'*

*Currently, all girls are offered the jab free on the NHS between the ages of 12 and 18.*

*Last night, the move to extend the vaccination programme to transgender boys was criticised as 'completely wrong' and an example of '**medical discrimination**'.*

*Stephanie Davies-Arai, of parents' group Transgender Trend, which is concerned about the rising number of children being diagnosed as transgender, said: 'It is wrong that one set of males should have it, while others can't. "**It's a form of discrimination against boys who identify as boys.**"*

*The Public Health England document states its HPV policy is being 'amended to include immunisation of transgender boys and transgender girls'.*

*It explains that 'transgender boys' – those born female – 'should be offered the vaccination to mitigate their risk of cervical cancer'.*

*By contrast, it gives a social rather than a medical reason for offering it to transgender girls – those born male – simply stating: ‘Transgender girls may be offered vaccination with their peers.’*

*For the past decade, girls but not boys have been vaccinated against HPV infection on the NHS.*

*This is because historically more females have suffered from HPV-related cancers than males, as it causes the majority of cervical cancers.*

*About 1,500 women die annually in Britain from HPV-related cancers, including around 1,000 from cervical cancer.*

*The virus is spread by sex, intimate contact and kissing. Yet HPV kills some 650 men a year, mainly due to oral cancers.*

*While cervical cancer deaths are slowly declining, the number of HPV-related cancers in men is rising fast.*

*The Joint Committee on Vaccination and Immunisation has argued inoculating boys would not be cost-effective, as most would be protected anyway as a by-product of female vaccination. On Wednesday, the JCVI will discuss the matter again.*

*The Mail on Sunday has been campaigning to end the vaccine **apartheid**.*

*Last week, we revealed how the Throat Cancer Foundation has launched legal action against Jeremy Hunt to force the Health Secretary to end the policy of giving jabs to girls only. Public Health England declined to explain why it was extending the jab to boys who identified as girls, but not to others.*

## **Finally in September 2019 PHE gave way**

### **HPV vaccine for boys “will prevent thousands of cancers”**

*Health officials say the HPV vaccine for 12 to 13-year-old boys, starting after the summer, will prevent 29,000 cancers in UK men in the next 40 years.*

*The boys will be eligible from the start of the new school year, 11 years after girls were first vaccinated.*

*The jab protects against human papilloma virus, which causes many oral, throat and anal cancers.*

## **How do boys get the vaccine?**

*Boys aged 12 and 13 will be offered the vaccine in secondary schools from the start of the next school term - in England, Scotland, Northern Ireland and Wales.*

*Girls aged 12 to 13 have been offered the HPV vaccine since 2008 in the UK.*

## Why are boys now getting the jab?

Because the programme to vaccinate teenage girls, and reduce cervical cancers, has proved very successful. There has been **a reduction in HPV infections, genital warts and pre-cancerous growths in teenage girls and young women** since the vaccine was introduced.

Other groups, like teenage boys, have seen benefits too because the virus is not being passed on to them. To protect boys even more, and reduce cancers of the anus, penis and head and neck in the future, health experts say they should be offered the HPV vaccine too. **Why did this have to take 11 years ?**

## Why is it needed at that age?

The HPV vaccine works best if boys and girls get it before they become sexually active. High-risk HPV infections can be spread by any skin-to-skin contact, and are usually found on the fingers, hands, mouth and genitals. This means the virus can be spread during any kind of sexual activity, including touching.

## What about older boys?

**Boys who are 14 to 18 will not be able to get a free, catch-up vaccine in the UK - but they can buy it for around £150 per dose.** MWWT is of the opinion that this discriminatory option would never have been offered to girls. **It further discriminates against poor families who simply cannot afford £150.**

Health officials say that boys are already benefitting from protection from the girls' HPV vaccination programme and this has reduced the spread of the virus. **Girls can continue to have a catch-up jab up to the age of 25. Continued discrimination.**

## What's been the reaction?

Dr David Elliman, immunisation expert for the Royal College of Paediatrics and Child Health, said he welcomed the introduction of the vaccination programme for boys. "In time, this will lead to a significant reduction in cancers of the anus, penis and head and neck," he said.

