

POCKET TO GO

MAY 1974 15p

# UN CHART ED

Histories of Migrant  
Health and (In)Access  
in the 1970s

Kavya Srikanth

Black Squatting in Brixton/Asian Women at Heathrow  
Ethiopian Letter  
The Caribbean Revolution  
Demystified  
"CARIBBEAN REVOLUTIONARIES AND MASSES  
OF PEOPLE WILL NO LONGER APOLOGISE,  
NO LONGER FIGHT TO JUSTIFY THEIR ACTION,  
WE SEE OURSELVES SO LONG GOING TODAY  
WILL DO WHATEVER IS NECESSARY, AND  
WHAT HAS BEEN DONE, IS DONE."  
- BUKHTA RENNIE

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## INTRODUCTION


This pamphlet is a survey of archives from the political magazine *Race Today* during the 1970s. By reading entries on labour, migration, housing, gender, police, and the state, I have tried to draw a narrative on migrant health during the decade, which is often difficult to pin down due to a lack of data and the erasure of health as an important realm of liberatory struggle. Because the archive consists of monthly magazine issues, it contains several anecdotes and personal stories from migrants in the 1970s, many of which I have chosen to include. It was by flipping through these segments of individual stories that a larger narrative began to emerge and then also complicate itself, as stories of migrant health are always evolving and challenging each-other due to the vastness of the term “migrant” and the nuances it obscures. Nonetheless, as someone with a background in oral history, the stories were incredibly engaging to me and a powerful way of attempting to convey a lived experience and social history.

# RACE TODAY

March 1971 Twenty Pence

IMMIGRATION  
BILL  
SPECIAL

## THE 1971 IMMIGRATION BILL: A RACE TODAY SPECIAL REPORT



**NO ENTRY**

From a terminology standpoint, the term “migrant” as it is seemingly used in the *Race Today* archive refers to any individual born outside of the UK, and “migrant communities” include the children, relatives, and grandchildren of migrants, even if they were born in the UK. Because of this designation, migrants as they are referred to in the archive can still be British citizens, Commonwealth citizens, or “aliens.” In fact, as will be explored in the pamphlet, migrants with British citizenship and passports were still left stranded in other countries and barred entry to the UK after the 1971 Immigration Act. I choose also to use the term migrant in the manner that *Race Today* does, to keep consistency with archival materials. Additionally, *Race Today* also employs the term “black” to refer not only to racially Black people, but also migrants (usually migrants of colour) and people of colour at large. I have chosen not to adhere to this practice to avoid confusion, except in cases where I am directly quoting the archive. In cases where “black” is used to refer generally to migrants, I will use that term instead, or the specific migrant group referred to.

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## THE 1971 IMMIGRATION ACT

The 1970s started with a bang, as the Immigration Act of 1971 heavily restricted the right to abode in the UK and enforced family separation policies. The policy followed from the 1962 and 1968 immigration bills, which restrained rights especially for African migrants. Health was intimately tied with the arguments for the bill, as representatives from the Department of Health and Social Security stated that the aim of the bill was to prevent “wrongdoers” from overusing social services (July 1971, 222). The first field officer of the Community and Race Relations Unit of the British Council of Churches insisted that Britain is a “small island with limited resources,” and restricting access for new migrants would increase access for current residents. But which current residents? As *Race Today*’s July 1971 issue explains, “black people” are less likely to take advantage of social and health services that are available to them (July 1971, 222).

Consequently, one of the facets of the bill was the requirement that all migrants register with the police, preventing unregistered and undocumented migrants from accessing social services (March 1971, 73). On October 10, 1973, London police raided between forty and fifty South Asian homes in East and West London without search warrants, detaining residents in nearby tube stations without access to food, water, or lavatories until documents were verified (Jan 1974, 9). In some cases, documents were rejected despite their legitimacy, leaving tenants stateless and without access to health services and aid. The September 1975 issue explains that the UK's immigration policy can be demonstrated by dividing "wages" into two parts – the physical cash, and the "social capital," i.e. social services like schooling, housing, and health (Sep 1975, 206). The 1971 Immigration Act, by excluding dependents of migrant workers from social services, hinged on the discrimination against migrant workers in the realm of social capital, a direct attack on their health.

responsibility for upbringing.

In other cases the Secretary of State will authorise the admission of a child under 18 to join one parent, or relative other than a parent, only if he is satisfied that family or other considerations make exclusion undesirable—for example, where the other parent is physically or mentally incapable of looking after the child—and that suitable arrangements for the child's care will be made in this country.'

Mrs. W. met these requirements. Her son is now becoming a teenager and he needs parental care; she is desperately wanting to have him with her. However, she is not regarded as having any rights in the matter. 'Family considerations' do not embrace the family's wish to be together. The rules do not help Mrs. W. and her son.

These are but two examples of how the present immigration rules are outrageously flouted or bent to meet successive Governments' desire to keep down the numbers of Commonwealth immigrants admitted to Britain. R.V. is one of 400 men from East Africa whose families have been prevented by Home Office obstruction from exercising their rights. Although these families are in fact refused permits that should be issued under the rules, the subtle evasion of referring the sponsor to the Home Office has been introduced so that they are also denied their right of appeal. Mrs. W. is one of hundreds of West Indian mothers (and occasionally fathers) refused their children whom they have worked hard to maintain and eventually accommodate.

The present system of immigration control is in practice rigid enough to satisfy the most passionate advocates of limitation. The great majority of people now entering Britain are the dependants of those already here. For many women and children in India and Pakistan and the child with one parent in the West Indies, who have to obtain an entry certificate, the system is an obstacle race they cannot win. In Asia the British High Commissions, discounting the authenticity of the majority of official documents (such as birth and death certificates) presented to them, have evolved a system of interrogating families that in itself is bound to lead to what they call 'discrepancies.' Children are asked to give details of a large variety of relatives and are all interviewed separately: their mothers are asked the same questions. The British

High Commissions seem to imagine that 10-year-old Pakistanis, for instance, should know details about relatives living in other parts of the country. If they do not, and their mother does, then the assumption is they are not her children. As children under 16 have a right of admission and those between 16 and 18 can only be admitted at the discretion of the Home Secretary, moreover, questions of age are sometimes raised by the British High Commissions who naturally—given their whole attitude to the nationals of the countries in which they operate Britain's frontier guard—cannot accept the ages in the children's passport as being genuine. In these circumstances, the British High Commission revert to the practice, first implemented at London Airport, of getting bone X-rays made by nominated doctors. The X-rays are notoriously unreliable, and are reckoned by expert paediatricians to be accurate only within a margin of two years either side of the exact age of the child. However, this does not deter the authorities from accepting the X-ray findings of children in India and Pakistan.

Before they take up their posts as entry certificate officers or immigration officers all personnel are trained by the Home Office 'in methods of detection.' This training is a clue to the basic thinking about immigration control. A dependant or other person seeking entry is deemed to be bogus unless he can prove otherwise. Observations over the past three years, moreover, must lead one to the conclusion that many of these officials are wasting their talents in the immigration service as they would have a real contribution to make in the field of crime detection. In the past their zealotry has indeed led them into hitherto uncharted fields of investigation, such as the four occasions in 1968 on which girls presenting themselves at Heathrow Airport were examined medically to see whether they were virgins. In 1971, however, this sort of examination would no longer seem to be necessary as dependants are 'weeded out' in their countries of origin. In spite of this the current rules make it clear that 'the immigration officer must satisfy himself' that a person has a genuine right of admission and this gives the service very wide powers of discretion against which the individual has no protection.

The new Immigration Bill, whatever the form in which it is presented, will

greatly increase the powers of the immigration service and will extend the control of immigrants from ports of entry and overseas ports to inside this country where the police will be involved in the day-to-day maintenance of control. Past experience of police intervention in immigration matters has not been encouraging. They have acted as agents of the Home Office in checking the suitability of accommodation for dependants and the verification of facts concerning the relationship between individuals. To be fair to them, this work has been thrust on them and very senior police officers would prefer not to do it, believing, quite rightly, that it prejudices their chances of good relationships with local communities. In practice, however, it is not the senior officers who carry out the investigations but the ordinary policeman. There is plenty of evidence that their activities have often been carried out with a distinct lack of circumspection to say the least. One policeman, for instance, who was enquiring about the marriage of an English girl to an Indian in the UK, called at Tesco's in Leeds where she worked on the cash desk and asked her in a loud voice whether she had ever 'slept with this man.' Another told an African couple to leave their baby with a neighbour so that he could come and arrest them. This sort of thing is bound to increase in the future, especially as society becomes more and more prejudiced against immigrants. The police, after all, only reflect the attitudes of society at large and have not the benefit of social work training to discipline their behaviour.

### Home Office the Obstacle

It is the Home Office itself, however, that is the greatest obstacle to the humane and smooth operation of immigration control. This ancient body has in the past few years been saddled with a system that it has neither staff nor machinery to deal with. The Public Enquiry Office at Princeton House, in spite of recent modifications, is totally unsuited to cope with the numbers of enquiries it receives. By 9.30 a.m. the benches are crammed with applicants and queues often form up outside in High Holborn. These people can wait for a whole day, being chivvied from bench to bench, before receiving attention. It is hard to see how the system could be improved unless more space is made available and more staff recruited to man it.

The staff of the immigration service, depleted by resignations especially in the junior grades, is grossly overworked. During 1970 they handled over half a million enquiries, and annual leave and sickness caused real crises at certain times of the year. The current position is that a straightforward extension of a permit takes at least two months and other types of application remain unanswered for over six months. Certain enquiries concerning overseas posts are never answered at all. The public are not allowed to speak directly to the officers handling their cases, and an enquiry to the Public Office can cause at least a fortnight's delay as

Five British citizens stranded in Addis Ababa



the file is passed backwards and forwards. The anxieties and frustrations caused by these delays cannot be adequately described, especially where they concern the admission of dependants.

Whilst the delays are caused by human factors, which can be appreciated and cast no aspersions on the junior and middle grade officers dealing with the day-to-day operation of control (indeed, one wonders what the Civil Service Clerical Association and Society of Civil Servants are doing about the situation), the general Home Office attitude leaves much to be desired. This attitude is, no doubt, transmitted to responsible officers by the Government, and to that extent one cannot blame the officers concerned. It means, however, that petty procedures are adopted to delay applications and to confuse applicants. The case of R.V. mentioned earlier illustrates only one facet of this. In many other cases, letters are unanswered for months and when replies are received they are so obscure as to evade comprehension. Often further information is asked for—sometimes already provided in another form—by letter, where a quick telephone call could have clarified the matter in seconds. The request for further information puts the application back to the bottom of the pile again as the reply is registered, put on the file, and the whole case starts off on its journey again.

The delaying tactics used to deter UK passport holders from obtaining entry to Britain have been documented in earlier issues of *Race Today*. As the numbers of applicants rise and destitution increases the system of so-called 'processing' of applications has reached monumental proportions. Enquiries at British High Commissions in East Africa produce no results, and letters to the Home Office on behalf of applicants there are often ignored or answered so late that by the time they are received the situation has changed totally. Mrs. G., for instance, has been in the UK since February 1968. Her husband in Kenya is still not allowed to join her, although under the rules he could be admitted: they were married and she was living in the UK before 31 January 1969, when the rules preventing husbands from joining their wives were brought in by the Labour Government. Various arguments have been put to Mrs. G's solicitors over a period of two years to justify the refusal of admission to her husband, the most ludicrous being that she is a visitor and, later, that they would all be happier in Kenya. These diversions have kept the Home Office pot boiling whilst Mrs. G. and her children pine for their father.

This 'processing' of applications is a farce. An application being processed is in reality an application that is being delayed; nothing is happening. It is the sort of dehumanised claptrap that is necessary in order to maintain the fiction that applications for quota vouchers are not being refused. It permits the Home Office to continue its discriminatory policy without recourse to the Immigration Appeals system.

The appeals system itself, which was

*Young  
Liberals  
against  
the Bill*

**drives  
out  
the  
black**

**keeps  
britain  
white**

**NEW TORY  
WHITENER**

**FIGHT THE TORY  
IMMIGRATION BILL**

**campaign with young liberals**

**contact rosemary chester 69 blackfriars road london se.1 tel.**

**01-  
928  
2883**

CONCEIVED AND EXECUTED BY DEZ DONNELLAN 1970

introduced by the Labour Government as a sop to those who opposed the dishonourable and inhumane Commonwealth Immigrants Act 1968, has now been in partial operation since 1 July 1970, with extra-statutory facilities granted to dependants only since May 1969. It is noteworthy because the applicant—in the cases of Entry Certificate applications—can never be present at the hearing of his appeal, and because the Home Office case often rests on reports of interviews at High Commission offices that have not been agreed with the appellant and whose reliability therefore cannot be tested in any way. Moreover, the system is very slow. This is partly because, on receiving the Entry Certificate Officer's report, the Home Office make their own investigations, although these reports are not made available to the appellant or his representatives until a short time before the hearing. This often makes it difficult to obtain information from overseas where necessary. The Home Office on the other hand can take their own time in making enquiries, which puts the appellant at an added disadvantage. The system is also deficient as far as applications for students' visas are concerned. For instance, a number of cases of students accepted for courses starting in September 1970 have still not been heard.

