# Editorials
# Racism and health

*'Progress is a nice word, but change is its motivator and change has its enemies.'* (Robert F Kennedy, 1925–1968)

Enhancing and saving life is central to the way in which health professionals approach their work and has underpinned the impressive responses to the COVID-19 pandemic. But all lives are not equal, as we have seen in the way that COVID-19 disproportionally impacts on black Asian and minority ethnic (BAME) communities and how >60% of health workers who have died are from these backgrounds.[1] These differences have too often been laid at the door of epidemiological or lifestyle difference rather than structural racism. If this were the case then it does not explain why a white police officer killed George Floyd, a black African-American, sparking a global anti-racism outrage highlighting historical and structural inequality. The lesson for health care in the UK is to acknowledge that systematic racism is an underlying cause for the mortality excess in BAME communities.

Racism is not just about individual beliefs or actions that some races or ethnic groups are superior to others, it is about the way in which our institutions are created to benefit one group over another, leading to the implementation of actions that create inequality. A police officer taking a life is structurally the same as a health professional neglecting a life. COVID-19 has performed an MRI scan over the NHS and revealed long standing structural inequalities.

Racism is pervasive in all societies and not just in the West. A recent poll shows that 52% adults think that the UK is a fairly/very racist society.[2] This is alarming given the many reports and calls for action;[3,4] including the landmark Macpherson report[5] into institutional racism, which is defined as: *'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 seen ... in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people.'*[5]

This report was released over 20 years ago, yet this definition finds no place in Public Health England's report on the disproportionate mortality with BAME communities during the COVID-19 pandemic.[6] There is no mention of any link between these deaths and other structural factors. When will the acknowledgement of structural racism come to the foreground in the delivery of health care?

In the caring professions it is often too easy to overlook our culpability in sustaining and reproducing racism, which is a significant barrier to implementing change. There has been some progress, for example, more applicants from minority backgrounds are admitted to medicine;[7] however, the black attainment gap still remains an urgent concern and racial harassment in the healthcare setting still remains prevalent.[8] As we have seen with COVID-19, across the spectrum health inequalities still abound[9,10] and need addressing.

## HOW TO ADDRESS THESE INEQUALITIES?

First, we need good data and research, which is participatory and able to inform long-lasting change.[11] Second, there is a need for strong organisational leadership reflecting the population served, as BAME staff are still overlooked and under-represented in these roles.[12] Third, training of all NHS staff and students on recognising and addressing racism. Fourth, an honest national conversation reflected in policies that include the wider determinants of health. Fifth, continuous monitoring of all policies for their impact on BAME groups, so they remain on the agenda, rather than reacting to crisis. Underpinning these recommendations is the imperative to fight racism and its root causes at the local, national, and international level. This has already started with the global protests in recent months, following the death of George Floyd, but needs following up with pressure on institutions to be challenged and forced to engage in meaningful change.

*"When will the acknowledgement of structural racism come to the foreground in the delivery of health care?"*

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