Dr Mary Ramsay, of Public Health England, said the programme could "make HPV-related diseases a thing of the past". PHE estimates that 85,000 cancers will be prevented in women, including 64,000 cases of cervical cancer, and 29,000 in men in the UK by 2058, thanks to the vaccine. "I encourage all parents of eligible boys and girls to make sure they take up the offer for this potentially life-saving vaccine," Dr Ramsay said. "It's important not to delay vaccination, as the vaccine may be less effective as adolescents get older." **Why did she not say that 11 years ago ?**

The Royal College of GPs said: "The potential of this vaccine to save lives and prevent the complications of cancer is huge, and since it has been available on the NHS for girls, it has had excellent take-up, with impressive results – **it's important this success is replicated with boys.**"

## Fact Four - NHS rules on single sex wards lead to discrimination against men with eating disorders

Dave Chawner has spoken about his experiences with anorexia CREDIT: OSCAR HOLM

Laura Donnelly, HEALTH EDITOR

15 AUGUST 2018 • 6:25PM

*Men with eating disorders are suffering discrimination because of NHS same sex ward rules, research suggests. A study of 26 UK hospitals treating the condition found four had stopped admitting male patients entirely, in a bid to comply with Department of Health guidelines. The rules, drawn up in 2010, say male and female patients should not be housed on the same wards, in a bid to protect patient dignity.*

*But the new study suggests that men suffering from eating disorders are getting worse access to care, because hospitals are **prioritising single sex wards for female patients**. Men make up an estimated 25 per cent of the 1.25 million people with an eating disorder within the UK.*

*But on average, male sufferers will wait nearly three times as long female sufferers to be even referred for treatment. The research, published in the British Journal of Psychiatry, also found that nine in ten patients with eating disorders such as anorexia and bulimia were in favour of mixed sex wards. Patients told researchers that all-female wards could encourage “competitive” tendencies - which could be lethal among those with such conditions. Dr Akiria Fukutomi, lead researcher, from Vincent Square Eating Disorder Service, run by Central and North West London Foundation trust, said: “The single-sex system disadvantages males as the majority of the patients are female.*

*“The fact that both professionals and patients believe eating disorder wards should be open to males, should spur units to accept males if they do not currently do so.*

*The researcher said the Government guidelines have been amended following the study, to allow mixed sex wards under particular conditions -such as keeping sleeping areas and bathrooms separate. Andrew Radford, chief executive of charity Beat said, “We need to remove the barriers that can prevent men and boys from accessing treatment, by raising awareness and ensuring services are accessible and have enough resources to provide help.”*

David Chawner

## Now for a few stats on women in the NHS

**Staff networks** in the NHS for under-represented groups – the lack of a men’s network is clear evidence of a serious lack of compliance with the 2010 Equality Act. Further it discriminates against white heterosexual men unless they are disabled.

- Black and Minority Ethnic (BME) network
- [Lesbian, Gay, Bisexual and Trans \(LGBT+\) network](#)
- Disability and Wellbeing Network (DAWN)
- Muslim network
- Women’s Development Network

### Is the NHS going to have 50 women on boards?

NHS Employer's report NHS Women on Boards: 50:50 by 2020 written by Professor Ruth Sealy of the University of Exeter Business School, examines the steps the NHS needs to take to reach the target of equal gender representation on boards by 2020.

[Women in the NHS - NHS Employers](#)

[www.nhsemployers.org/engagement-and-networks/health...](http://www.nhsemployers.org/engagement-and-networks/health...)