In the meantime the appellants—who had to pay a year's fees before making an application—have lost two terms' fees and tuition. If their appeals are successful it is unlikely that they will be able to start their studies before September 1971—if their college is willing to offer them another place. Under such a system, appeals for students are a farce. If Britain is serious about 'welcoming overseas students' something must be done to expedite the procedures.

It is not possible for anyone concerned with immigration control to view its operation with equanimity. If the new Government's proposals come into effect there will be a dramatic deterioration in the total situation that will be both cruel to those caught up in the system and discreditable to Britain. To say that the new rules will only put Commonwealth citizens on a par with aliens, moreover, is no defence. It is daily becoming clearer that for many years the public has failed to be sufficiently concerned about the circumstances under which many aliens have been admitted to this country. Their experiences of police registration and enquiries confirm the worst fears about the future, a future further complicated by the fact that, unlike aliens, Commonwealth citizens are easily identifiable by colour.



Despite the 1971 Act being among the first instances of requiring healthcare providers to ask for verifiable identification before providing care (a policy that continually recurs, most recently in 2014, 2016, and 2021), acquiring legal status as a migrant to the UK was incredibly challenging. Even prior to the Act, under the Immigration Appeals system set up in 1969, within two months, only 5 out of 49 immigration appeals by Commonwealth citizens and 2 out of 34 by “aliens” were successful (Nov 1970, 409). As a handwave solution, East African migrants (often from Kenya or Uganda) were sometimes given devalued or D passports, but without a quota voucher or an unacquirable visitor’s permit, the UK rejected the validity of their passports. This move rendered them just stateless enough to be unable to access health, social services, and travel, but not stateless enough to claim refugee and asylum services (Nov 1970, 412).

After the passage of the 1971 Immigration Act, patrial status was only granted to UK citizens who lived in Britain for 5+ years and Commonwealth citizens with a parent or grandparent born in the UK, meaning that nearly all Commonwealth citizens of colour were deemed non-patrials and vulnerable to deportation. This quasi-legal status also jeopardised access to social services like housing and healthcare, creating what Scottish anti-racist immigration barrister Ian MacDonald called “a rightless group of migrant workers” (Mar 1971, 74-75).

The effects of the 1971 Act were immediately felt in migrant communities, and reverberated even later in the archive, and beyond. In July 1971, nearly two years before the policy would go into effect, migrants already expressed hesitancy about social mobility and access to social services, stating that they were less likely to visit government-provided services due to fears about their legal status (July 1971, 251). Almost a decade later, the archives still speak to the racialized consequences of the Act.

An article written by a coalition of Black youth living in predominantly Afro-Caribbean and African migrant neighbourhoods (who are not necessarily migrants themselves, although their parents and relatives were) states that they are unlikely to visit the social services or health offices because they are constantly “over-questioned” and interrogated in such an intense manner that they would rather leave and see to the problem alone (Jan 1979, 81).

Anti-immigration rhetoric often fuses with racist and anti-Black renderings of legality and order, heavily impacting health access. Still applicable, the 1971 Immigration Act’s legacy resurfaced as the bedrock of Theresa May’s “hostile environment” policy of the 2010s.



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## HOUSING + HEALTH: EAST END AND BEYOND

Access to stable, reliable, and functional housing is also a major determinant of health. The 1970s saw a consolidation of majority-migrant communities into highly racialized and ethnicized under-housed neighbourhoods. Mental health impacts were palpable from the start of the decade. A 1970 report from Brent Council Housing revealed that the majority-migrant Black, Asian, and Eastern European tenants were experiencing an “acute depression” due to abysmal housing conditions, as they felt that Brent was becoming a “dumping ground” and “ethnic ghetto” (Oct 1970, 376). Many migrants struggled to find any housing at all. Fair Housing Group, a community organisation aimed at procuring housing for incoming migrants, found a rise in slum dwellings and, despite that rise, a remaining discrepancy between housing available and population numbers (Sep 1970, 319). Racism impeded housing access, as Asian tenants were less likely to be given homes, had to remain on waiting lists for longer, and were frequently thrown out of homes in the East End due to migration and contract issues, despite having no other housing (Apr/May 1977, 66).

East End housing for Bengali migrant communities was, for all intents and purposes, “slum-like conditions” with no gas or electricity, smashed and unusable toilets, mould and paint shavings on the ceilings, and wiring sticking out of the walls (Dec 1975, 267). The conditions predictably had a heavy impact on community health, as illness was common among both children and adults. Abdul Mumin’s fourth child died of pneumonia in their flat (Sep 1975, 201). Lack of stable legal status and residence meant that migrant communities could not seek out treatment to the fullest extent possible, and poor housing access meant that the underlying driver of health issues could not be addressed. Conditions like these led to the East End Housing Campaign led by the Bengali Housing Action Group in 1975. Beyond the physical impacts of poor housing itself, however, the transient nature of housing for migrant groups also hinders health access. In January 1971, out of the 853 immigrants in Hounslow who gave their addresses to council health authorities for access to health services, 247 had either not moved into their address yet or had already left by the time authorities arrived, meaning that they never spoke to a health services officer (Jan 1971, 33).

# EAST END HOUSING CAMPAIGN

More than 40 Bengalis — male workers, their wives and children — picketed the head office of the Greater London Council on the morning of 18th November. Meanwhile, a delegation, which included representatives from among the Bengalis, the *Race Today* Collective and the Tower Hamlets Squatters Union, handed in a series of demands to G.L.C. officials.

The Bengalis put to the G.L.C.:

1. That all eviction notices be stayed until you are able to offer us alternative accommodation.
2. That we be rehoused within the E.1. area. . . . .
3. . . . that when offered alternative accommodation we be given sufficient notice so that we can exercise our statutory right of viewing before acceptance.

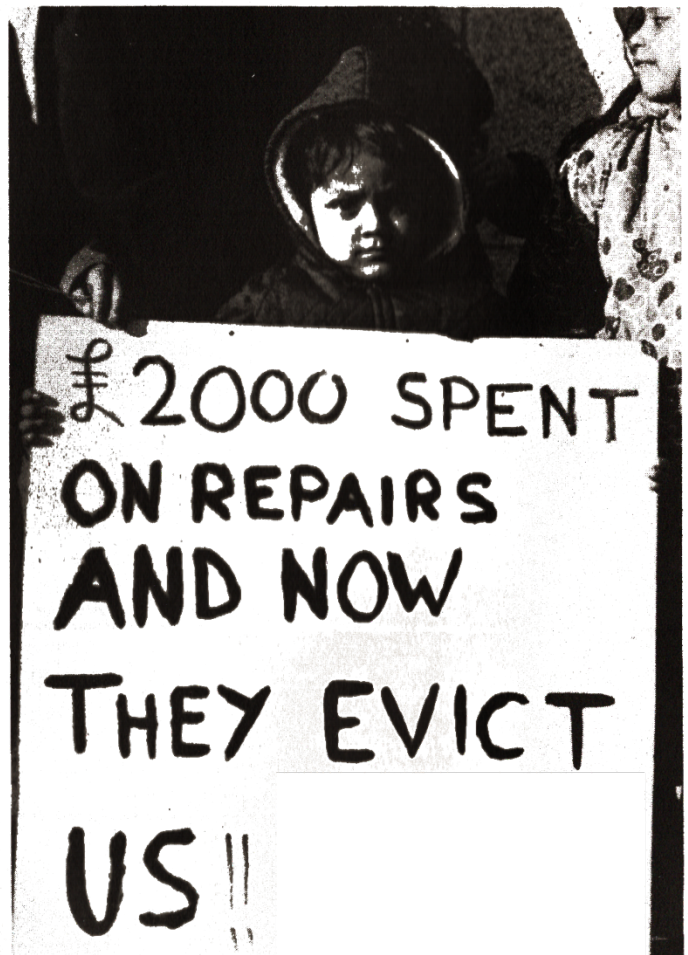
It was the first opening shot fired in the campaign, assisted by the *Race Today* Collective and the Tower Hamlets Squatters Union, to win decent housing for Bengali workers in the East End. Central to the campaign, are the actions of the Bengalis themselves. In this particular instance, eleven Bengali families housed themselves in Montague Street. E.1. The properties are owned by the G.L.C. There are more than 200 families who have taken the same action in both G.L.C. and Tower Hamlets Council properties in that area. These families carry the clothing industry on their backs. The men toil for 80 hours weekly in the local sweat shops. Their wives work at piece-work rates for half the men's wages or less, on sewing machines that the family has had to borrow money to buy. Their labour, cheaply bought, provides clothing for the home market and for export. The wage they get from the private employer is low. That which the government pays through education, health and housing services is even lower, almost non-existent.

Ask any official where are the mass of Bengali workers supposed to live, and nine out of ten times it would be an issue that he had never considered.

They will have to begin now, for there is developing in the East End of London, a mass movement of Bengalis, who are determined to house themselves in council property. Not that

they will remain content with the slums they occupy. These houses, kept deliberately vacant for years, to fit in with the state's redevelopment plan for the area, provide the bare minimum. More often than not, they are old decaying buildings with toilets smashed, electric wiring ripped out and no gas or electricity supply. On several streets, even the water has been cut off. The family has to find money to make the building habitable and the money is borrowed from money lenders at high interest rates.

The labour Government is now discussing the cutting of public spending by millions. What is there to cut from the housing the Bengalis receive?



All photographs taken by Andy Moya

# LINKING THE STRUGGLES

They could cut, for a start, the funds spent on court cases where the G.L.C. take tenants to court for possession orders. The Montague Street tenants were served with summonses calling them to court, to show good reason why they should not be kicked out of their homes. Faced with these notices, the families organised themselves, assisted by *Race Today* and the Tower Hamlets Squatters Union, and confronted the G.L.C. with the demands outlined above. They want the G.L.C. to stay eviction notices until such time as they are rehoused. They want to be rehoused in the E.1. area. They point out, that when they are rehoused elsewhere, they are isolated and subjected to



physical attacks from racist whites. There are many examples of these attacks reported in previous issues of *Race Today*. They informed the G.L.C. that 'by sending Bengalis into places like the Canada Estate in Poplar, you have exposed us to racial attacks and our children to isolation in schools, where the local children have not yet been taught that people who do not speak English are not culturally backward.'

Those were the demands taken in to the G.L.C. on that morning. The delegation comprised two members of the *Race Today* Collective, three heads of Bengali families and a member of the Tower Hamlets Squatters Union. The G.L.C. officials were drawn from their housing department. They included a Mr Green, representing the absent head of the housing department, Richard Balfe, a Mr Snosill and another official. Snosill did most of the talking, he pushed the G.L.C.'s line and Green backed him up with the odd clarification. The third official said nothing. Outside more than 40 Bengalis held the picket line.

Snosill's point was that the eviction of 70 Bengalis from their homes did not make the G.L.C. responsible for rehousing them. 'It is the responsibility of the Tower Hamlets Council with whom we have nothing more than an arrangement.' They could not, Snosill claimed, entertain rehousing in the E.1. area. If all the immigrant groups, he said, put in a similar request, it would be chaos.

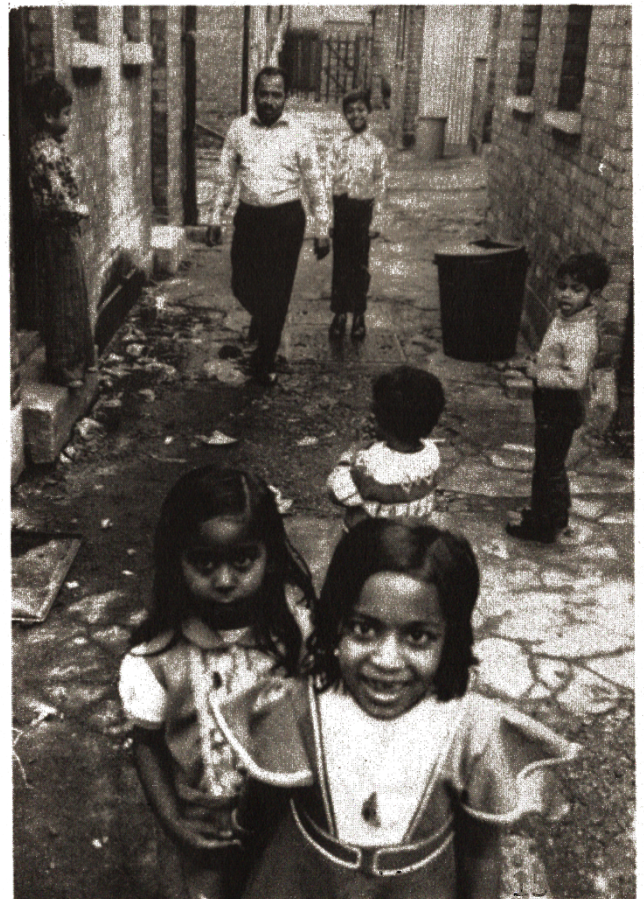
(We wish they did, our movement would be much stronger).

Contrast the Snosill line, with what his boss Richard Balfe said in the *Sunday Times* 3.10.75. 'Squatting is a symptom of the housing crisis not the cause. . . the practice of squatter bashing, therefore, will not resolve the problem. It is merely an unthinking reaction to it. . .'

