Shout at the Devil

THE DEVIL EVIL IS RACIAL INEQUALITIES, ROAMING FREELY IN OUR SOCIETY

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A recent survey report - "Over-Exposed and Under-Protected The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain", published by the Runnymede Trust and ICM Survey1 has made a significant recommendation for the healthcare sector actively involved in promoting equality and fairness within the health care sector.

It highlighted that "There has been little, or no equality impact assessment of the emergency social and economic measures rolled out by the UK government during COVID-19." It has further suggested that it is a lost opportunity for understanding and assessing the impact of government measures to mitigate the impact of coronavirus on groups with protected characteristics.

Undoubtedly, the government has responded with the haste required to meet the unexpected challenge of the many groups that have been falling through the cracks. The COVID-19 pandemic has exposed huge weaknesses and gaps in the health and care services and the ability to cope with such a crisis.

Pandemic impacts on minority groups

In many ways it is an uncharted territory, yet a familiar territory that the government should have recognised the potential impact of poverty and disadvantage on access to social care and healthcare, and on disease severity, for people in Black, Asian and Minority Ethnic (BAME) communities. It is time to revisit the provisions for providing a credible social or financial buffer to cope with the devastating impact of such disasters for the future. This is more relevant and urgent since the BAME communities make a significant and valuable contribution to the success story of the NHS and other many mainstream public lives.

The recent brutal killing of George Floyd, in the USA sparked global outrage adding one more number to the list of victims in a longstanding history of racial terror against black people in the USA. This act of violence, which exposed the level of brutality, was seen globally against the backdrop of a global pandemic. This wreaked havoc in Black communities as the death toll mounted, sparking a collective reckoning with the fact that racism, in all its forms, is deadly and has a devastating impact on Black lives.

In Britain the outcry from the medical fraternity forced Public Health England (PHE)[3], a body entrusted with protecting and improving the nation's health and wellbeing and to reduce health inequalities, to publish a report: "Disparities in the risk and outcomes of COVID-19"(August 2020)[2].

The PHE findings also found that those aged 80 or older were seventy times more likely to die than those under 40. It also concluded that the risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in BAME groups than in White ethnic groups.

It also concluded that these inequalities were largely replicating existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups. Disclosing that, when compared to previous years, there was a particularly higher increase in all cause deaths among those born outside the UK and Ireland and those in a range of caring occupations including social care and nursing auxiliaries and assistants.

Injustices faced by BAME staff in NHS

A survey report published on 21 Oct 2020 by the Royal College of Physicians (RCP) also confirmed the widespread racial discrimination in NHS job offers, saying that the ingrained "bias" in the NHS made it much harder for BAME doctors to become a consultant or progress in their career compared with their white counterparts.

The RCP examined eight years of data on the experience of doctors, typically in their 30s, who had recently gained their certificate of completion of training, which means they can then apply for their first post as a consultant in a hospital.

The RCP survey found 'consistent evidence' of trainees from BAME backgrounds being less successful at consultant interview. The report also says that the doctors from BAME backgrounds have been hindered in their search for senior roles because of widespread "racial discrimination" in the NHS. Dr Andrew Goddard, the RCP's president said, "It is clear from the results of this survey that racial discrimination is still a major issue within the NHS", Adding, "It's a travesty that any healthcare appointment would be based on anything other than ability."

Roger Kline, a research fellow at Middlesex University and an expert in racial discrimination in the NHS, said the findings proved BAME medics suffered from "systemic discrimination".

He commented, "These findings are appalling and confirm what many doctors across all medical specialities have long suspected has been occurring. These patterns of discrimination are really hard for individual doctors to challenge so the medical

profession as a whole, and their employers, need to finally accept systemic discrimination exists and take decisive action."

In September 2018, a research exercise by NHS Digital, the service's statistical arm, resulted in the biggest study of earnings by ethnicity based on analysis of 750,000 staff salaries in the NHS in England. It found that Black doctors in the NHS are paid on average almost £10,000 a year less and black nurses £2,700 less than their white counterparts. Black female doctors earned £9,612 a year less and black male doctors £9,492 a year less than white ones.

Racism legislation

Britain introduced anti-race racial discrimination law in around 1965, which was subsequently amended following case law from many Industrial tribunals and the Courts. Who would have thought that in the era of minimum wages and equal pay, such disparities would still exist?

Ironically, the report by Sir William Macpherson into the death of the black teenager Stephen Lawrence on 22 April 1993 concluded that that the investigation of the killing had 'been marred by a combination of professional incompetence, institutional racism and a failure of leadership'. How appropriate was his definition of institutional racism - 'The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racial stereotyping which disadvantages minority ethnic people".

One of the outcomes from the Stephen Lawrence Inquiry was the amendment of the Race Relations Act 1976. In 2004 the then NHS Chief Executive and Permanent Secretary of the Department of Health, Sir Nigel Crisp (now Lord Crisp), published his Ten Point Race Equality Plan for the NHS. He also asked 500 Chief Executives of hospitals and primary care trusts at the time to mentor BME staff. A particular aim and objective were to address the under-representation of BAME staff in leadership positions in the NHS.

