

# Statement on behalf of the Consortium of BAME Health Professional Networks in response to report from the Commission on Race and Ethnic Disparities

The Commission on Race and Ethnic Disparities (CRED) under the chairmanship of Dr Tony Sewell CBE was commissioned by the UK Government in the wake of Black Lives Matter to investigate race and ethnic disparities in the UK. CRED published their report on 31 March 2021. We, the undersigned, represent thousands of Black, Asian and minority ethnic (BAME) healthcare professionals on the front line and others working within our communities as health advocates. We highlight the following points, which are not exhaustive, but aim to illustrate our position:

- CRED did not acknowledge critical points on racial disparities in health from the Government's own report, published in June 2020 titled "Beyond the data: Understanding the impact of COVID-19 on BAME groups". It noted that racial discrimination affects people's life chances and points out that the stresses associated with being discriminated against race/ethnicity has an adverse impact on mental and physical health.
- CRED pointed out that minorities and immigrants (including White minority groups) are more likely to experience mental health difficulties as they migrate to many countries worldwide where there are the majority is White. However, the report is puzzlingly silent on why minority groups experience these mental health challenges to begin with, and fails to acknowledge the well-established links between racism, discrimination, and mental health.
- CRED recommended that the Government establish a new office to target health disparities in the UK, the Office for Health Disparities. But it fails to recognise the existence of the NHS Race and Health Observatory (RHO), an independent body which was set up in May 2020 and consists of global experts in health inequalities, tasked to tackle the specific health challenges facing people from BAME backgrounds. This is a significant unexplained omission, even more so when the RHO has clearly stated institutional racism exists, including within the NHS.
- CRED highlighted that the NHS was one of the first public sector organisations to publish breakdowns of pay for all staff by ethnic group. They provide some positive examples but do not compare the clinical and non-clinical workforce. Since 2016, the NHS Workforce Race Equality Standard has highlighted these significant disparities: BAME NHS workforce occupies most of the lower administrative and management grades, but White groups continue to dominate managerial and leadership posts. The report fails to also mention the sobering fact that 90% of doctors and 70% of nurses who died from Covid-19 were from BAME backgrounds.
- Despite the crossbench House of Commons and Lords Joint Committee of Human Rights report stating the opposite in November 2020, CRED state there is no evidence of any systematic inequality, when: Black women are 5 times more likely to die when having children; Black men are 4 times more likely to be sectioned; and BAME communities are experiencing a disproportionate burden of Covid deaths and falling behind on vaccinations. Instead, they create a narrative that shifts the agency onto communities suggesting it is the cultures and beliefs within BAME populations – a series of poor choices – that explain why these groups experience disparate health outcomes. There is even a mention of genetic risk factors for why Covid-19 has hit BAME groups harder. **These are all dangerous distractions and have no evidence-base.**

In summary, as members of the BAME healthcare professional community, we are dismayed that CRED have not only downplayed the significant impact of racism in British society but taken an unprecedented step in going further, framing those highlighting systemic and institutional issues as being “pessimistic” and carrying an “accusatory tone”. This language is inflammatory and will put the lives of BAME communities at further risk.

We are pleased that our colleagues at NHS Providers, the NHS RHO, the Faculty of Public Health, Royal Colleges, and many other intellectually independent academic experts in health and inequalities have affirmed the role of institutional racism in health disparities, and highlighted the methodological flaws, selective reporting, and the damage that this contribution from CRED has done to our work to address health inequalities in society.

The historic legacy of slavery and colonialism, the contemporary tragedies in Windrush and Grenfell, and the disproportionate deaths of BAME frontline workers during the ongoing Covid-19 pandemic all highlight the structural barriers that exists in our society. These cannot, and must not, be swept under the carpet by a partisan report that has drawn up spurious conclusions which fly against established facts, derided by global experts, and defies the lived experiences of many. We urge the Government to listen to the many credible experts who have decades of research and policy experience in racial and health inequalities, and not an outlier Commission that is out of touch with our communities and reality.

Signed,

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2. Dr Gaggandeep Singh Alg, President- **British Sikh Doctors Organisation**
3. Dr Sharif Al Ghazal, President- **British Islamic Medical Association**
4. Dr Hasanen Al-Taiar, Chair- **British Arab Psychiatrists Association**
5. Dr Rafid Aziz, President - **United Iraqi Medical Association United Kingdom and Ireland**
6. Dal Babu OBE, Chair- **The Seacole Group**
7. Dr Titilola Banjoko – Chair, **Foundation for Women's Health, Research and Development (FORWARD) UK**
8. Dr JS Bamrah CBE, Chair- **British Association for Physicians of Indian Origin**
9. Dr Linda Bello, Chair- **Cameroonian Doctors in the UK**
10. Dr Ibrahim Bolaji, President – **Medical Association of Nigerians Across Great Britain**
11. Dr Brighton Chireka, Chair- **Zimbabwe Diaspora Health Alliance**
12. Elijah Chisala, Outreach Leader- **Black Medical Society**
13. Marimoutou Coumarassamy, **Founder & Chair - British Indian Nursing Association**
14. Dr Olamide Dada, Founder- **Melanin Medics**
15. Dr Ananta Dave, President- **British Indian Psychiatric Association**
16. Dr Mohamed Elhams, President- **Palestinian Medical Association UK**
17. Francis Fernando, Founding Director- **Filipino Nurses Association UK**
18. Dr Sukhpal Singh Gill, President- **Sikh Doctors and Dentists Association UK**
19. Dorcas Gwata & Ade Adeyemi – Co-Chairs, **Better Health for Africa**
20. Dr Abdul Hafeez, Founder & CEO- **Association of Pakistani Physicians and Surgeons UK**
21. Dr Enam Haque, Chair- **AskDoc**
22. Rose Hombo, President – **Cameroonian Nurses Association UK**
23. Dr Omon Imohi, President- **Black Women in Health**
24. Dr Ahmed Kafafy, President- **Midlands Egyptian Society**
25. Dr Chandra Kanneganti, National Chair- **British International Doctors Association**
26. Dr William Kedjanyi, President- **Ghanaian Doctors and Dentists Association UK**
27. Mr Atef El Kholy, Chairman- **British Egyptian Medical Association**
28. Charles Kwaku-Odoi – CEO, **Caribbean & African Health Network (CAHN)**
29. Odunayo Oyedele- Public Relations Lead, **African Caribbean Medical Mentors**
30. Dr Shahid Latif, Chair- **British Pakistani Psychiatrists Association**
31. Dr Enayat Modasser, President- **Association of Afghan Healthcare Professionals UK**
32. Mrs Wendy Olayiwola BEM, President- **Nigerian Nurses Charitable Association UK**
33. Mrs Elizabeth Pearson, President- **Uganda Nurses and Midwives Association-UK**
34. Dr Rochelle Pierre, Founder & Chair - **British Caribbean Doctors and Dentists Association**
35. Rohit Sagoo, Founder and CEO- **British Sikh Nurses**
36. Dr Hina J Shahid, Chair- **Muslim Doctors Association & Allied Health Professionals**
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