He proceeds to point out that, in London alone, there are probably 100,000 empty houses, and of these, about 25,000 are occupied by squatters. After making several recommendations to local councils, he concludes, '...of course it will need mass pressure if these measures are to succeed, but so has any break through which has benefited the working classes at the expense of the property owners. After all it was only the fear of bloody revolution on the Clydeside which prompted the first Rent Control Act in 1915'.

At the end of the meeting with Mr Balfe's officials, we were offered nothing but a stay of execution of the eviction orders, until early in the New Year. It may be that the pressure exerted by the picket line was not massive enough for Mr Balfe's officials to concede. For when faced with a group of white squatters in Elgin Avenue, who were prepared to fight the bailiffs and police, Balfe conceded and took a decision to rehouse most of them.

Mr Balfe is not only a landlord who preaches revolution and practices reaction, he is the biggest



# BENGALI SQUAT IN THE EAST END

Asian families are not normally associated with squatting. The tight network of communities that Asian workers have formed in this country offers them alternative ways of housing themselves. Nevertheless, as the pressure for accommodation grows in Britain's conurbations, workers, both black and white are to provide their basic needs. Housing is one such, and in the East End of London a fringe of a new wave of immigrant families has been compelled to resort to squatting in order to have a roof over their heads.

The Bangla Deshi families with whom this article is chiefly concerned, haven't come to this form of action with any of the evangelism that justifiably exists in the squatting movement, or with the temporary license afforded by some councils to some squatters. Two of the groups of Bengali squatters who live on Greater London Council (GLC) property in Matlock Street in the borough of Tower Hamlets happen to be there almost unwittingly — they were conned into 'buying' a house and have only subsequently discovered that they have, as far as the authorities are concerned, the status of squatters.

Two other Bengali families on the same street took the conscious decision to squat to combat their homelessness. Both groups live in two houses out of the four hundred that the GLC has left vacant or officially vandalised to keep the homeless away.

The decision to squat in such an area is both an answer to extreme need and an act of considerable courage. The East End is not a friendly place, least of all to the eight or ten thousand Asians who provide the most recent recruits to the labour force of the traditional sweatshops of this dockland and commercial district. In the hot spring of 1970, the practice known as Paki bashing got its glare and share of publicity. White youths killed a man and maimed and injured others simply because, on the face of it, they were Asians. At the time, the Pakistani community formed vigilante groups which were discouraged by the local police. There were subsequent protests that the police had done little to stop what was an everyday occurrence and carried on the same as before after the TV cameras had gone.

The East End itself is an area thick with legend and fluid with the movement of a once fairly settled population. The Asian community has to constantly face the hostility of local racists. The tradition of unwelcome is the



least of the trials the Asian population has to fight against. One of the Bengali families in Whitehorse Road, on the same Mercers Estate, has been constantly harassed by other people on the street, and on 22 July became the victims of an open assault. A white neighbour who lives at 123 Whitehorse Road broke into their house and with a lot of racist mouthwash assaulted Mr. Khalid, pulling him out into the street and causing him enough damage to put him in hospital for a week. The police, on being approached by the family, and the East Stepney squatters' association, have to date taken no action.

The attack is in 'normal' terms inexplicable. It was the culmination of the racism rampant in the area amongst a few whites and the antipathy that has been manufactured by the press and by the sins of omission on the part of the local authorities, to the squatters in the area.

The Mercers Estate where the incident took place is a typical East End area designated by the GLC for redevelopment and rehabilitation. On the estate there are four hundred houses which the GLC bought over in a block from the Mercers Livery Company in 1970. The houses, most of them built in the nineteenth century, are in no sense totally uninhabitable. Of these houses, 145 are occupied by old tenants, quite a few of whom have lived there for generations. The rest of the families from these streets, have been gradually moved to new concrete developments in other parts of the East End, or moved out altogether. Seventy two of the houses are at present squatted by people who work locally and

are not provided with housing by the local authority or by the GLC. They are there because they find it impossible to rent accommodation in the East End and have literally nowhere else to go. About 175 of the houses belonging to the GLC have been bricked up, their doors and windows tombed against the intrusion of the needy.

The residents of 16 Matlock Street, who prefer to remain anonymous, tell their own story:

'When we first came to England we stayed for a few weeks with relatives. A friend of ours used to live in 10 Matlock Street, we don't know how he came to be there, we didn't ask. I'd been in England since '63. I went back to Bangla Desh in '72 where my wife and kids are, and I was forced to come back here to earn a living earlier this year. When I went back to Bangla Desh in '72, everything we owned had been destroyed by the Pakistani army, our fields and houses and my brother's medical practice. The British High Commission would not give my wife and my children an entry certificate, they said the queue was too long and there was a waiting list. They may let them in after a year. My brother who lives with me has been here three years, but they still won't let his wife and family in, though they are quite willing to use our labour in the factory and tailoring firm where we work. No. 10 where we lived was broken up by the Council and all the people in it were told to leave. We didn't know what it was all about but we had to go. This was a few months ago. At this time a West

Indian guy called Sammy used to work in 10 Matlock Street, repairing things. I can't speak English or understand it very well, but he told us that he could get us a house for £300. He took us to 15 Matlock Street where there was another West Indian man called Lewis. He asked me for a hundred pounds but later settled for £55. They said we could live there and that we were paying to replace his tenancy which he was voluntarily giving us. He said that we must pay the rates and that it was all legal. The first chap, Sammy, said he'd fix the place up for us, install doors and put in a toilet and so on. He said he'd bring a friend round and give us an estimate.

They took £30 to start with, and then for ten weeks pretended to be doing work on the place. They took £200 in that time. Nothing was getting done, Lewis was breaking more than he was building. We just paid out from money we borrowed, and watched. Then a neighbouring woman, a white woman who used to live next door called us and said she owned the house next door, 16 Matlock Street, and she'd give us the place for £300 down deposit and £10 each week. She said she'd give us a rent book. We were suspicious and asked her why she was giving us the house. She said she had a family in Italy and that she owned a lot of houses and that she'd be back. We were to send her the weekly rent when she returned from Italy and she gave us her address. She gave us an official piece of paper with a revenue stamp and a signature. We took the paper to a friend who can read English and he said that the paper declared that we had made a donation to the Mohamed Social Services. It said nothing about rent or about a house.

Three weeks later a white man and woman turned up and asked us how we came to be in the house. They said they were from the Council. They seemed to know all about Lewis and the money he had taken. When we questioned them, the man turned out to be a reporter from the *East London Advertiser* and he took away the piece of paper we had from the con-woman. After the newspaper, *East London Advertiser* carried the story on 29 March, the police sent someone round and asked us to turn up at the police station at 8 o'clock the next day. We went and told the story through an interpreter. They'd caught Lewis and the police explained to us that we were living in a GLC house. Lewis got two years.

A month later Mr. Harris from



the GLC came to see us and asked us to stay home from work the next day. He said we had no right to the house. I told him we would pay rents if they left us there because our families were coming and we needed a house. He gave us a lot of hope that something could be done in six months for us.

Three weeks after that we contacted him at his office and told us how to pay rates, but said that he couldn't help us, we should go to the local Tower Hamlets Council.'

On 17 July the residents of Matlock Street were taken to court by the GLC and an eviction order was granted by the magistrate against them. They were presented in court as single men. Paradoxically, the immigration regulations have made them unwilling single men and this categorisation has been used against them to deny them a house from either the GLC or from the local Council.

The families at 18 Matlock Street came to the house on the Mercers Estate after being on the Council list for two years.

'There are two families in our house. I live with my wife who is expecting another baby. Down-

stairs there's a Kenyan family, a man, his wife and three children. They've been here for one and a half years. We moved in a few months ago. We lived together in a house in Cannon Street. Then they moved out when his family came. He kept urging me to join him in this house, but I put my faith in the Council who had promised to rehouse me. Nothing happened. I lived in Cannon Street for two and a half years. You should have seen the place. Even the health inspector was shocked. The rain used to come in and the slates from the roof fell into the house. Everything was wrong with it. I used to work two weeks and then had to take every third week off because I fell ill. My wife was seriously ill and was taken to hospital. The doctor said it was the conditions we lived in and he wrote to the health department and that's when they came down.

When we first came to the house, there were two gas metres, one downstairs and one up here. Neither worked. So I phoned the Gas Board and two days later two men came and fixed them. Then a few days later two other men came and ripped out both the metres and disconnected the gas supply. I was at work when they

came. My wife and the other lady downstairs were at home with the children. My wife doesn't understand any English but the other lady understands a little as she comes from Kenya. The children can all speak it well, they understand everything. But they're young. My daughter is eight and the girl downstairs is only four. Anyway, these men were from the Gas Board and they told my wife and the children that they had a 'government order' - from the GLC - to take our metres away. My daughter told my wife that the man was from the government so they let them in the house. He asked my daughter a lot of questions. How long had

we been here? How many rooms did we have? Where had we lived before? When did she come to this country? Did she come with her father? Could she show him her father's passport? All kinds of things like this. My daughter told him what she knew. She says she can't remember all the questions they asked. Some she couldn't answer. What happened was they took our gas. Since then we've had no way to do any cooking. It has been very difficult. We cook and wash at other people's places. We can't even make a cup of tea. I've phoned

the GLC several times and as soon as I tell them my address they say they've been ordered by the GLC not to give us any gas. I never owed the Gas people any money. I can't understand it. I told them I would pay a deposit or whatever they wanted. They say it's not a question of money. Other people in this area are squatting and they have gas. I can't understand it. The real trouble I think is the GLC, they want us out. But how are we to leave? Where will we go? On the streets?

*Immediately after we'd finished this interview, we phoned Douglas Eden of the GLC's Housing Committee. He assured us that it wasn't council policy to harass squatters by cutting off their gas or electricity . . . Mr. Bird at the Gas Board, on the other hand, told us that his men ripped out the meters at 18 Matlock Street on GLC instructions to cut supplies to the squatters. Which every party is telling the truth, the family has neither gas, nor a house to use it in. One small victory for bureaucracy. One large tragedy for the family.*



'What are you doing here, sonny? Piss off.'

In 1965 a small business man in Leicester with interests in the hosiery trade, pet foods and the shoe industry decided to expand his business into plastic components. Norman Peake and his wife Irene had seen the growing demand for plastics as a substitute for leather in footwear and, using their contacts in the industry as a base, they set up a company called Kenilworth Components to go into plastics processing. For the first few years, things turned over smoothly enough, but the company's growth was hardly spectacular. In 1967, they were joined on the board by Alan Rimmington and William Fallows, who brought in with them further expertise in the industry and additional knowledge of personnel policy.

By the end of the sixties, immigration into Leicester of A-

sian labour was well under way and a large number of Gujaratis, both from India and from East Africa, were looking for employment in the city. Kenilworth recruited from this section using Asian males as the operatives who would run the Vulco Plas machines to make soles and packaging for the British Shoe Corporation. Women trimmed up the goods, packaged them and despatched them.

It was a policy that paid Peake handsomely. He had access to a growing market, to cheap raw materials and to a cheap labour supply. If workers ever complained, he would simply sack them. If work was slack, he declared them redundant and then re-engaged them when things picked up again. Labour turnover was high, the workers never together for long enough to organise themselves. In 1969, the company declared a profit of just £71. But by 1972 they were making an annual gross profit of £87,843, on total assets of £215,236 - a highly healthy profit ratio.

In 1973, Peake brought in James Rowland-Jones, a Dorset based property speculator, and

developed his love for luxurious trappings. They bought a Jaguar XJ 12 and a beautiful country mansion in Old Bursledon near their friend, Rowland Jones place. To cushion himself against the harsher aspects of life, Peake paid himself a director's emolument of £12,831 and cut down his cost of living in Leicester by moving into a penthouse flat above the factory.

All this affluence of course was bought at the expense of his workforce. The men were paid £32 for a 60-hour week. They worked twelve hour shifts, operating two machines at once. When a meal break came round, they had to take it in turns to operate four machines or have half an hour off. There was no tea break, washing facilities were crude, their treatment by white foremen and managers was racist and abusive. By comparison, Asian workers in Delta Mouldings, a nearby factory engaged in the same work, earned £35 a week for operating just one machine for a 40-hour week. Effectively, Mr. Peake was screwing three times the production out of his workers for a £3 lower wage.

And the conditions of the women was even worse. They

worked a 42-hour week for £12. If they were never late in a month, they would receive £4 time-keeping bonus. One woman who had permission to go to the dentist lost her bonus. After stoppages, an average take-home pay worked out at about £10. After bus fares and sundries were taken out, the sum involved was a pitiful insult.

On Friday, 19 July, the women came to the end of their tether and asked for a rise. Management's response was immediate: Joe Smith, managing director and Peake's right-hand man, sacked eleven of them. Two Asian shop stewards from nearby Delta Mouldings and Barrington Plastics got to hear about the situation and started to talk to the women about the union. By Tuesday, management was faced with a mass rebellion of the women workers demanding the reinstatement of their friends. So they sacked them all. 'There are a few girls outside that we've made redundant,' Joe Smith told us. 'There's a shortage of work and it's impossible to employ them all. They refuse to work so we've sacked them. If anyone wants their job back, they can come and ask. I don't know what wages they earn and I think it will soon die down.'

