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"Intersectionality within healthcare" held at Royal Free Hospital

I attended this event today. It was 'sold out' yet less half the seats were filled. It was being professionally recorded.



The 'compere' for the day said "hello everybody" and explained that when she said "everybody", she meant "everybody". 🙄

We were told the toilets were 'toilets with cubicles' and 'toilets with urinals' and indeed someone had made hamfisted signs to go over the normal ones.

Caroline Clarke, CEO of the Royal Free, spoke first, and described herself as 'gay, lesbian and queer'. She noted that a lot of the Trust's network groups were present.

CC gave first tedious explanation of what 'intersectionality' means.

Agenda

09:00-09:30 **Tea, coffee and registration**

09:30-10:00 **Opening and Introduction**

Caroline Clarke, CEO of Royal Free London NHS Foundation Trust and one of the winners of the 2015 NHS Employers Diversity Leaders awards.

10:00-11:30 **Trans Awareness : The Basics**

Rahil Virik, Gendered Intelligence

11:30-11:45 **Tea & coffee break**

11:45-12:00 **Intersectionality: the Westminster Way**

Mike Clarke, Lead for Intersectionality & Theo Townsend, Chair of LGBT+ employe network group at Westminster City Council

12:00-12:30 **Acceptance and Respect**

The Mayor of Enfield, Cllr Kate Anolue

12:30-13:30 **Lunch**

13:30-14:00 **"With love to guide us, nothing can divide us" - the positive contribution of religious faith to LGBTI+ alliances**

The Revd Christina (Tina) Beardsley

CC explained that she first set up the LGBT group at RFH.

(RFH is an NHS Trust in North London, around the corner from the Tavistock, and serves a diverse economic and social population.)

One of her most moving experiences was being on an NHS float during 2018 London Pride.

(I know, I don't understand that either.)

Last year's Intersectionality event at RFH had Ruth Hunt, CEO of Stonewall, as a guest. CC wants the event to be an annual fixture in the RFH calendar.

One the nicest parts of her job was giving out LGBT badges.

CC wears a trans-tricolour lanyard because it starts 'important conversations'.

CC had a LOL moment about NHS deficit and how £3 LGBT badge sales might bridge the gap.

(Clue: it won't. Neither is holding a fully catered event which half the attendees don't turn up to.)

CC said that the Trust last year held Trans Day of Remembrance across all sites.


Although the subject of the day was 'intersectionality', the bulk of the morning was given over to Gendered Intelligence training - a 90 minute session.

Ellis Johnston (he/him) delivered the Gendered Intelligence training and explained that the organisation first specialised in working with young people - particularly

cartoon books and the like.

About me

Ellis J. Johnson MBACP (he/him pronouns)



I am a fully qualified Psychodynamic Psychotherapeutic Counsellor and believe that being open about my identity as a queer, trans man of colour is helpful to the therapeutic process.

The modality I use is psychodynamic, which involves bringing unconscious drives and patterns, alongside family and relationship dynamics largely developed in childhood, into conscious awareness. We are then able to explore how they affect us in our day to day lives. My work is also influenced by certain aspects of intersectional feminist theory, which takes into account how intersecting oppressive structures in societies and cultures can have an adverse effect on our mental health and bodies.

To this end, my work is affirmative of gender, sexuality and relationship diversity (e.g. non-monogamy, poly, kink), as well as being sex-worker affirmative.

Gendered Intelligence currently run social groups for children as young as 9 and basically are able to deliver training in all settings, public, private, school, and naturally hospitals.

Ellis asserted that: 'Everyone in this room has a gender identity' (to be later contradicted

by an explanation of what non-binary and agender means).

First slide was a 'working agreement' that there would be no recording (whoops) or photos. There wouldn't be 'huge amount of time for questions', despite having 90 minutes!

Ellis informed us that he was a transman, AFAB and began transitioning 5-6 years ago.

He reminded us that there probably wouldn't be a lot of time for questions.

First exercise for group - what does 'trans' mean?

Ellis summarised responses by saying that 'trans' means broadly someone who doesn't identify with the sex they were 'assigned' at birth and it is a term used by trans people who identify with the binary and against it (as non-binary or agender).

Ellis used the phrase 'legal structures we float around in' a few times.

An attendee, who said she was a consultant geneticist, exclaimed that there were multiple sexes and always have been.

Female chickens carry xy chromosomes, and cocks are xx, appaz.



The so-called geneticist also said that foetuses which carry chromosomes which aren't xx or xy often don't make it to birth, but there are a multitude of different combinations.

Ellis said that intersex were a 'movement of people' that we would be hearing more from in future.

Ellis relayed the oft heard mantra from trans activists on people who have Disorders of Sexual Development, namely that their sex is not able to be determined at birth and then as babies they are forced into invasive painful surgeries.

Ellis talked about a female fish which

hibernates for six months and comes out male to demonstrate how complex biology was.

Ellis said that 1 in 100 people are born with an intersex condition.

Surveys also suggested that 1 in 100 people are trans (so around 600,000 people in the UK).

Ellis also said that the stats were 'indicate only' (i.e. completely made up).

