GRASSROOTS BLACK LEFT

Labour African, Caribbean and Asian Socialists

Supporting Black Workers in Health and Social Care

A Blueprint for Action

Executive Summary

This Grassroots Black Left (GBL) pamphlet serves to enlighten and educate people about the issues affecting African, Caribbean and Asian workers within the NHS and social care, and provides a springboard for action within the labour movement to bring about the change that is necessary to reduce the inequalities in the workplace.

The Covid-19 pandemic has brought to wider attention the pre-existing inequalities in society due to structural, institutional, and interpersonal racism.

It has also shone a spotlight on the dependence of the UK, in particular the NHS and social care systems, on migrant workers and those who are considered immigrants despite having lived in the UK for several generations in some cases, due to their perceived race.

> "The Covid-19 pandemic has brought to wider attention the pre-existing inequalities in society due to structural, institutional, and interpersonal racism."

Their sacrifices during the pandemic have been all too obvious in the photographs accompanying news reports on the deaths of doctors, nurses, and caregivers during the first wave of the Covid-19 pandemic. Even during the second wave, the proportion of "BAME" patients seriously ill with Covid-19 in intensive care has paralleled the first. Worryingly, despite this reality, unscrupulous politicians have continued to exploit xenophobic narratives for political gain, in continuation of the rhetoric of the government's discredited "hostile environment" policy.

Trade unions have a unique role in supporting Black workers. GBL supports the 29 November 2020 response by Doctors in Unite the Union to the weak and watered down consensus statement on the mitigation of risks from Covid-19 in occupational settings from Public Health England, the Health and Safety Executive and the Faculty of Occupational Medicine. Doctors in Unite rightly point out that this consensus disingenuously puts the burden of responsibility to stay safe on the worker, not the employer, and ignores the bigger picture – that of structural racism and the social determinants of health, which have been worsened by decades of neoliberal government policy.

	Grassroots Black Left sets out a blueprint for action in supporting Black workers, recommending that:
1	Employers in health and social care must ensure they follow through on robust risk assessments, provide high level PPE and end discriminatory practices that increase exposure to Covid-19.
2	Trade unions must campaign for implementation of the recommendations in the Doreen Lawrence Review, *An Avoidable Crisis*, which include reforms to educational curricula and bridging the attainment gap; and join the Inequalities in Healthcare Alliance, set up in October 2020 by the Royal College of Physicians.
3	Trade unions must educate their members on the history and the perils of privatisation which has served to diminish workers' rights as well as reduce the quality of health and social care provision; this always affects already disadvantaged and marginalised communities the worst.
4	Trade unions must support strike action, if necessary, to stop outsourcing and actively support campaigns against the privatisation of services.
5	Trade unions must put in place mentoring programmes for Black members to encourage participation in decision-making roles, and commit to serious cultural change, promoting allyship, and equality of opportunity and access.
6	Black workers under zero hours contracts should be supported through their BAME networks to ensure they aren't being short-changed by their employers; all workers in health and social care should be under NHS pay and conditions; the minimum wage should be increased to £15 per hour; and all outsourcing of services (where the bulk of low-paid zero-hours contracts reside) must stop.
7	Trade unions must follow-up on their commitment to end the NHS surcharge for migrant workers, by pledging support to healthcare workers who are conscientious objectors in implementing the hostile environment policy and educating their members and wider workforce about the benefits of supporting migrant rights, such as lifting the ban on asylum seekers working, many of whom have skills in health and social care the UK sorely needs.
8	Black voices have to be respected at all levels of hierarchy in trade unions, NHS trusts, clinical commissioning groups and in social care – this cannot be tokenistic – a truly sincere approach will lead to a bigger pool of talent and skills to draw from, ultimately improving health and social care for all.
9	The unfair representation of African, Caribbean and Asian staff in disciplinary processes needs to be acknowledged, and steps taken to scrupulously root out discriminatory decision-making practices that lead to this; whistleblowers must be protected and employers named and shamed for victimisation of whistleblowers.