Far from dying down, the women, few of them speaking English, all of them new to the discipline of industrial life, were organising a picket around the premises. At first very shy and nervous, unsure what to do next, they sat themselves down along the front of the factory. On the Wednesday afternoon they were

## SHORT SHARP VICTORY IN LEICESTER

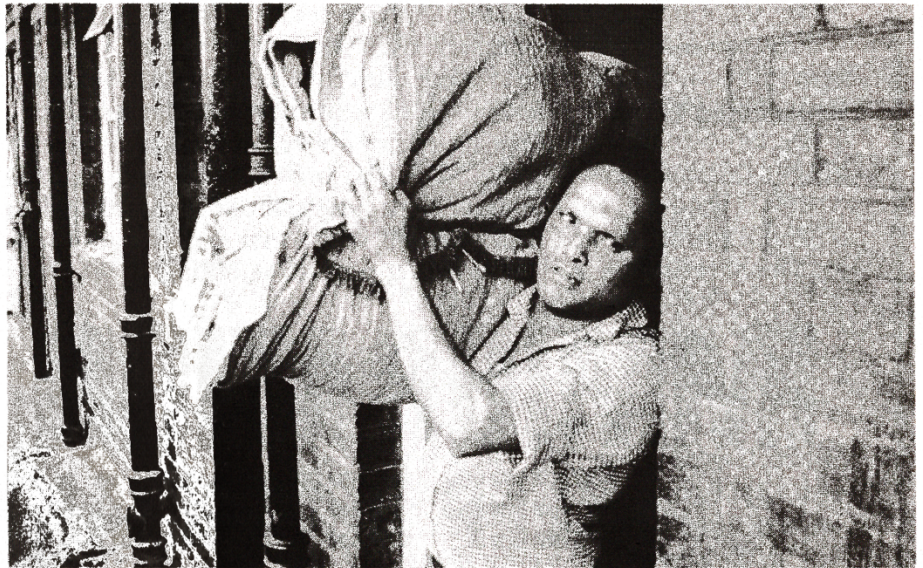
## Moving In And Out Again

On September 5th, the Secretary of State for Environment published a White Paper titled Race Relations and Housing. The recommendations are many and varied but it all boils down to the fact that the government is trying to give the impression that they are doing something positive about a situation in housing, to which black people have increasingly drawn attention, by our vigorous refusal to accept what is dished out.

The conclusion of the report exposes the cynicism of the government's approach to the situation. Here it is stated: "The government looks to local authorities and other organisations concerned to continue, in the light of this White Paper, to give their considered attention to the housing of coloured people . . . ."

To say that local authorities should continue to give considered attention to the housing of coloured people, is to imply that local authorities have been giving considered attention to the black community. Nothing is further from the truth. The two contestants, in the housing battle which pervades every black community, are the local council on the one hand and black people on the other. It is a fight, sometimes against the worst slum landlords in Britain.

To give an example; if you are a Bengali living in the East End under the Tower Hamlets authority, you are certainly not a beneficiary of the considered attention of the Tower Hamlets Council. Quite the opposite — you are the tenant of a slum landlord, isolated with whites in the worst slum conditions. A recipe for racial warfare.



Abdul Mumin is a Bengali, married with four children. He had been on the housing list for three years when he was offered a flat in Constant House, London, E.14.

"When I saw it I knew we could not live there. The toilet and the bath leaked and the whole place was so damp. The wallpaper everywhere was peeling off and the stench from the bathroom was unbearable. The social worker pointed out that if we did not take the flat we had nowhere else to go".

Mumin's fourth child died of pneumonia in that flat. On several occasions his family was physically attacked by whites on the estate. Mumin was the only Asian living there. Finally his flat was set on fire. Despite repeated requests for a transfer and no success Mumin moved out. He joined the growing number of Bengalis who have squatted the council flat of their choice.



### RACE RELATIONS AND HOUSING

Observations on the Report on Housing of the Select Committee on Race Relations and Immigration

Presented to Parliament by the Secretary of State for the Environment by Command of Her Majesty

The ties between labour and health are also one of the strongest examples of intersectional impacts of migration. Health is impacted by discriminatory overworking patterns, unhealthy conditions while working, and workplace injuries. Overwork worsened after the 1971 Act, as companies repatriated undocumented or quasi-documented migrant workers by convincing them to “volunteer” to give up their benefits in return for repatriation, or by using them as even further underpaid and overworked scab labour during strikes (March 71, 74). Some illegal agencies even emerged to charge Eastern European migrants a permit “fee” that they then worked off through unpaid or underpaid catering and restaurant industry labour (July 1974, 199). In 1974, Pakistani workers at the textile factory Courtaulds protested over the fact that they were forced to accept 60 to 72-hour weeks, instead of the 40-hours work week of white workers. They were also paid less and given less frequent breaks (Feb 1974, 41).

In addition to mental health impacts that lead to depression and what management deemed “aggressive behaviour” in response to overwork, overwork also had physical health effects like muscle pain, early-onset osteopathic conditions, and increased risk for workplace injury. But when migrant workers addressed such concerns, they were ignored. The Race Relations Board’s investigation of Courtauld’s revealed that no discrimination against Asian workers was taking place (Feb 1974, 41). Later that year, 30 migrant factory workers at the Slough firm of Combined Optical Industries were suspended because they refused to work 60-hour workweeks, while white workers only worked 37.5 hours (Sep 1974, 246).



**Brockwell Three.** Hundreds of West Indian youths battle with police for 45 minutes at Brixton fairground. Three youths charged with affray and several assaults. Two sentenced to terms of imprisonment and one freed on appeal.

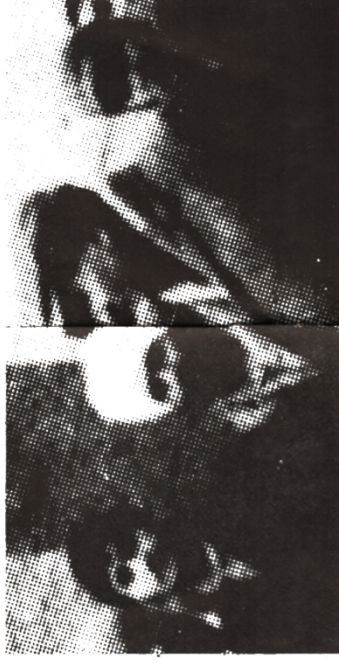


**Heckmondwike Carpets.** A sian workers this time in Bradford reject Trade Union negotiated deal and struck for more money. Section of strikers sacked with TU complicity and others forced back to work. Culpit - Union of Dyers, Bleachers and Textile workers.

**Imperial Typewriters.** Overwhelming victory for East African Asians after a 13 week strike at the multi-national Imperial Typewriters factory in Leicester. Bonus cheating, no promotion prospects and no shop steward representation led the workers to take on management and union in a prolonged strike. After dismissing workers, management was forced to withdraw.



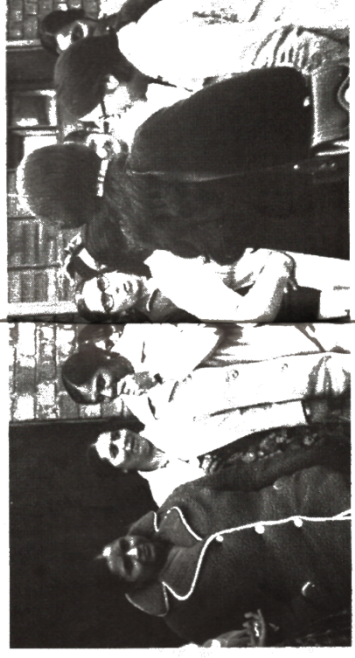
# THE STRUGGLES OF '74



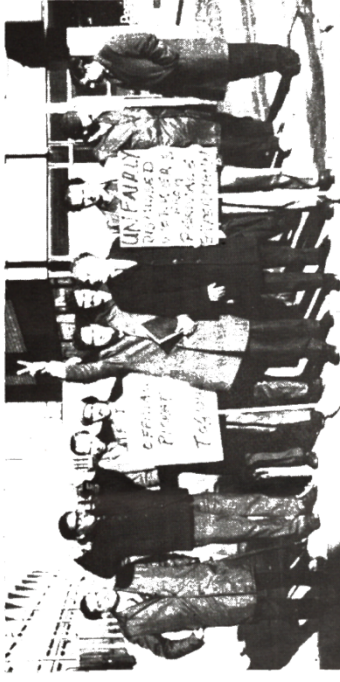
**Coventry Art Castings.** Shop Stewards dismissed at car components factory following overtime ban protesting long hours and low pay. All Asian walk out. Little support from T&GWU led to defeat of workers.



**Punfield and Barstow.** Pakistan workshin London walkout after management cheated over bonus payments. Factory closed down as a result.



**Kenilworth.** Asian women strike in Leicester for more pay and a shorter working week. Trade Union (T&GWU) sell out.



**Perivale Gutterman.** Asian workers at a West London firm Perivale Gutterman opened the new year with a strike resisting management demand for increased productivity. 75 workers were dismissed. The Union T&GWU chose to sue in the Industrial Relations Court rather than opt for militant action. Workers suffered overwhelming defeat.



**Nurses.** Black nurses participate in demands for better working conditions. Increases won all round.



**On the buses.** Two Asian workers suspended for wearing turbans on Leeds buses - community mobilised against bus company and trade union. Workers reinstated.

GRUNWICK STRIKE COMMITTEE  
**APEX**  
**WE DEMAND UNION  
 RECOGNITION  
 UNITE & OVERCOME**



# Come on in to a Ford job!



Ford is where the jobs for semi-skilled men are. Jobs earning over £47 a week. That's with shift allowance and some overtime. Plus nearly four weeks holiday with bonus, pension benefits and special car purchase plan. We'll train you.

So come on in to a Ford Job now—if you're South of the River, catch the Ford Ferry from Belvedere straight into the plant.

Do this now!  
 \*Come to Ford's Employment Centre on the New Road (A13), Dagenham, Monday-Friday 8.30 am—12.00 noon and 1.30 pm—4.00 pm (7 pm).



Unnoticed by the crowd, a woman goes quietly about her business. Even if she works seven days a week, she still earns less than £20.00. The Airport Authority couldn't care less about her conditions. The Union are content to settle for a paltry 38p an hour. The other workers don't even know she exists. The Indian Workers' Association expresses concern and does nothing. How to struggle, how to win?

On top of longer hours and lower pay, migrant workers also experienced routine infringements on basic working conditions, with direct and long-term effects on health. Migrant factory workers at Imperial typewriters had to make 22 motor rolls per house, meaning that they could not take toilet or tea and snack breaks. (July 1974, 204) These conditions led to a strike in May 1974. A lack of regular snack or bathroom times for up to 70 hours per week over years results in significant nutritional and bowel concerns, but most of these concerns were not addressed due to labour and residence worries. Similar nutritional inequalities emerged at the Heathrow Catering Service in 1975, as Asian women revealed that while workers gathered and made themselves food during the day, they were not permitted to join and often had to work through (Aug 1975, 175). Earlier, in 1974, one woman at Heathrow noted that she could not take the unpaid meal breaks because she was working there for extra cash since her husband was sick and could not work, demonstrating the reverberating impact of poor health on the health of one's community (May 1974, 138).

Beyond nutritional concerns, factory conditions also have immense impacts on bodily function. Predominantly West Indian, South Asian, and Southeast Asian workers at Ford Dagenham were subjected to blazing hot factory conditions and overwhelming noise, causing sensory deprivation that the author compared to British army torture techniques (May 1974, 197). Moreover, migrant workers at Grunwick Mail Order, most of them Gujarati women, were not permitted a single day's sick leave during their entire first year of work (despite being forced to work overtime with no pay raise) (Apr/May 1977, 54). The racialized and gendered dynamics of health become crystal clear – not only were women forced to work through their illnesses, harming themselves and potentially spreading diseases to others, but they also were not permitted to leave to take their children to the hospital, even in cases of emergency and with a doctor's note. Restraints on health are intergenerational.



# THE GRUNWICK STRIKE

## THE TRADES UNIONS FAIL TO DELIVER

In May, the strike of the Asian workers at Grunwick Processing Laboratories and Grunwick Mail Order Ltd in Brent, North London, enters its ninth month. The 250 Asian workers, most of them Gujeratis, picket the gates of Grunwick night and day.

The striking workers have received wide press coverage in their dispute with the management and have gained the verbal support of the Trades Union Congress. Len Murray, head of the TUC, himself walked the picket line mouthing hot air about standing side by side with Asian workers. They have enlisted

the favourable verdict of the government's Arbitration and Conciliation Agency (ACAS), and are still no nearer to getting what they want.

The dispute began on August 23, 1976. Grunwick, whose two shop-floors are situated in Brent, one near Dollis Hill tube station, the other near the Rolls Royce factory in Willesden, started life as a film processing laboratory and then took up a profitable line of mail order work. They deal in such items as cameras, radios, photo-albums, cassettes. . . etc.

In both the mail order house and in the film proces-



sing laboratory, the director, Anglo-Indian George Ward, and his company employ a 99 per cent black labour force. The management is all white. Amongst the workers the management has a reputation for severe bullying of the work force. Twice in the last four years the firm has expelled workers whom they suspect of attempting to organise the work force into trades unions.

The present flare-up occurred in the mail order department when two young Asians, who were sorting mail trays, were ordered by Mr Malcolm Olden, one of the management team, to sort the trays in one hour. This job usually takes four hours to complete.