### **Is there a women's Development Network in the NHS?**

The NHS England Women's Development Network is encouraging women working in non-managerial roles in NHS England and the Commissioning Support Units to join the network and get involved as much or as little as they like. Our aim is to support the development of women working in non-managerial roles through:

[NHS England » Women's Development Network](#)

[www.england.nhs.uk/about/working-for/staff-networks/w...](http://www.england.nhs.uk/about/working-for/staff-networks/w...)

### **Why do we need women in the NHS?**

Our network supports women in the NHS and across the health sector with their professional development, and empowers women to secure senior and board level positions. Join the network to attend events and network with other leaders and aspiring leaders in the NHS

[Women in the NHS - NHS Employers](#)

[www.nhsemployers.org/engagement-and-networks/health...](http://www.nhsemployers.org/engagement-and-networks/health...)

### **How can I support women in the NHS?**

Our network supports women in the NHS and across the health sector with their professional development. Find out how, as a male ally, you can support the network and help to progress our members' priorities. Gain an insight into the network by accessing our range of resources, including podcasts, videos and blogs.

[Health and Care Women Leaders Network - NHS Employers](#)

[www.nhsemployers.org/engagement-and-networks/health...](http://www.nhsemployers.org/engagement-and-networks/health...)

## **The effects of this action on the progression of women in the NHS**

### **How many female doctors are there in the NHS?**

Over the same period, the number of male doctors rose by just over 4,000. It means 45 per cent of NHS doctors are now women, compared with 41 per cent in 2009. The whole NHS workforce has remained 77 per cent female throughout this period.

[Narrowing of NHS gender divide but men still the majority ...](#)

[digital.nhs.uk/news-and-events/latest-news/narrowing-of-...](http://digital.nhs.uk/news-and-events/latest-news/narrowing-of-...)

### **How many women are in the NHS workforce?**

77 per cent of the NHS workforce are women however just 46 per cent of very senior manager roles in the NHS are held by women - see NHS Employer's Gender in the NHS infographic for more information.

[Women in the NHS - NHS Employers](#)

[www.nhsemployers.org/engagement-and-networks/health...](http://www.nhsemployers.org/engagement-and-networks/health...)

### **How many female directors are there in the NHS?**

The figures stated that 87 per cent of nursing directors, 69 per cent of HR directors and 40 per cent of chief executives in the NHS were female. The proportion of female chief executives is almost double the proportion in FTSE100 companies.

[NHS Employers publishes gender statistics](#)

[www.independentnurse.co.uk/news/nhs-employers-publis...](http://www.independentnurse.co.uk/news/nhs-employers-publis...)

[See all results for this question](#)

### **How many female consultants are there in the UK?**

37 per cent of all senior roles are now held by women compared with 31 per cent in 2009. 36 per cent of consultants are now women compared with 30 per cent in 2009. At the other end of the pay scale, 74 per cent of band 1 staff are women, while bands 2 to 7 all have ratios of at least four women to every one man. 5

[Narrowing of NHS gender divide but men still the majority ...](#)

[digital.nhs.uk/news-and-events/latest-news/narrowing-of-...](http://digital.nhs.uk/news-and-events/latest-news/narrowing-of-...)

[See all results for this question](#)

## **MWWT COMMENT**

### **In Summary**

**It is clear that there are many shortcomings in men's health issues. It is also clear that with 77% of women working in the NHS with increasing numbers rising to the top jobs that there can be no shortage of women's voices. Full recognition has been made for minority groups and yet white, heterosexual males have no representation as a group and thus no voice. We do not wish to see a reduction of support given to women, rather MWWT wishes to see Men's Health taken more seriously and to remove all of these excuses for doing nothing.**

**We further request your support for a Minister for Men in order to give men a voice in their own right in the parliamentary system. The Women's Health Strategy has emphasised the outstanding need for the long overdue support for Men. We note that the Government is working on the next VAWG strategy which is yet another exercise which denies men and boys any say over their well-being and is further evidence of the need for a Minister for Men.**

**Stephen Fitzgerald – Chairman MWWT – July 2021 [www.mwwt.org.uk](http://www.mwwt.org.uk)**