10	Healthcare trusts, clinical commissioning groups and social care providers need to improve representation of African Caribbean and Asian people at board level in order for the lived experience of discrimination of Black workers to be given the serious consideration it deserves and to mitigate the unconscious biases of those who do not have that lived experience.
11	Employers and trade unions must shift away from a "blame culture" towards a "learning culture" in workplaces, in order to maximise the potential of all workers and commit to the reduction of "everyday" interpersonal racism, which has a negative impact on the health and wellbeing of Black workers through initiatives such as unconscious bias training which truly challenges a racialised worldview.
12	Employers and trade unions must seek to eliminate discrimination in recruitment in health and social care, and to reverse the barriers for Black GPs to set up their own partnerships.
13	Social care should be reintegrated into the NHS in the form of a National Care Service to improve the pay and conditions of social care workers, ensuring parity of esteem with healthcare; to improve the quality of care through proper training for staff, and to ensure clearer channels of accountability for staff wellbeing and patient care.
14	The principle of informed consent should be adhered to, in regard to vaccinations, with the individual's ability to weigh up risks and benefits respected.

Introduction

**We use the term political Black that embraces African, Caribbean and Asian people who share the common cause of combating racism from the perspective of lived experience.*

*Grassroots Black Left (GBL) was launched at the House of Commons in 2018 as a natural successor to Labour Party Black Sections, which launch was attended by then Labour frontbench MPs Clive Lewis, Naz Shah and Chris Williamson, among others. In May 2020 GBL published a widely-shared and well-received position paper on **Black People Racism and the Covid-19 Pandemic**, which shone a light on the disproportionate effect of Covid-19 on Black people due to pre-existing systemic inequalities and demanded the implementation of solutions, which were set out in the paper.*

Subsequently, the Grassroots Black Left Health Workers Group (GBL-HWG) was set up to tackle these inequalities. This GBL-HWG pamphlet deals with the specific issues affecting Black workers in health and social care and sets out a blueprint for action that would effectively challenge the systemic discrimination that affects them.

1 Grassroots Black Left’s response to the way Covid-19 has disproportionately affected people in the Black communities

The Grassroots Black Left position paper *Black People Racism and the Covid-19 Pandemic*, published in November 2020 with the same title, set out in detail the evidence for the historical systemic discrimination and pre-existing health and social inequalities affecting Black people that the Covid-19 pandemic has brought into sharper focus.

This means that despite numerous reports by academics, anti-racism organisations, such as the Runnymede Trust, and various government departments over the last three decades, starting with the Acheson Report in 1998, these inequalities remain deep-rooted and have not been adequately tackled by those people who have the power to bring about change. It is against this backdrop of social inequality - a complex interplay of overcrowded living conditions, poor pay, unequal access to education and life stresses caused by “everyday racism” - that have contributed to the earlier development of co-morbidities (having two or more medical conditions at the same time), which put Black communities at greater risk of poorer outcomes from Covid-19 infection.

> “Trade unions, publicly-funded institutions and other organisations have had the historical evidence for inequality at their fingertips but their collective failure over the years is a cause for analysis.”

This had to be acknowledged by the government in the face of incontrovertible evidence, as set out in Public Health England’s own report on disparities and Covid-19 published in June 2020 (even though the government had initially suppressed this part of the report).

Trade unions, publicly-funded institutions and other organisations have had the historical evidence for inequality at their fingertips but their collective failure over the years is a cause for analysis. GBL’s call for a Black-led independent inquiry into the Covid-19 pandemic would fulfil this need. There are many reasons for inequality. One of them could be that implementing change to tackle inequality is seen as concessionary.

> “Employers are often motivated to comply with the law as a superficial box-ticking exercise; not because they are committed to anti-racism.”

Even though legislation, such as the Equality Act 2010, outlaws race discrimination, employers are often motivated to comply with the law as a superficial box-ticking exercise; not because they are committed to anti-racism. As Frantz Fanon, the eminent Black psychiatrist and anti-imperialist opined, one would hope that those in power realise “that change does not mean

reform, that change does not mean improvement" because this type of change only serves to maintain the status quo with incremental small concessions. Instead, an overhauling of the system from the grassroots to the top is required to dismantle systemically racist structures that cause the disproportionate inequalities that affect Black people. Dealing with these issues for Black people would benefit the whole of society, due to the intersectionality of class, disability and sex discrimination, when also dealing with race.

Black people, including those from migrant communities who are disproportionately represented in key worker roles in health and social care, are evidently at greater risk of exposure to Covid-19, so need to be protected through robust risk assessments, such as the All Wales Covid-19 Workforce Risk Assessment, which GBL recommends, high-level personal protective equipment (PPE) and an end to discriminatory practices that prioritise Black staff for at-risk front-facing roles.