The workers in question say that he was less than polite in his order and, in protest, they resorted to clearing the trays and re-mixing the mail they had sorted, starting all over again with the mixed trays.

One of the workers, Chandu, was summoned to the office. The manager in charge began to swear at him. Chandu picked up the manager's table and threatened to overturn it. The manager told him he was sacked. "I don't want to work here anyway," Chandu said, and with five of the other workers in his department staged a walk-out.

On the same day, Mrs Desai, now the treasurer of the strike committee, was asked to put in several hours of compulsory overtime after she'd finished her day's work. She told her manager that her husband didn't want her working late that day, and that together with her son, who worked there temporarily (he's a student), she wanted to leave work to spend Friday evening with her family, instead of staying till

ten at night at the factory. Mrs Desai was summoned into the manager's office when she refused overtime and threatened with dismissal. She says that by then she'd reached the end of her tether. She'd worked for the firm for three years and felt she couldn't take the constant bullying, the threatening atmosphere and the pay and conditions "akin to slavery" that the company demanded. She told the manager so and, walking out of the glass box of his office onto the shop floor, addressed the other workers.

"They are taking advantage of us," she said to them, "they treat us like animals here. Just ask yourself why Mr Ward doesn't employ whites here. It's because they wouldn't stand for the pressure they put on us. I for one am not taking it any more. If he says I was sacked and tries to bundle me out by the back door, you can tell him he's a liar. I am walking out in protest, of my own free will."

Her speech was interrupted by members of the management team who asked her to leave the building. In the exchange of words that followed, Sunil Desai, her son, threw his mail tray on the floor and said he was supporting his mother and leaving too.

Outside the factory, Mrs Desai met the five workers who had walked out earlier that afternoon. "They were in a savage mood," she says, "and were planning some sort of retaliation against the management". "I told them that our best bet was to contact someone who knew about worker/management troubles that we had to get ourselves organised and not take any rash steps."

The seven of them decided to go to the Citizens



Workplace injury is another realm of migrant health and labour. A February 1971 comparative study on accident rates across fourteen UK-based factories revealed that while white British workers tended to have varying peaks and valleys in the differences in numbers of accidents between two consequential years, Asian, West Indian, white European, and Italian workers tended to have differences that tended near zero, or were far in the negative (indicating that workplace accident rates had far improved between two years) (Feb 1971,;44-45). The discrepancies indicate that while white British workers were regularly and accurately reporting workplace injuries, migrant workers were less likely to mention their injuries, leading to a lack of data that hovers near zero change between years. Workers in this case refers not only to adults, but also children. Child labour was commonly known among migrant communities in South London. In Lambeth, children would routinely skip school to work, despite factory foremen denying this was the case. Children were also less likely to report factory injuries, despite being more vulnerable to them – because of their small limbs, boxes often fell on top of the children, and foremen also yelled and hit them.

However, because they did not have legal work permits, the children could not go to the hospital, and even lied to their parents about the causes of scars and bruises (March 1974, 69). This lack of reporting was likely not solely about the worker's own hesitations about losing vital labour time or causing disruption, but also about management enforcing the worker's silence. When J A Edwards, a West Indian migrant worker, severely damaged his hands (lost right hand use) in a workplace accident at Luton Corporation in August 1967, he was told both by the corporation and the doctor he saw not to report the damages. He was paid five pounds per week as sick pay, and when he was forced to go back to work in March 1968, he was fired and only given one week of wages. Being unable to keep up with mortgage payments, Edwards' gas and electricity were cut, and then he was evicted by court order, with himself, his housekeeper, and his two children assaulted by police and dogs as they were physically removed from his home. Despite still not having access to the hospital care he needed for his hands and arms, Edwards was found guilty of assaults on policemen and possession of offensive weapons, both of which were untrue.

The combined impacts of stress, lack of housing, and criminal injustice worsened his health, and by October 1973 he could no longer use his left hand and had severe pains in both legs. Unable to function properly, he was forced to spend weeks in the hospital, meaning that he still could not work (Oct/Nov 1973, 296). Stories like Edwards' demonstrate the intersectional injustice of anti-Black racism and police violence, migrant and working class vulnerability, and lack of health access. Moreover, they speak to the reasons behind the distrust of state-run health systems that many migrant workers of colour held and hold today.

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## MEDICAL LABOUR + THE NHS

Inequalities of health emerge in stark irony when considering how foundational migrant workers, especially women, were to medical labour and healthcare. In December 1973, the Bishop of Ely, speaking at the North Cambridgeshire hospital, stated that “There is a tenderness in black hands for which almost every hospital in the country now has cause to be grateful” (Dec 1973, 346). However, Black nurses, predominantly Caribbean migrants (but also originating from Hong Kong, Mauritius, Malaysia, the Philippines, and Ireland), were not justly, let alone gratefully, treated. In fact, most women did not even necessarily choose or desire nursing work, but were forced into it via racial capitalism and histories of servitude and/or enslavement.

# Race Today

AUGUST 1974 15p

## BLACK WOMEN & NURSING: A JOB LIKE ANY OTHER

Class and Nationalism In Africa  
Imperial Typewriters Strike:  
The Continuing Story

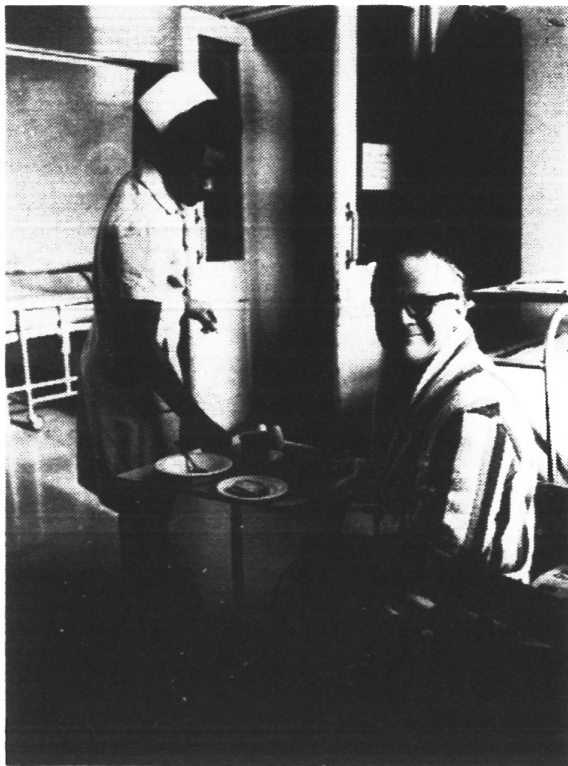


The racial divides within nursing work resulted in predominantly-white NHS nurses castigating migrant nurses for their failure to work for the NHS to improve the abysmal standard of care, and accused them of undermining NHS strikes by working for independent agencies or freelancing (Oct 1974, 280). In November 1975, Black nurses were over a third of the 5000 nurses freelancing in the NHS (Nov 1975, 249). However, the reasons migrant women were forced into agency and freelancing work were two-fold. First, when they were first begrudgingly slotted for nursing work in the NHS, they were enrolled in the shorter State Enrolled Nurse (SEN) program rather than the State Registered Nurse (SRN) program, meaning that they could not be promoted or given a pay raise and were subject to racism from hospital matrons, doctors, and fellow nurses. The attacks led to a deep depression for many nurses of colour. Second, under the NHS, mothers who were forced to take leave to care for their children were not paid and also lost their promotion status, meaning that upon return, they would again have to start from the bottom. Many of the migrant women workers were mothers, meaning that losing their earnings and rank routinely was not a viable option (Aug 1974, 226-230).



In an August 1974 article on Black women and nursing, Jamaican migrant nurse Mrs. D also noted that almost all of the night nurses were Black, because during the day, they were caring for their children, since most childcare services were either too expensive or would not accept Black kids. Knowing the health consequences of graveyard shift work, the racialized health impacts of nursing work become clear. Another interviewee, Bajan nurse Patricia Mathews, also noted that NHS care was “disgusting” to the point where she herself, as a nurse, would be hesitant about using their health services (Aug 1974, 229).

Beyond nursing, medical infrastructure is also built on the exploited labour of migrant women. Pritchards Services, a cleaning company that regularly cleaned countless hospitals across the UK, withheld pension and sick pay from South Asian migrant hospital cleaners by sub-contracting their work and constantly shifting their employment from one contract to another, meaning that the workers were never on a contract long enough to receive benefits (Aug 1974, 222). The irony of workers being unable to access sick leave as hospital workers is not lost.



*'Caring is women's work' - especially black women's work*

# BLACK WOMEN AND NURSING: A JOB LIKE ANY OTHER



In the present struggle nurses for the first time have come out on strike in support of their demands for more money. They have acted in opposition to the myth that women administering to sick, young and old, should not behave in this way.

Nursing is traditionally women's work, especially black women's. In the following article, widely illustrated with interviews, we maintain that the presence of black women in the health industry has been crucial in bringing the struggle to its present stage.

This is not a comprehensive statement

in that most of the nurses who participated in writing it work in London hospitals, and we know that the most militant action has come from outside London. Also all of the nurses are of Afro-Caribbean origin.

We concentrate here on nurses. Because of space limitations we do not deal with the situation of ancillary workers, not because we see them as subsidiary to the hospital structure (as do the nurses' unions). However, we point out that it was these workers, recruited from Southern Europe, Ireland, the Caribbean and

Asia, who first brought the strike weapon to the hospitals in Britain.

— Black Womens Group

Nursing is a 'caring profession', and traditionally the work of women — to be of service not only to their own men and children, but to other people's. No woman is more identified with service work than black women, especially the black women with a slave or colonial past. The relationship between the black woman and nursing, wet nursing or dry nursing, of other peoples' children and other people's husbands and wives, dates from before any National Health Service. Whether working in hospitals as auxiliaries, SEN's or SRN's, in the head of the black nurse from the Caribbean is the echo of slavery; in the head of the Asian nurse is the servitude to Sahib and Memsahib.

The colonial legacy expresses itself today in the young woman who from very early on knows she must take disciplined responsibilities in her own family, for example, for younger sisters and brothers. This legacy is alive in another sense: often the only waged jobs open to women in the ex-colonial world is in the kitchens of the middle and upper classes.

From their traditions in the family and in waged employment in this country and 'at home', flows easily the tradition of black women in hospital work.

We believe we can show that there is a connection between the nationalisation of the Health Service (1948) and the immigration of these workers with this tradition. A health service which was intended to see after the *whole* working class, and not just those who could afford it, would need a tremendous injection of workers who would not expect too much in wages and would not be in a position to challenge their working conditions.

During the last 20 years the class composition of nursing has changed.

A hundred years ago this was said of nurses: 'Many gentlewomen were recruited because it is the belief that this type of nursing required the highest type of women who were well educated' (Report of the Committee for the National Association for providing trained nurses for the sick and poor, 1874). This is not a picture of nurses today and certainly not a description of the recruiting policy of the National Health Service. What used to be a vocation for women of the middle class is now a *job* for women of the working class, and particularly for black and other immigrant women.

## Overseas nurses: cheap labour

The number of overseas student nurses coming into the British Health Service increases rapidly each year. In 1959, approximately 6,000 came in; in 1970, just under 19,000. They come mainly from the Caribbean, Hong Kong, Mauritius, Malaysia (which is now the highest sending country) and Ireland. We cannot analyse in depth who these women are, and the specific conditions that exist in their own countries which force them to come to Britain for training as a way out. For a way out it certainly is. Few come with the desire to nurse. But whether the

Grace Jenkins, SEN, Trinidadian.

'I came to England to train as a nurse in 1970 when I was 22. I applied to the Trinidad Health Service and they sent me a list of hospital addresses in England. I chose one in Birmingham. I went for an interview in Trinidad and took a sort of intelligence test. I was accepted by the hospital. I came direct to the hospital. I didn't really want to nurse but I wanted to leave Trinidad. I have never had a job there.

I did eight weeks — training and then went straight on the ward working, that is, changing bed pans, cleaning lockers and generally fetching and carrying. At first I got £45 a month after deductions. It took me a week to realise that I didn't like England and not much longer to realise I didn't like nursing, but I have to stay five years; that is the condition under which I came.

From Birmingham I went to Nottingham to do a special Theatre training — it's more money once you are trained. I find nurses are very conscious of what position they hold — even some of the black ones.

When I was in Birmingham in 1970 they told two black trainee nurses that they would have to leave because they had failed three times a test you take after your eight weeks initial training. About 50 of us [black nurses] went on strike, some for half a day, some for two or three days, and demanded that they be re-instated. We got the help of the local West Indian Association and we got them back in. I'm doing Agency work now — during my holiday period. I need the money.'