Language to describe trans issues is rapidly evolving so it is very easy to make a mistake and it is also easy to become anxious about making a mistake.

Don't bother learning the 72 types of

gender listed on Facebook! Ellis urged. (Don't worry, we won't.)

However, when you address people try to use gender neutral terms, like 'colleagues', as you don't want to leave out non-binary people, who already don't have any legal recognition.

The most important thing, Ellis said, was to find out what the person's name was and what their pronouns were.

Then Ellis got thrown a hard ball from the audience about where the statistic for 1 in 100 people being intersex came from. Stunned but not down and out, Ellis

mumbled he wasn't sure where the research came from and that he was happy to talk afterwards and that the number came from the intersex community itself.

(The approximate figure of those with DSD is hard to pin down but it ranges from 1 in 4,500 live births per year,

up to 10,000, in any case it is nowhere near close to 1 in 100 that Gendered Intelligence always tout.)

The discussion prompted another audience member to talk about a woman she knew who had a beard and who couldn't have children (i.e. a woman probably with polycystic ovaries).

Dsdfamilies is an information and peer support charity for families. Every year in the UK, approximately 150 children are diagnosed with Different, diverse (or as doctors might say, disorder) of Sex development (DSD). That means there are approximately 2,300 children living with DSD conditions in the UK.

Ellis said that hopefully the next Census will include a question on trans and intersex status so that we can finally pin down those all important numbers.

Next section was the Law and Trans People.

Ellis stated that there were 9 protected characteristics but failed to

explain that it is only Gender Recognition Certificate holders who are protected in law. Indeed Ellis deliberately misled the assembled audience of health workers that people who have a trans identity are protected in law.

Ellis said that you don't need to have had gender

reassignment surgery or hormone treatment in order to be considered as trans (this is not quite true, the current GRC process does ask people to theoretically commit to this).

Ellis said that people with trans identities could use which ever toilets they felt like using.

Thereby misleading the audience into thinking that single sex spaces are simply a matter of choice. Ellis stated that the Equality Act 2010 was clear on this and that people shouldn't be misled into believing that there was a debate about this.

[#nodebate](#) was uttered.

Ellis said that the 2004 Gender Recognition Act gave trans people the right to change their identity, but without the need to become sterilised (again although true,

applicants must say they will commit to such a journey but are not forced to do so).

Very few people have

bothered to get GRCs (himself included) and at £140 is far too expensive. 🙄

Ellis also said the current act contains a 'spousal veto' which can put a stop to a person transitioning (another untruth).

The recent government consultation on the GRA had opened up a 'violent' and confrontational debate, which had completely obscured the point of the consultation. It now looked like the Act won't be updated.

It is illegal to ask someone if they hold a GRC (finally a true fact) and that you can change your details with your bank etc without a GRC.

Ellis said that GDPR laws means that it is an offence to share data about someone's trans status (but in a health care setting this is the surely the wrong thing to emphasise?)

A neonatal nurse in the audience reflected that the ward she worked on had stopped using pink and blue

to demarcate boys and girls and was instead using rainbow cards instead.

Another said that hoped the Trust would move forward to using pronouns in email signatures and to ask people their pronouns in meetings.

A junior doctor, who was a they/them, had asked if pronouns of

pts could be included in handover sheets on the ward and that it would 'only take a minute to do'.

A question was asked about the preservation of single sexed wards but Ellis didn't really want to answer that and said 'moving along' instead and wanted to talk about using

'language thoughtfully'.

Trans pts privacy and confidentiality should be maintained (again this is a major risk in the health setting) and that databases should reflect inclusiveness.

Networks should be established.

Trans people should be asked how they would like the

system to work, rather than imposing something we might think works.

Support your colleagues who are transitioning by celebrating certain dates and announcements.

Update their records, ensure they have access to the toilets they want and changing rooms, make sure they are

safe. Enable them to have access to their medical appointments and time off for surgery. Ellis had to wait 3 years for hormone treatment. It is a lie that people get treatment straightaway.

Your 'transition at work' policy should enable staff members to travel overseas.

A health study from 2012 of trans people showed that 81% found positive benefits from transition - it allows them to 'imagine a future' (that still means one-fifth found no positive benefit).

Last slide, a reminder that Gendered Intelligence can provide training for your NHS

Trust! Oh, and no time for questions!

Next up were representatives from Westminster Council's LGBT group on 'The Westminster Way'. Westminster Council I believe are responsible for London Pride marches.

They have developed policies which they want to roll out to

businesses and services in Westminster. Human Resources have updated their policies and there is now a draft 'Transition at work and intersex policy' (despite intersex being nothing to do with being trans).

The group has been running for a year and now has 300 members.

They have a number of 'minority' networks, BAME, etc, but they weren't exclusive, i.e. anyone can become a member under the guise of allyship. All the networks link together.

All interview panels must now be comprised of minority rep., even for the most senior positions.

The most effective way to communicate as a network was via a Whatsapp group and that putting on social events was crucial.

(Finally a mention of a health issue)

The LGBT community has a problem with alcohol abuse and at a recent drinks event non-alcoholic drinks were made

available and no one complained.