Employers outside the NHS, such as those who run care homes and care agencies, which provide the bulk of social care, have to be held to account when Black workers, often on migrant work visas, are not given adequate protection or discriminated against. Trade unions should reach out to these workers and support them to challenge their employers. Instances of interpersonal microaggression and racial discrimination, which research has shown adversely affects the health outcomes of Black people (Nazroo J, Manchester University and Williams D, Harvard University) need to be taken seriously by organisations and steps taken to deal with these through a commitment to an anti-racist organisational culture.

"There is an irony in how the government reaches out to recruit Black staff to work in health and social care settings but then fails to protect them."

There is an irony in how the government reaches out to recruit Black staff to work in health and social care settings but then fails to protect them. A documentary on Channel 4 broadcast on 23 November 2020 titled *Is Covid Racist?* identified the Philippines as the number one source of foreign nurses and other healthcare staff (more than 22,000). Francis Fernando, founding director of the Filipino Nurses Association UK, said in the programme that at one point in April 2020, 20% of all healthcare deaths from Covid-19 were people with a Filipino background.

2 What trade unions need to do to more effectively combat the way Covid-19 has disproportionately affected the Black communities

This requires leadership that provides a role-model for other people through ensuring Black voices are empowered and represented at the decision-making

level within the unions. Ensuring equality should be the responsibility of every union official, including general secretaries, not just be the remit of equalities officers.

The danger is that tokenistic appointments of Black people lead to a tick-box approach in tackling racism, paying lip service to the everyday lived experiences of Black workers.

> *"Since 1 September 2020, "some 31% of critically ill Covid patients have been from BAME backgrounds despite being 14% of the population."*

Implementation of the demands set out in the GBL Covid-19 position paper, and expanded on in the GBL-HWG pamphlet on *Black People Racism and the Covid-19 Pandemic*, are essential for this transformative change to begin in earnest.

It is shocking news, as reported in the *Huffington Post* on 21 October 2020, that data from the Intensive Care National Audit and Research Centre shows that since 1 September 2020, "some 31% of critically ill Covid patients have been from BAME backgrounds. That is just shy of the 34% recorded during the first wave, and more than twice the proportion of BAME people in the English and Welsh population", which is 14%.

This could partly be attributed to Black workers still not being afforded adequate protection in the workplace, given the research evidence that high-level protection effectively limits the risk of Covid-19 infection, as reported in the 10 June 2020 issue of the *British Medical Journal* (BMJ).

Trade unions need to actively bring to people's attention the narrative the government is trying to promote through its Racial Disparity Unit (RDU), spearheaded by Equalities Minister Kemi Badenoch.

As reported in a 2 November 2020 article in *The Guardian*, the RDU's first quarterly report made no mention of racism as a factor in the disproportionate effect of Covid-19 on Black people. It instead focused on overcrowded housing and the risk of greater exposure due to overrepresentation in front-facing key worker jobs. The fact that housing and workforce inequalities originate in historical and structural factors, within which racism plays an undeniable part, is omitted from the RDU's narrative.

This is in stark contrast to the part two of the June 2020 Public Health England (PHE) report, which mentioned racism 24 times in its 69 pages. Dr Raghib Ali, one of the government-appointed advisers for the RDU report, explained, somewhat disingenuously, at a Science Media Centre briefing, that the PHE report was based on the views of 4,000 stakeholders and there was "no evidence….that Blacks and South Asians were treated any differently once they reached hospital". The latter was not in the question as this group were said to be too sick to be surveyed as part of the PHE report. However, the lived

experience of 4,000 "stakeholders" cannot be ignored and should have warranted further study. Opinion polls with smaller sample sizes, however, inform government policy when it suits them, so the RDU report should be critically analysed and not taken as fact. For instance, the majority of polls prior to the announcement of a referendum on EU membership was out of step with the reality, as referred to in the 2018 House of Lords select Committee report *The Politics of Polling,* yet they drove government policy with much smaller sample sizes.

In contrast, the Doreen Lawrence review into the inequalities exposed by the Covid-19 pandemic, entitled *An Avoidable Crisis,* commissioned by the Labour Party, acknowledged the evidence of history, the Macpherson report, about police failings during their investigation of the Stephen Lawrence murder, and the Lammy review that looked at race and the criminal justice system.