## General Nursing

### SRN (3-year course)

Student Nurses' Training Allowances		Training Allowances	Lodging charge where resident
Aged under 21 on entry	Age 18	£816	£29-40
	Age 19	£891	£58-80
	Age 20	£936	£58-80
Aged 21 or over on entry	First year of training	£1,065	£120
	Second year of training	£1,098	£120
	Third year of training	£1,131	£120

(A single payment of £5 is made on passing the Preliminary or Intermediate qualifying examinations)

Qualified Nurses' Salary Scales		Salary Scales	Lodging charge where resident
Staff Nurse		£1,338—£1,725	£192
Ward Sister/Charge Nurse		£1,632—£2,202	£225
Nursing Officer			
Lower scale		£2,070—£2,523	£312
Higher scale		£2,160—£2,610	£324
Senior Nursing Officer			
Lower scale		£2,328—£2,814	£366
Higher scale		£2,460—£2,949	£384
Principal Nursing Officer			
Lowest scale		£2,667—£3,195	£402
Highest scale		£3,222—£3,810	£501

#### Higher Salary Scales

are applicable to the senior nursing staff of Regional Health Authorities and Area Health Authorities

### SEN (2-year course)

Pupil Nurses' Training Allowances		Training Allowances	Lodging charge where resident
Aged under 21 on entry	Age 18	£816	£29-40
	Age 19	£891	£58-80
	Age 20	£936	£58-80
Aged 21 or over on entry	First year of training	£1,065	£120
	Second year of training	£1,098	£120

(A single payment of £5 is made on completion of training after passing the test for Enrolment)

Qualified Nurses' Salary Scales		Salary Scales	Lodging charge where resident
Enrolled Nurse		£1,203—£1,455	£162
Senior Enrolled Nurse		£1,380—£1,755	£192

Unqualified Nursing Staff's Salary Scales		Salary Scales	Lodging charge where resident
Nursing	Age 18	£816	£58-80
Auxiliaries	Age 19	£855	£58-80
	Age 20	£900	£58-80
	Age 21 or over	£1,053—£1,293	£120

'... Like the work handed down from the Nursing Officer, down to the Sister on the ward, then the charge nurse on the ward, then the SRN on the ward, down down to the student nurse, and that is the lowest grade apart from us [auxiliaries] and the workers who clean ...'

desire is there or not, the National Health Service ensures that they will work here for at least five years. Many of them are deliberately directed to take the SEN qualification which is of no use to them outside of Britain, but which guarantees a trained, low paid workforce on the ward floor. One way of pushing women from overseas into SEN training is by demanding educational standards which overseas students are less likely to have.

During their stay here they have to renew their permits through the hospital every six months. They have also to give an undertaking that they will stay for a certain period of time after they have trained so that Britain can benefit from 'the training she has paid for'. Yet since most of her training is spent working on the ward, the SEN pupil nurse repays for her training a million times over by the cheap labour she provides. The NHS need for the labour as opposed to skilled labour is shown by the fact that in 1972 only 120 qualified nurses were allowed into the country.

\* \* \*

Labour in the hospital is devised according to sex, race and age. Different jobs are done by people in different uniforms, getting different wages, and having different degrees of power. Those who work the hardest have the least status and the least wages. These divisions are further reinforced by the division between those who are 'professionals' and those who are not. 'The specific way this hierarchy functions, which is different from other waged work, is that every student nurse has a chance to be second year, and every second year a chance to be third year, and every third year a chance to be Staff Nurse and every Staff nurse the chance to be Ward Sister, and Ward Sisters become Matrons, and a few Matrons become ...' ('Wages for Housework and the Struggle of the Nurses', Power of Women Collective).

There are two types of training from the beginning — a two-year course leads to an SEN (State Enrolled Nurse) qualification which cannot lead to promotion. A large number of Asians, Irish and West Indians are deliberately directed to SEN.

'When you are interviewed they ask you if you want to do the course in two years or three, and all of us said we would like to do the two-year course. It's only when you get here that you realise that if you do two years, you will be an SEN.'

The SRN (State Registered Nurse) goes through a three-year training and it is she who has the potential for promotion

On the ward floor black women are invariably to be seen in the lower trades, servicing doctors, 'professional' nurses, and patients. Few black nurses enter the National Health Service as a vocation, in the hope of becoming a matron — and to even those who do, it soon becomes clear that this is not what they have been recruited for. For black women, nursing is a job, nothing more, and by refusing to treat it as a vocation they are not only exposing the real nature of nursing in the health service, but are undermining the hierarchy which depends on them wanting to be a part of it.

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## RACIAL VIOLENCE

Migrants, especially migrants of colour, were also disproportionate victims of racial and police violence, deeply affecting their mental and physical health. However, few resources exist that do not criminalise migrants for speaking out against violence, let alone offering health services. Racial violence near the home was routine for Bengali migrants in the East End, with Fazal Karim, Abdul Motim, and their families reporting five incidents of racist attacks, beatings, and verbal abuse over the span of four days in May 1975 (May 1975, 104). Police and authorities failed to respond on every account. In addition to the physical harm of violence, the racial terror, combined with the stress of “near-homelessness,” caused immense amounts of stress and anxiety. Racial violence was also channelled through state institutions like education, even when the state itself was not the perpetrator of violence.

On June 15th, 1974, Rodwell Gentles, the son of Caribbean immigrants living in Leeds, mysteriously had an injury above his right eye requiring 16 stitches, while under the care of the Earl Cowper Middle School staff. *Race Today* covered the incident months later, in November, but no conclusion had been drawn still about how Gentles received the injury. Gentles' parents received no information, despite constant query, and were "rudely rebuffed" by the school headmaster when they tried to ask (Nov 1974, 294).



George Lindo Campaign Picket Tyrils Police Station

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## POLICE VIOLENCE

In addition to general racial violence, migrants and their descendants, especially young Black men, were disproportionate victims of police violence, an enduring form of racial violence starting from the origins of organised police and continuing to the Black Lives Matter movement. Like many other forms of abuse, police violence historically included mental entrapment. Under the 1971 Immigration Bill, suspected migrants could be asked to produce papers and heavily interrogated without substantial cause or prior reason, resulting in routine questioning of Black and Asian people (regardless of migration status). This criminalization escalated later in the 1970s, during the height of the “sus” law, originating from the classist Vagrancy Act of 1824, which classified “being a suspected person” as a crime (Dec 1976/Jan 1977, 243).

The “sus” law was routinely employed to arrest Black (mainly West Indian) youth, leading to their constant stress over public appearance, and opening the pathway to physical abuse at police stations. Along with other commonly-used justifications by police for undue arresting of Black youth, like “affray” (public disturbance) and “offensive weapons possession,” anti-Black suspicion was a major driver of police-inflicted health harm. The Cricklewood 12, The Stockwell 10, and the Brockwell Park 3 were three out of dozens of cases of Afro-Caribbean boys charged with affray in 1974, and often beaten by police as a result (Nov 1975, 132). In August 1977, George Lindo was starved and beaten in an attempt to draw out a confession for theft that he did not commit, leading to massive outcry from the West Indian community (Feb 1978, 31).

Even when parents and communities brought complaints about undue violence, their protests mysteriously sizzled out or led to dead ends. A West Indian mother living in Leeds wrote in September 1976 that when she went to pick up her son from the station, she saw that his face was swollen from unlawful beating.



But when she questioned the police about it, they lied, saying that his face normally looked like that – an absurd claim, given that one side of his face was swollen and the other wasn't (Sep 1976, 182). When Michael McDermott, a 15 year old West Indian boy charged with breaking and entering, was found dead in Islington after local authorities placed him in a remand home, his death was deemed a “mystery” and investigation was not pursued. His mother stated: “The magistrate told us that we couldn't control Michael. By putting him into care, they were saying that they could. It is while he was in their care, not mine, that he lost his life” (Feb 1975, 29). State violence and its impacts on health are obscured by the state, meaning that physical abuse and death were and are rarely addressed or even acknowledged by state-run health services. This boundary to health access is directly tied to racialization and migration.

# PARENTS AND YOUTH AGAINST 'SUS'

Black parents and black youth living in Ealing, West London, recently fired the first shots in bringing into being a movement against the 'sus' law. At a public meeting, organised by Concerned Black Parents and Black Youth in Ealing, on November 26, 1976, the following resolution was proposed and passed unanimously by some 40 members of the black community who were present:

*"This gathering authorises the organisers of the meeting to initiate and carry out activities aimed at wiping the 'sus' law off the statute book."*

'Sus' is the crime of being a suspected person. It dates back to the Vagrancy Act of 1824. It is one of the most powerful weapons the police force has at its disposal. The legal ingredients of the 'sus' law states:

*"Every person or reputed thief frequenting or loitering about in any street, highway or avenue leading thereto, or any place of public resort. . . . with intent to commit an arrestable offence, is guilty of the offence."*

In practice and effect, it is a licence for the police to pick up anyone at anytime. When a person is arrested under this law and taken to the magistrates court, there is no responsibility on the part of the police to produce independent witnesses or victims to substantiate the charge.

These days, 'sus' is by far the most notorious and frequently used charge against West Indian youth. The kind of evidence used to convict them is almost always the same — "I saw the accused going down bus queues dipping in hand bags, your Worship," or, "I saw the accused trying car doors, your Worship". Evidence of this kind, without any independent collaboration from witnesses or victims, has been responsible for convicting hundreds of West Indian youths throughout Britain.

Each West Indian community has its own share of horror stories to tell about the use of the 'sus' law. The meeting organised in Ealing came about as the result of an increase in 'sus' charges against the youth of the area.

In one incident, a 17 year-old youth, who was about to board a bus with friends, was grabbed by two plain clothes policemen. He was beaten in the police station and framed on a charge of stealing £2.00. At his fourth appearance at the local magistrates court on this charge, the police laid 10 further charges of theft against him. He was told when arrested, "From now on, every black boy walking in Ealing and Acton will be arrested for 'sus' and we can make it stick."

'Sus' is also used by the police to clear up their

unsolved cases of theft. In another incident, which occurred three weeks earlier, a gang of policemen raided the black section of the Greensleeves record shop in Ealing. Seven youths were arrested and later charged with conspiracy to steal from persons unknown.

The resolution of parents and young people in the Ealing meeting is an historic one. The 'sus' law reflects and identifies an area of the sharpest conflict in the continued war between black youth and the police. The resolution to fight against it provides a basis on which a movement of parents and youth can organise against police power. The terrain for the battle is a fertile one, particularly since the events of the Notting Hill Carnival 1976 placed the police question on a national and international level. We are rid of having to begin with convincing people that the police are not doing their job properly.

MISSING  
BLACK PUPILS  
NOW!

## HARLESDEN DEFENDANTS SENTENCED

On December 13, 1976, Hyacinth, Rosa and Monica returned to Willesden Magistrates Court to receive the sentences which the Bench had delayed announcing for three weeks. The long gap between verdict and sentence did not put off the numerous friends and supporters of the girls who turned up regularly to witness the trial. Once again the public gallery was packed.

Rosa and Hyacinth were the first to be dealt with. Mrs Constance MacIntyre, Chairwoman of the Bench, delivered the sentence - three months imprisonment suspended for two years. Assault on the police, she said, was a very serious matter and, in reaching their decision, they did not take into account the cost of putting the girls in prison or the fact that it was only 12 days to Christmas. Mrs MacIntyre concluded, "please don't feel that you have got away with it, because having announced our decision, this is the last time that you can expect such leniency".

Immediately the sentences were announced there was an eruption in the public gallery. A loud boogie

# 'THIS IS A POLICE COURT'

"There is no justice. Why are they [the police] allowed to come and tell lies and get away with it? This is a police court."

This statement was made by Mrs Bushell, a West Indian mother, outside Tottenham magistrate's court. On Friday, November 26, she was present at court for the case of her three daughters — Janice, Beverley and Angela and a young man, Garnet Maxwell. They were charged with threatening behaviour, obstruction and assault on police. All pleaded not guilty to the charges.

The defence of the three Bushell sisters, in reply to the charges, was as follows: On May 24, 1976, in the early evening, their mother sent them to Wood Green police station to make enquiries about their cousin who had been arrested earlier that day. He was held at the station on charges connected with a running battle fought between some 200 black

students, returning from a school sports event, and police forces which had amassed and attacked them.

The sisters were refused entry into the police station. They saw a police van entering the court yard, and followed it because they believed their cousin might be inside. A policeman told them he would give them a count of 10 to remove themselves or they would be arrested. "One, two, three." The girls stood their ground. He went no further. They were seized and arrested.

The magistrate was simply concerned with getting rid of the matter as quickly as possible. He constantly cut short questions put by defence counsel to police witnesses. At one point he accused the barrister of wasting the court's time. He told her that he noted that she asked the same question eight times and that, if she carried on in this way, "we will be here another day".

Garnet Maxwell had witnessed the manhandling and arrest of the three sisters. He was on his way to evening classes. Immediately, he went into Wood Green Police Station and told the sergeant on duty that he wished to complain about the behaviour of the police officers. He was told to wait. He waited and got no response. He then left to join a group of some 20 black people who gathered outside, including now, Mrs Bushell. P.C. Bell came out and told the group to move on. Maxwell attempted to re-enter the police station to pursue his complaint. He was prevented from doing so by P.C. Bell. P.C. Bell arrested Maxwell and charged him on two counts of obstruction.

In court, defence counsel tried to establish with P.C. Bell that Maxwell had attempted to register a complaint at Wood Green police station. The magistrate again interrupted and said: "You keep putting questions that have nothing to do with this case. I have been here since 11.45. You must not delay proceedings."

The final outcome of this charade was that the magistrate was forced through lack of police evidence, to acquit Beverley and Angela on the obstruction charge. Janice was found guilty of threatening behaviour and assault. She was fined £30. Garnet Maxwell was also found guilty on both charges of obstruction and fined £50.