I have literally no idea what Westminster Council has to do with intersectionality within healthcare. Why invite them?

They have no business commenting on healthcare at all and indeed, apart from one passing reference, didn't.

Though tbf, it was one more reference than anyone else had made at that point.

What about HIV transmissions? Efficacy of PReP? Side effects of exogenous hormones on children and adults with trans identities? Sex reassignment surgery? Why was no one mentioning these things?

'Acceptance and Respect' speech given by Mayor of Enfield.

Kate Enolue said she had learnt a lot and be 'proud of who you are'. She had been a midwife for 40 years and was excited by the idea of rainbow cards for babies (rather than pink and blue which was 'division').

What really made me mad was that the event was fully catered, even though they must of known not all would come.

Here is one of three trolleys arriving with pack lunches (sandwich, juice, crisps and piece of fruit).



Also 12 specially made rainbow cakes.

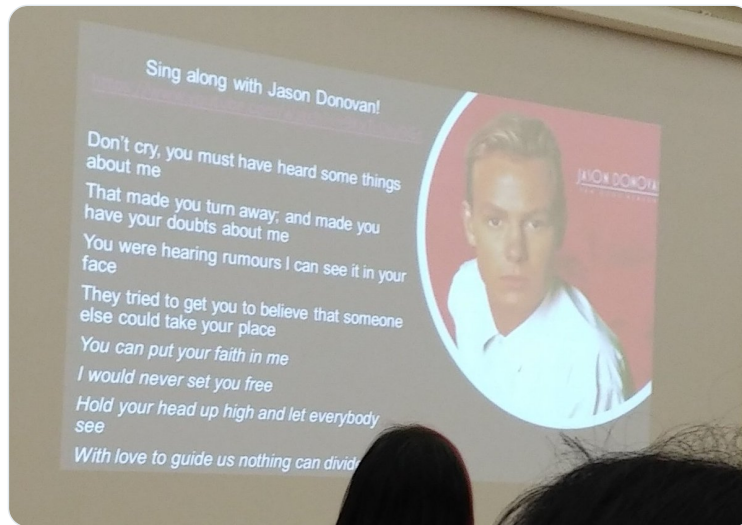
These must have been catered outside. What was the cost? And would it have been better spent running a workshop on diet for diabetes pts?



The next session, presented by Tina Beardsley, a healthcare chaplain, who has written three books on the trans religious experience.

The session was named 'With love to guide us, nothing can divide us'. I was going to make a Jason Donovan joke and everything,

only to be beaten to it by an actual Jason Donovan sing-a-long.



Beardsley talked about how the media was negative towards trans people and that there had been 'questioning of children's medical pathways'. Douglas Murray's latest book was a good example of what was going wrong.

A Ruth Hunt quote was put up, in which she apparently expressed her sadness at lesbian feminists and described them as 'toxic'.

Beardsley said that a small group had disrupted Pride in 2018 with an 'anti-trans message' (failed to mention that they wore 'lesbian' T-shirts, not anti-trans slogans).

Also expressed sadness that

Simon Fanshawe had got himself in the nasty LGB Alliance.

Spoke a bit about how the LGB association inside the Anglican Church joined with the T, and also had got 'accreditation' from an intersex group (I have no idea what that means).

Beardsley finished talk on a final rendition of Jason Donovan's pop song, which many in the audience were too young to know, or even know who Donovan was.

And that was me out. I couldn't take any more.

Here is the rest of the afternoon agenda.

It seems possible that the later sessions may have actually grappled with a few actual health issues, but that clearly was not the point of the day.

The point of the day was about communicating a political ideology.

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14:00-	'Breaking Me, Has Made Me'
14:30	<i>Cristina Serrao, Lived Experience Ambassador NHS England, Patient Director Camden MSK based UCLH & Peer Coach Camden and Islington</i>
14:30-	Decolonise & Galvanise
15:00	<i>Sadie Sinner, Founder and Curator of The Cocoa Butter Club</i>
15:00-	Tea & coffee break
15:15-	"LGBT and Domestic violence, support at work"
15:30	<i>Helen Swarbrick, Safeguarding lead at Royal Free London</i>
15:30-	Opening Doors
16:00	<i>London-based charity who help LGBT+ people over 50 to live happy, sociable and independent lives</i>
16:00-	Feedback and closing
16:30	
17:00	Social event in Hampstead (details TBC)

And communicating that ideology at the expense of safe healthcare. Good and safe healthcare absolutely has to recognise biological sex. Safe drug doses and presenting symptoms, to name but two, differ between the sexes. To urge NHS workers to ignore this reality and instead

prioritise gender identity instead, is ultimately more damaging and potentially life threatening to those who have trans identities.

Running roughshod over womens' rights to single sex spaces is also potentially dangerous and will do a disservice to any woman or man who does

not wish to be on a mixed sex ward or have their healthcare compromised by people suddenly failing to make a note of their actual sex anymore.

And again, there are far more pressing health issues facing the LGBT - why weren't they mentioned?

Total fail.

[@threadreaderapp](#) please unroll

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