Among its 20 recommendations, the Lawrence review called for an end to structural racism, the stigmatisation of communities, and the "hostile environment", exposed by the Windrush scandal.

The review goes deeper into the root causes of racism in society, calling for reforms of the school curriculum and urges the government to develop a national strategy to close the attainment gap. Trade unions need to robustly campaign for the implementation of these recommendations.

In addition, trade unions should join the Inequalities in Healthcare Alliance, set up by the Royal College of Physicians in October 2020, alongside more than 130 organisations, including Medact, the Equality Trust and Diabetes UK. This was on the back of the publication of *Equity in Health: the Marmot Review 10 years on* in February 2020, which showed that for the first time in 100 years since 2010, life expectancy has flattened and for the most deprived areas, the amount of years we can expect to live has in fact decreased. The *Marmot Review* calls for a national strategy to tackle health inequalities, including early intervention to prevent child poverty, fair and good employment for all, and an adequate National Living Wage and welfare benefits, so that people can live a healthy lifestyle. A broad-based alliance is essential to bring about change.

3 How the creeping privatisation of the NHS should be fought

Union leaders have a responsibility to educate their members, and workers generally, about the root causes of why the health service and social care are struggling under the strain of a heavy workload.

> "Privatisation of the NHS has been an insidious process, which started under Margaret Thatcher, who introduced the "internal market"

The privatisation of the NHS has been an insidious process, which started in the 1980s under Conservative

prime minister Margaret Thatcher, who introduced the "internal market" to the NHS. This stemmed from an ideological adherence to the "business" mentality, effectively turning NHS hospitals into businesses in order to increase efficiency, in other words, to reduce spending. This has ultimately reduced expenditure on the frontline.

Prime minister Tony Blair's New Labour enthusiastically adopted the market approach as part of its conversion to neoliberalism, the latest manifestation of capitalism that has since infected every sphere of life from cradle to grave, but disguised this by replacing the term purchasing with commissioning. Throughout the New Labour years, the business approach created a new layer of administrative and managerial jobs within the public sector, which effectively siphoned off money from direct patient care, under the guise of saving money, through the outsourcing of services to private companies *via* a tendering system that was open to corruption.

> "The health and social needs of human beings cannot be confined within marketable units."

This became a self-fulfilling process because the new managerial tier needed to justify its existence through the production of data spreadsheets and glossy reports that served a "public relations" purpose for the buying and selling that was taking place.

Private companies will always be motivated by profit, hence "value for money" often means cutting corners and reducing the quality of care.

In effect, this costs the NHS more than a fully publicly-funded service would. The American scholar David Graeber described the core value of managerialism as proceduralism, not compassion, which ill-fits health and social care as the health and social needs of human beings cannot be confined within marketable units. This has led to a managerial culture, which is devoted to the enforcement of rules and the achievement of numerical targets that bear no relationship to the quality of care.

In 1992, under Conservative prime minister John Major's government, the Private Finance Initiative (PFI) was implemented to take public sector debt off the government's balance sheets by contracting out expensive public sector projects such as hospital building to private finance consortiums, who ultimately borrow the money from banks to fund the projects.

> "New Labour shared the same ideological view as the Tories that the private sector was better at efficiency and financial management than the public sector."

These contracts are underwritten by the government so saddle the taxpayer with the burden of debt for decades to come. True to form, New Labour adopted PFI with enthusiasm, putting their own stamp on it in 1997, with the NHS (Private Finance) Act. Trade unions, such as Unison, the largest one in the NHS, opposed PFI but were ignored by the Labour Party

leadership, who shared the same ideological view as the Tories that the private sector was better at efficiency and financial management than the public sector.

As explained succinctly by NHS campaigner Dr Bob Gill, in the 2 November 2020 issue of the *Morning Star*, the Health and Social Care Act 2012 was another nail in the coffin for the NHS in that it was "500 pages of competition law, written on behalf of the City of London by corporate lawyers", which removed the duty of the secretary of state to "provide" healthcare, replacing it with a duty to "promote". This seemingly innocuous change had significant legal repercussions, as Dr Gill explains, it means "you cannot take the government to court for not providing medical service".