POLICE STOP ATTACKING BLACK YOUTH/MAGISTRATE COURT IS A RUBBER STAMP FOR THE POLICE

NO MORE POLICE HARASSMENT

and hissing was set up, some youths banged their feet on the wooden floors while others got up and stomped angrily and noisily out of the court. A youth yelled, 'you old cow'. Both Hyacinth and Rosa have issued notices of appeal.

Monica had to wait yet another week to hear what Mrs MacIntyre had in store for her, because the Social Reports, demanded by the bench, were not yet ready. The bench needed Social Reports on Monica because, as Mrs MacIntyre stated, she wanted to know why Monica as the mother of two children, had been out at 2.30 am at the Burning Spear Club. A week later Monica was sentenced to a two-year probation order with the following conditions: if the Probation Officer says he wants to see her then that takes priority over everything else; Monica must not move her address without permission; if she works, she must not change her occupation without informing the Probation Officer; and, above all, she must lead an industrious and honest life.

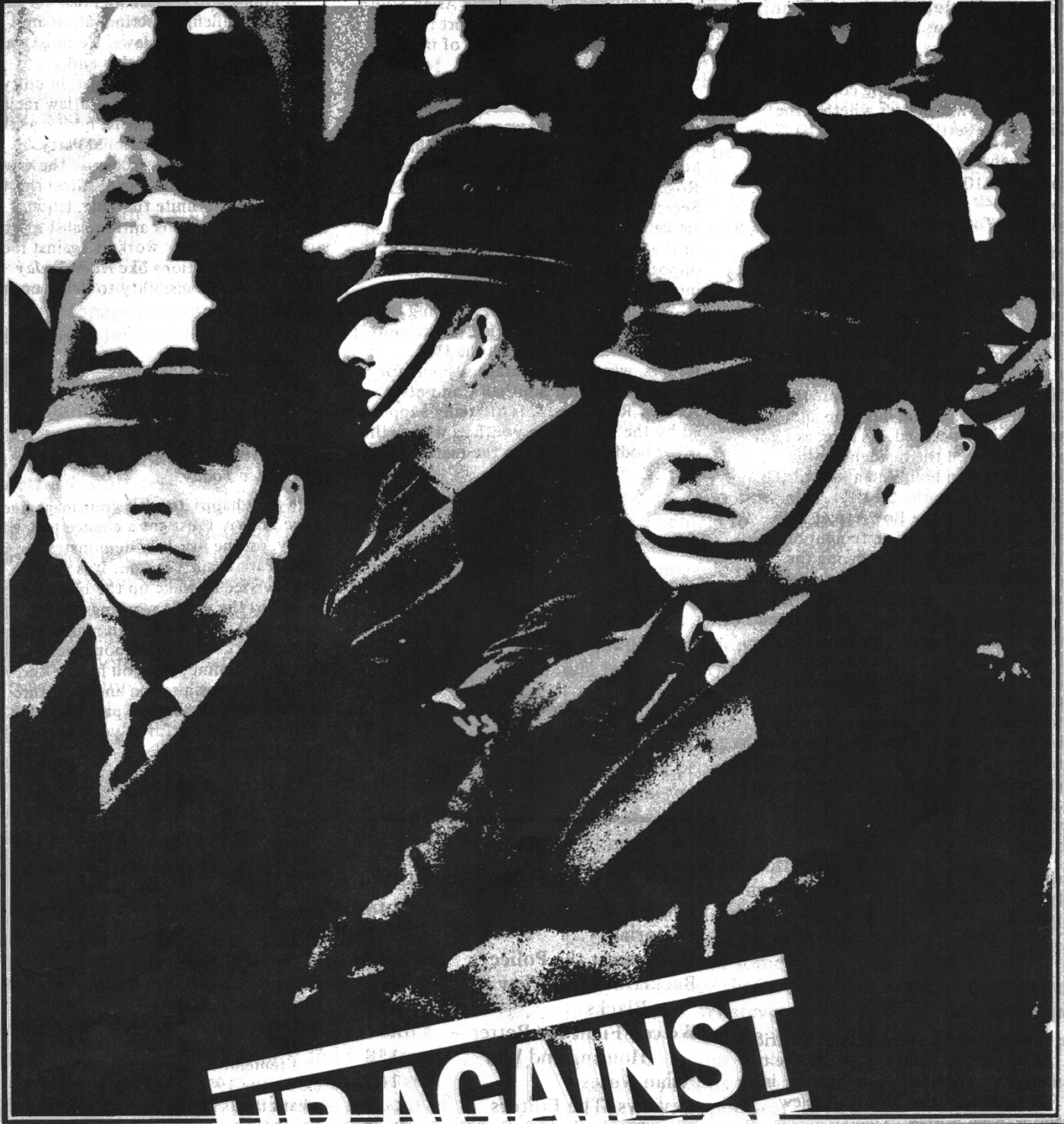
MAGISTRATE COURT IS A RUBBER STAMP FOR THE POLICE  
POLICE STOP ATTACKING BLACK YOUTH  
POLICE STOP ATTACKING BLACK YOUTH

Another police strategy of obscuring and invalidating violence and brutality is the criminalization of victims. Histories of obscuring violence against migrants results in structural barriers to health access, when the causes of health issues have not been valued or believed. When a Trinidadian couple was brutally assaulted by police in September 1973 for drug possession (which turned out to be a false accusation), police officers lied and stated that the couple attacked them, leading to charges of assault (Feb 1975, 40). The charges were later dropped due to community pushback. Similarly, Cliff McDaniel, a 17-year-old West Indian boy from North London, was arrested after being accused of “going berserk” and “hysterically punching” police officers and shouting. However, it was later revealed that this was a reversal and a complete lie – it was the officer, Ryan David, who became extremely angry and began hurling racial slurs at McDaniel, before punching the youth (July 1975, 148). Even in cases where police themselves were not the perpetrators of violence, they still sided with racist white mobs and criminalised their victims.

When two Bengali youth were attacked by a 30-person white mob with bottles, knives, and staves, in June 1976, the police ignored their call for help and later followed the pair home and arrested them for being a vigilante group (Dec 1976/Jan 1977, 245). Their wounds were not addressed before they were taken in. Community organisation against violence, in the absence of police response, is also criminalised. Bangladeshi migrants defending their friend from a mob beating were charged with offensive weapons possession because they were holding sticks as forms of defence – they were later acquitted (Feb 1974, 40). Because migrants were criminals, and the health of criminals was not valued, migrant health was also not valued.

# Race Today

VOICE OF THE BLACK COMMUNITY IN BRITAIN JULY/AUGUST 1976 25p



**UP AGAINST  
THE POLICE**

WE CAN FIGHT FOR BETTER HOUSING — AND WIN

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## HISTORIES OF MEDICAL ABUSE

Histories of abuse at the hands of medical institutions and state-sponsored health planning lead to migrant distrust of health services, as well as leaving a legacy of racist and xenophobic health practices. One form of medical abuse was negligence. A common form of negligence is ignoring physical pain, which continues to be racially unequal today. In October 1973, Dainty May, a seven year-old West Indian girl, was ignored for three hours by hospital staff despite having several cuts and bleeding on her face that required stitching (Oct/Nov 1973, 315). In the March 1971 issue of *Race Today*, Peter Watson summarised J.S. Dodge's report on social medicine for migrants in the *British Journal of Hospital Medicine*. Dodge found that one out of 560 Commonwealth immigrants was referred for medical examination, and one of 81 aliens (mainly from Europe.) Additionally, mentally ill, "drugged," and pregnant people were the most likely to be refused permission to enter the UK (Mar 1971, 100).

The implications were clear – visibly unhealthy migrants were devalued, and invisibly unhealthy migrants were ignored.

Watson also referenced GS Sethi, senior medical officer of the London Borough of Lewisham, who noted that mental illness was often completely missed during paltry screening processes. Anxiety and “neuroses” were the leading illnesses in immigrant communities according to Sethi, who insisted that stress had to be addressed first, “only then can religious and cultural barriers be broached.” (Mar 1971, 100) Negligence towards mental health can have tragic consequences for physical health as well. Stephen Bernard, a 33-year-old Grenadian man, “mysteriously” died unexpectedly under the care of Lewisham Hospital on February 4, 1971. Bernard’s family took him to the hospital because he had a history of mental illness and “became excited,” but there is no record of this in the report given to Bernard’s wife. Instead, she was told that he died of “chronic bronchitis,” despite her protests and confusions that he had never had bronchitis previously (Mar 1971, 165). The lack of information, dismissal of questions, and negligence in documentation and care was a routine experience for migrants, one that continued to colour their experiences with health.



When mental illness among migrants was acknowledged, it was weaponized against them, such as in the case of Caribbean children and the education system. A November 1970 Islington Council for Community Relations conference revealed that West Indian children were disproportionately and unfairly overrepresented in Educational Special Needs (ESN) schools. In 1967, 28.4% of children in ESN schools in ILEA were migrants, and of this percentage, 75% were West Indian. If “normal schools” thought that a child was “backward,” they would refer their parents to have the child take an IQ test, an examination with a history of implicit racism, classism, and xenophobia. Consequently, immigrant West Indian children disproportionately fail to meet the standards of the test, and are transferred to ESN schools, where, (due to the ableist standards of ESN education both then and now) the children are “written off as failure at 11+” (Jan 1971, 2). Dr. A. R. Nicol attempted to investigate this diagnostic discrepancy by employing the same tactics of diagnosing antisocial behaviour among schoolchildren commonly used by ILEA in a new classroom.

She found that West Indian children were, predictably, far more likely to be viewed as antisocial, with 31 West Indian boys and 31 girls over the age of ten categorised as antisocial, compared to four each of UK-born boys and girls. However, she also noted that her conclusion was not an intrinsic psychosocial disorder among West Indian children, which practitioners of thinly-veiled race science were espousing at the time, but that migration was a deeply unsettling journey, and children were experiencing “culture shock.” She noted that while ILEA is quick to diagnose and separate West Indian children, rarely do they investigate the causes of such a discrepancy, or question the standards through which they determine antisocial behaviour (Jan 1971, 14-15). Questioning medical frameworks and diagnostic practices, especially in psychology and psychiatry, remains a prominent and often-undermentioned challenge in the field of mental health, especially in an era of therapy resurgence. These racist, xenophobic, and classist viewpoints likely contribute to lasting migrant hesitance towards psychological and psychiatric care.

Physical health is also closely tied to medical abuse, often due to migration status. Pakistani and Indian migrant children arriving at London Airport in 1971 were required to get bone X-rays to confirm their age if authorities were suspicious that the age on their passport was false. The X-rays were often inaccurate up to two years on either side of the child's age, and were widely known for their inaccuracy, and yet authorities continued to request them (Mar 1971, 92). On four occasions, immigrant girls arriving at Heathrow were “medically examined” to “determine” whether or not they were virgins. The unnecessarily invasive examination of the body, in service of carceral systems of border and migration control, is an abusive manifestation of health targeting migrants.

Health can also work as a systemic and insidious tool of the state to restrain and even eradicate migrant families and communities, through policies like family separation and indirectly-xenophobic birth control practices (not to be confused with general sexual education and contraceptive access for all.) Michael McDermott, whose tragic death was covered in the previous section, died after being taken from his family and put into state care because of his arrest.

She last saw him at King's Cross when he was taken to the remand home, and although she was told of him missing two days later, his body was not found until eighteen months after that (Feb 1975, 29). An African couple was told by local authorities to leave their baby at a state facility because they were going to be arrested, despite this decree being completely fabricated, baseless, and false (Feb 1975, 92). A community note to the May 1975 issue stated that family planning and population control were at the heart of eugenicist birth control policies aimed at single women in Italy, France, and England (May 1975, 115). The author tied these policies to histories of eugenic sterilisation of women in the Global South. These policies, under the guise of feminist pro-contraception movements, targeted migrant women in the wake of immigration scares and tightening border controls, to prevent internal increases of second-generation migrant populations that were less constrained by border imperialism. The following month, Wandsworth Community Relations Committee (CRC) began a program aimed at 14-16 year-olds called "Don't Rush Me" about abstinence and birth control.

Although the CRC insisted that the program was a form of sexual education, *Race Today* noted that the program was only run in predominantly-Black (Afro-Caribbean and African) neighbourhoods and both of the main characters in the film shown were Black (May 1975, 125). The history of state-run health programs and gendered migrant control illuminates reasons for why health outreach programs in migrant communities continue to struggle.

THE EXPERIENCE of West Indian children in Britain is unique in respects that make it easy to apply glib labels such as 'deprived,' 'culture shocked' or 'damaged' (by repeated separations from parent figures). In trying to assess disturbed children at child guidance clinics, one soon becomes aware that by invoking these processes to account for the disorder of nearly every child one is rendering the underlying concepts totally meaningless. This is because one could apply the same formulation to many of their peers and compatriots who are not disturbed.

Broadly speaking, West Indian schoolchildren can be divided into two groups as regards their background experience: those who were born in the West Indies and have migrated, and those born in Britain. The characteristics of the migration have, of course, been widely described, for example in *Colour and Citizenship*. The West Indian-born child has commonly been left in the care of a grandparent or aunt when the parents migrated and has subsequently rejoined his parents after a separation of perhaps several years. This tends to qualify him for the label 'damaged,' whereas the child born in England, often reared in cramped accommodation with parents working very long hours in the early years, collects the label 'deprived.'