Endemic racism in NHS

A report in October 2019 Organisation Diagnosis Report for the Services at NHS Blood and Transplant - by Mr Clive Lewis OBE revealed many issues pointing towards evidence of unconscious bias and/or other systemic constraints at most senior levels. The report indicates several hours were spent listening to a large group of BAME colleagues talk about their experiences which made for very difficult hearing. I am sure many colleagues will recognise similar situations in their own localities.

We often hear responses that say:
- It is unacceptable for anyone to be treated unfairly because of their race or any other protected characteristic.
- The NHS belongs to us all, and as part of the People Plan, NHS employers are committed to increasing BAME representation across their leadership teams as well as eliminating discrimination and inequality.
- All doctors should have the same opportunities to fulfil their potential and it is unacceptable if there are biases that prevent this from happening.
- Leaders are clear that there should be no room for discrimination of any kind within the NHS ... The NHS is making some progress on this issue but, clearly, there is much further to go."

We take pride in quoting Mahatma Gandhi and Martin Luther King when it comes to poverty driven by deprivation and brutality of racial injustices to add some wisdom to the society, we live in. In addition, sporadic investigations into racial bias and recommendations became the flavour of the month with slogans and fancy taglines to go with equality campaigns. These exercises served a very clear purpose - to pacify the anti-racist lobbies, to serve political interests and to fill the agendas of busy management meetings. Then it goes quiet until another horrific incident comes to light.

In an article in The Lancet on addressing racial inequalities in a pandemic (The Lancet - Global Health section (Sept 2020)[7] the authors summed up eloquently by calling for critical analysis if racial inequalities in a pandemic were to be addressed. In its conclusion it says, "For an analysis of racial inequality to result in change, it must be accompanied by a deeper critique of structural racism and recommendations to address the issue. Racial inequality in health outcomes is a consequence of structural racism which, in a pandemic, results disproportionately in illness and deaths in Black people."

The policies that perpetuate these inequalities have been described as necropolitics: the use of social and political power to dictate who should live and who should die. The COVID-19 pandemic adds one more burden to be shouldered by Black communities, alongside genocide of Black youth, incarceration, poverty, and other forms of systemic oppression. On top of these burdens, one must also ask: what might be the consequences on individual mental health and community organisation of knowing that you have a higher risk of dying from COVID-19 because of the colour of your skin?"

In recent years, the Workforce Race Equality Standard (WRES) has done some excellent work with the NHS Commissioners and NHS healthcare providers, including independent organisations, through the NHS standard contract. However, its effectiveness and role remain a significant constraint given that it is an integral part of the NHS structure, alas not an independent autonomous body! It needs additional powers to investigate, recommend changes and, if need be, able to seek resources to mount legal changes.

The former Commission for Racial Equality had investigative powers which have been watered down after its merger into the Equality and Human Rights Commission. Most BAME pressure groups feel that it has marginalised race equality and reduced much needed grass-roots relevance.

The NHS Equality and Diversity Council announced in July 2014 that it had agreed action to ensure employees from BAME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

within the medical fraternity, can still be claimed to be riddled with lace curtain racism hidden behind a veil of systemic failures in the management of implementation of anti-racist initiatives.

The lack of political willingness has weakened the potential for adequately monitoring 'hot-spots' with early interventions to douse the ever-expanding flames of hate engulfing the working environment in the NHS.

This has been exacerbated with the ever-expanding integration of the privatisation model under public and private partnership.

This is not an attempt to dampen down the enthusiasm of those seeking to better the world or well-meaning initiatives Rather, it merely highlights the state of affairs over half the century since race relations legislation was introduced in 1965.

In other words, there is a need for a culture shift in values in the governance framework. From the highly publicised case of Dr Bawa-Garba to the disproportionate representation of BAME doctors in the referral processes to the GMC disciplinary regime, these all point to the failure of accountability structures within the NHS Trust Boards and indeed other regulatory or inspectorate agencies.

It is a wakeup call for the BAME voluntary and community sector, especially those involved in supporting the fraternity of BAME medical professionals, to build meaningful alliances.

With over 50,000 plus doctors of Indian origin working in the NHS, there is adequate mass if it chooses to be most influential group to impact policies and implementation. It is paramount that patchy responses are avoided when it comes to matters relating to racial equality and a safer working environment in the NHS. Source: https://www.runnymedetrust.org/

Conclusion:

Over the decades there have been many investigations and reports with well-meaning recommendations. Also, many initiatives have shown that attempts have been made over time to be proactive, but this has largely been patchy across the country. For those affected by the foul culture of ill-equipped management that has failed to detect and tackle the root of racial discrimination, the buck should stop at the top of the management food chain.

Failure to recognise and act in time to produce a safer workplace costs the NHS dearly when resources are scarce. The victims pay through a damaged career and mental wellbeing, not to mention the suffering of their families.

It is easy for the NHS Trusts to engage in a process full of legal costs and eventually getting their knuckles wrapped by the judiciary. They seem to see their duty to provide redress which is often cosmetic. But then who cares, it's the taxpayer's money anyway? Then, it's all repeated in another Bawa-Garba type case which becomes another headline-grabbing attraction. The most sinister outcome of this all is the loss of confidence in management which has the potential to impact on the outcomes of patient care and safety.

A commonly shared consultation is that the time has come to introduce a credible strategic approach to tackle the inequalities and racial discrimination by placing the burden of implementation, accountability with rewards and punishment that can act as deterrent. ❑

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