In 2017, the controversial Naylor review made recommendations for NHS trusts to generate income by selling land and buildings that were too expensive to maintain, but only in conjunction with private companies to "maximise" the value of the estate.

This was implemented by prime minister Theresa May's government, which worryingly used a carrot and stick approach to incentivise trusts to sell their assets through the threat of withdrawing eligibility to access public capital funding.

Combined with austerity policies of the preceding Conservative-Liberal Democrat coalition government of prime minister David Cameron, the chronic underfunding of the NHS has continued to impact on the quality of service in the NHS which is reliant on the good-will and altruism of existing staff, not on investment.

Again, this form of privatisation by-passed the majority of the public who still did not have to pay up-front but the government-induced "failure" of the NHS makes it ripe for takeover by private companies and a US-style insurance-based system. This a very real prospect in the near future, with the NHS effectively on the table for the post-Brexit US-UK trade deal.

The 2020 Covid-19 pandemic has been shamelessly exploited by Boris Johnson's government to reward expensive contracts to their friends including "NHS" test and trace of the coronavirus and the National Institute for Health Protection, the new replacement for Public Health England, as reported in *The Guardian,* in August 2020, despite a track record of repeated failure, as outlined in GBL's pamphlet on *Black People Racism and the Covid-19 Pandemic.*

4 How can trade unions more effectively combat NHS privatisation?

Educating union members and the workforce in general is essential because the insidious nature of the privatisation strategy is such that many people are unaware of it.

> "Educating the public by sharing this pamphlet would be very helpful."

This could involve screenings of Dr Gill's film, *The Great NHS Heist*, and John Pilger's film *The Dirty War on the NHS,* sharing this pamphlet and GBL's Covid-19 paper with union members. Educating the public by sharing this pamphlet would be very helpful. Included in this pamphlet is a one-page section, titled "Briefing Notes", on page 24 on NHS privatisation with key messages, which can be separated from the rest of the document, copied and distributed. It deals with the deliberate juxtaposition of migrants with the NHS as two opposing narratives by unscrupulous politicians using the trick of populism. Somehow the NHS would not be failing if there were no migrants to the UK when in actual fact, as the death rates from Covid-19 show, it is largely migrant workers in the NHS and social care who are propping up both the health service and social care and have made the greatest sacrifices.

Supporting strike action against the outsourcing of public services and endorsing campaigns such as "*We Own It*" to prevent the NHS from being included in the post-Brexit trade deal with the US are part of the fight against privatisation. But more than that, union general secretaries should hold the Labour Party to account by voicing opposition to outsourcing, commissioning and ensuring the Labour leadership adopts policies that reverse the privatisation of the last 40 years, to return the NHS to being a fully publicly funded service. If necessary, this could mean withholding funding to the Labour Party over this issue.

The privatisation of the NHS affects Black people the worst but, eventually, will affect everyone in society and future generations, resembling America, where health outcomes are dependent on people's ability to pay health insurance companies.

5 How can trade unions more effectively support and get greater influence for their Black members in the workplace and the union structures?

Union leaders should implement a mentoring programme for all members who wish to become union officials and encourage Black members to take on the mentoring roles as well as become mentees.

"Funding should be ring-fenced for training, such as Black-run leadership programmes."

Black role models would inspire newer and younger Black members to aspire to positions of responsibility within the union structures. Funding should be ring-fenced for training, such as Black-run leadership programmes.

It is important tokenism does not lead to a tick-box approach to a superficial inclusion of singular Black voices that do not represent the voices of Black members. Self-organised Black members themselves must be able to choose candidates for elected positions who will truly represent them.

The union general secretaries should lead by example and commit to empowered Black voices at the grassroots level, and attend their forums and strive to ensure there is Black representation in senior positions and not just confined to equalities posts, but across the board.

"White allies are vital in combating racial inequality in the workplace, but such allies should always promote and listen to Black voices."

Black representation in senior positions is necessitated by the structuring of society in Western democracies on a hierarchy of racism and prejudice, which means that white colleagues, who do not have the lived experience of racial bias, can unconsciously become agents of those structures, perpetuating the inherent inequalities. The same is true of male and able-bodied people, who can inadvertently do the same to women and disabled people.

White allies are vital in combating racial inequality in the workplace, but such allies should always promote and listen to Black voices.