Two hundred and four West Indian children attended a South London child guidance clinic in the decade 1960-69. Of these ninety-three were born in Britain and 111 had migrated from the West Indies. This situation offered a good opportunity of finding out if there were any substance in the labels we had been so freely applying. Equally important, by comparing two groups of the same race, one can rule out a genetic factor as being a likely cause of any differences found. Other, otherwise ingenious, studies, such as that of Moses on delinquency in negro and white groups in Baltimore, USA, are open to this interpretation by those who are so inclined.

The first finding was a striking excess of West Indian-born girls among the referrals. A look at local education committee statistics confirmed that the cause was not an excess of girls in the local West Indian population, but was a genuine phenomenon.

**Table 1**

*Sex of UK and West Indian-born groups and of total clinic referrals for 1967, excluding West Indian children.*

	Boys	Girls
West Indian-born	58	53
UK born	63	30
Total referrals 1967	119	43

The boy : girl ratio of referrals for 1967 (a median year for the West Indian referrals) approximates to the 3 : 1 ratio which is the common finding among child guidance clinic referrals. The UK-born group of West Indian children does not differ significantly from the total referrals 1967 ratio.

A closer look at the children showed that there were also differences in the types of disorder they had been referred for. In child psychiatry it has been usual to distinguish children with neurotic disorders such as anxiety, phobias and sleep disturbances from those with antisocial disorders such as aggressiveness, truanting and running away from home. The two groups overlap to a large extent, and in the present enquiry children who showed antisocial behaviour, with or without other symptoms, were contrasted with all other children.

The consistent finding among the clinic children was for a higher proportion of the West Indian-born to suffer from disorders involving antisocial behaviour. That this was not merely due to an age factor is shown by subdividing again into age groups. This has no effect on the results that follow.

**Table 2**

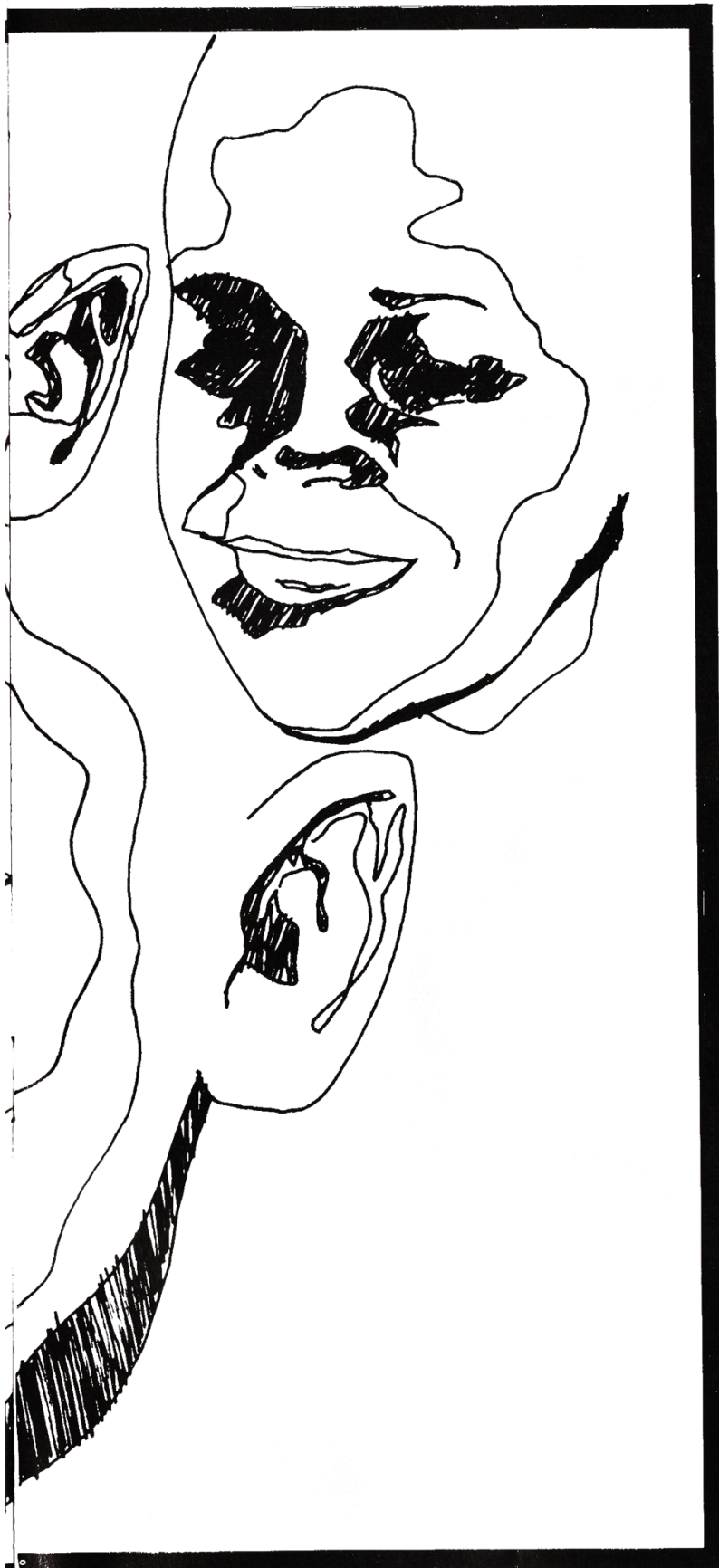
*Diagnosis compared by place of birth:*

	UK-born	West Indian-born
Boys under 10		
Antisocial	27	21
Other	30	3
Girls under 10		
Antisocial	14	14
Other	9	2

# PSYCHIATRIC DIS IN WEST INDIAN SCHOOLCHILDREN



## N BY DR. A. R. NICOL



	UK-born	West Indian-born
Boys over 10		
Antisocial	4	31
Other	2	3
Girls over 10		
Antisocial	4	31
Other	4	5

The figures of each table suggest that psychiatric disorder involving antisocial behaviour is more common among the West Indian-born children.

Analysing the data further, among the UK-born children it was clear that antisocial behaviour was associated with separation experiences, this time for boys only and not for girls.

**Table 3**

*UK-born boys: frequency of separation in various diagnostic groups (excluding 'not known's').*

	Other diagnosis	Antisocial
Separation over one month	6	19
No separation	17	19

*UK-born girls: separation in various diagnostic groups.*

	Other diagnosis	Antisocial
Separation over one month	5	10
No separation	7	8

These findings, although not conclusive, as even among the boys they do not reach statistical significance, are in line with the results of other and larger studies which have linked unsettled childhood experience with later development of antisocial behaviour disorders.

The two groups of children were also compared for differences in current social factors such as overcrowded accommodation, low social class and large families, as well as absence of father or mother. None of these factors were markedly different in the two groups, and so could not be invoked to account for the differences in diagnostic pattern between groups.

In a separate study a sub-group of the study children, those who are currently approaching school-leaving age, were followed up through their schools. The average period of follow-up was 4.9 years for girls and 3.7 years for boys. It was found that the antisocial disorders in this group were as enduring as among a control group of English children with antisocial disorders.

Before discussing the implications of these findings it should be pointed out there are a number of technical difficulties about the enquiry. For example, it is possible that only the more difficult West Indian-born children were sent over to rejoin their parents. Again, we do not know what proportion of disturbed children in the community were referred for child guidance. These and other difficulties are discussed more fully elsewhere.<sup>1</sup> There are fair grounds for believing that the figures reflect a genuine process and not a series of artifacts due to sampling.

What this study shows, and this is in agreement with other studies, is that there is an association between antisocial disorder and unsettled early childhood. The next question we must ask is: what factor in migration is doing the damage? The present material was not very helpful in this respect. There was no association, for example, between liability to antisocial disorder and age of separation from parents or of migration.

Most striking of all is the number of disturbed West Indian-born girls. It seems that for some specific, but unknown, reason, girls fare very badly when subjected to this migration process. I say 'specific,' because the usual experience has been to find that girls are less liable to antisocial disorders than boys, and this rule holds good among the UK-born children in the present study.

And what of the social implications? The present data do not tell us whether West Indian children are disturbed as a group, they tell us about the types of disturbance they get when they do become disturbed, and these do seem to be of the more serious antisocial type in those who were born in the West Indies and have migrated. Perhaps the greatest danger is that the special difficulties of this group of children will not be fully appreciated by society; indeed, the recent high unemployment figures for young black school-leavers suggest that their difficulties are very far from being appreciated.

<sup>1</sup> Unpublished M.Phil. thesis, University of London.

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## HEALTHCARE PRACTITIONERS

Structural xenophobia and racism is undoubtedly at the heart of migrant health. However, even at the point of exchange, between healthcare provider and patient, boundaries to accessible and accurate care continue to pervade. Returning to Peter Watson's article citing J.S. Dodge, Dodge noted that doctors fail to note the stressors of migration and how those stressors impact both medical and physical health. He continued that social factors of health need to be placed as forefront determinants of health for migrant communities, a practice that is still underemphasized today (Mar 1971, 100). Mihir Gupta, chairman of the Birmingham-based Indian Association of the UK, stated that healthcare providers also fail to realise the cultural norms of immigrant housing communities. Many migrants were unwilling to move to better housing conditions after settling in overcrowded neighbourhoods because of connections to family and friends (Mar 1971, 108).



Communication between migrant communities and physicians, however, was also impacted by racism against physicians of colour, many of whom were migrants or had migrant parents. High Court judge Mr. Nigel Harris supported racist statements from white British doctors at St. Charles' Hospital in Paddington, claiming that "foreign doctors" were unfit to work in British hospitals due to lack of proper training. This conclusion was based on a singular complaint about treatment. (June 1971, 216) The result, however, was rising tensions among migrant and UK-born doctors, and discouragement of doctors from abroad to apply. Doctors from migrant communities may be able to better understand cultural norms and transcend linguistic barriers. That being said, of course, structural issues with migrant health access cannot be solved through the representational politics agenda of "more migrant doctors," and this strategy also does not address internal migrant community conflicts along lines of class, and intra-racial structures of power, such as caste in the South Asian context.

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## COMMUNITY CARE

Where there is lack of access, however, there is also often community care. Several community support networks were mentioned in the archive and were crucial to achieving legal recognition, meeting basic health needs, forming community to combat depression, raising money for essentials, and other causes. For legal and labour aid, as well as social service access, organisations like the Indian Workers' Association and the Southall Association rose in prominence in response to the heightening anti-immigrant sentiment that drove the 1971 Act (Sep 1970, 307). Notably, however, these services were not always universal – Praful Patel, a leader of the UK Immigrant Advisory Service, stated in June 1971: “I am totally opposed to illegal immigrants and will have nothing to do with them” (June 1971, 216). Statements like Patel’s indicate the need to complicate the category of “migrant” and analyse the structures and pathways that lead to various migrant conditions, and the intersection of these conditions with health.

*Race Today* compiled a calendar of migrant support events in November and December of 1970, ranging from leafleting campaigns to English tutoring, and even dance lessons. (Nov 1970, 383) A Southall-based Task Force provided meals to elderly Sikhs who could not afford food and needed a place to congregate and eat (Oct/Nov 1973, 315). To address police violence and unwarranted arrest, the London Concern Group began producing and disseminating Advice on Arrest cards for migrants about their legal rights and how to proceed with police upon arrest (Nov 1970, 413). Protecting against racial violence, however, often turned more militant, and with good reason. Pakistanis in London's East End formed militant neighbourhood patrols to protect against racist attacks, following in the footsteps of the Jewish community, who lived in the East End prior and took similar steps against anti-Semitic violence (Dec 1973, 339). Pamphlets printed in June 1977 in both Bengali and English, shared to the Bengali migrant community, carried the simultaneously sobering and empowering message – “We have to protect ourselves. There is no alternative” (June/July 1977, 90).

# Race Today

December 1975 25p



**ON TWO FRONTS:  
CHAPELTOWN BELONGS TO US  
LEWISHAM LIAISON SCHEME IN RUINS**

**EVICT THE  
COUNCIL  
NOT  
THE  
PEOPLE**

**EAST END HOUSING CAMPAIGN**

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## CONCLUDING THOUGHTS

This survey of *Race Today* was key to my understanding of migrant health in the UK, especially as the magazine, like most publications then and today, rarely explicitly discuss health. Rather, health emerged between the lines, through discussions of housing, labour, and violence. Reading between the lines is often how migrant stories have had to be told, because of marginalisation and intentional erasure under policies of border imperialism. I am always inspired by community organising efforts led by the individuals and groups listed in this article, and movements that continue to mobilise in service of open health access, like Medact, Docs Not Cops, and Medecins du Monde UK.

To expand this study, a contemporaneous study of migrant health in the UK would be highly informative, to prevent ahistorical projections when discussing throughlines to the modern day. Moreover, the category of migrant is massive (and needs to be troubled, as I mentioned in the pamphlet), and countless groups of people were not mentioned in this study. Isolating for a particular condition would also help to more clearly trace development. Despite the worst efforts of the UK government (much like the rest of the Global North), migrants have continued to make their homes in the UK, and as the country becomes increasingly diverse, structures of power become harder and harder to ignore and erase. This pamphlet hopes not only to illuminate histories of migrant health that were obscured in the 1970s, but also shine a light on ongoing struggles in health accessibility that have roots far deeper than often claimed.

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