Unions can use this way of working template to hold NHS social care employers to account when promoting and supporting Black members in the workplace.

6 What is needed to get trade unions to more effectively support Black workers who are disproportionately on zero hours contracts, in the lowest pay grades and the last to be hired and first to be fired?

According to the GMB union, in 2019 about 30,000 NHS staff were employed on zero hours contracts and this figure is likely to be an underestimate as it does not include people who are working for outsourced or subsidiary companies.

In addition, many people working in social care, employed by care agencies, are on zero hours contracts. Unison's research in 2014, showed that about 40% of care workers were on zero hours contracts and, because very few employers factor in overtime or travel time for community care, it means that effectively around 63% of community care workers earn below the minimum wage.

> "Black workers are disproportionately employed in insecure jobs, with one in 20 of African Caribbean origin on zero hour contracts compared with the national average of one in 36."

When the zero hours employment is the primary source of income, many workers are pushed below the poverty line because of the uncertainty of regular income, affecting the health and wellbeing of workers.

Some employers are breaking the law in not ensuring adequate rest breaks during or between long shifts, nor ensuring statutory paid holidays. A TUC report revealed that Black workers are disproportionately employed in insecure jobs, with one in 20 of African Caribbean origin on zero hour contracts compared with the national average of one in 36. The report was unable to quote figures for other ethnicities due to sample size.

Since April 2020, employers have to provide a written statement of particulars, explaining pay, working hours, rights and responsibilities. Templates are available for employers on the ACAS website. Union general secretaries must ensure that all workers on zero hours contracts are aware of their rights and support them through "BAME" or equivalent networks in scrutinising their statement of particulars to ensure they are not short-changed by either NHS and social care employers. These "BAME" networks in hospital trusts should widen out their networks to include those people working in community social care and primary care. Trade union officers can lead the way in setting up or assisting such networks already in existence. Support can be given to employees who have been treated unfairly or where employers have breached contracts.

All employees should be under NHS pay and conditions and the minimum wage should be increased to £15 per hour to secure better living and dietary choices for people who do essential and physically demanding jobs without whom the NHS and social care cannot function. The outsourcing of jobs, such as in cleaning services, must stop in order to protect workers.

7 Why we need to campaign against the NHS surcharge levied on migrants

The NHS surcharge was introduced in 2015, as a key component of then Home Secretary Theresa May's hostile environment policy in the Conservative-Liberal Democrat coalition government.

> "Migrants have paid the surcharge upfront for themselves and their families while paying the same taxes as everyone else and risking their lives caring for British people during the pandemic."

The irony is that many NHS and social care workers who are on migrant work visas, ended up paying this surcharge upfront for themselves and their families while paying the

same taxes as everyone else and risking their lives caring for British people during the Covid-19 pandemic. Due to campaigning by various groups, including the royal medical colleges and the Royal College of Nursing, as well as growing public sympathy, prime minister Boris Johnson capitulated in May 2020 and promised that NHS and social care workers would be exempt from this surcharge. Those working in these sectors would be refunded. However, this was actually not made possible until 1 October 2020, as announced in a news release by the Department of Health and Social Care. This pledge was finally fulfilled after months of waiting, which contributed to the financial strain endured by these workers. For a family of four, the annual surcharge amounted to £1,600 and was set to rise in October 2020 to £624 for each person.

However, this fails to deal with the sacrifices made by migrants working in hospital domestic services, porters and kitchen staff as well as those key workers in other sectors on which NHS and social care workers are dependent, such as public transport. These workers are often in even lower paid jobs. The migrant surcharge should be scrapped for everyone.

The experience of activists for universal healthcare in other parts of Europe teaches us that unions can be crucial in shifting government on the issue. This is documented in the report *Patients not Passports: Learning from the International Struggle for Universal Healthcare* published by the New Economics Foundation in October 2020.

> "Unions should pledge to support healthcare workers who are conscientious objectors to the NHS surcharge and other discriminatory policies."

In Sweden, unions took a lead against exclusionary policies towards migrants by protesting that healthcare workers would be facing unreasonable ethical dilemmas when forced to deviate from the principle of providing universal healthcare based on need. The principles of medical ethics, including confidentiality and right to care, are in direct opposition to the exclusionary policies towards migrants.

Swedish unions successfully argued that this interfered with the obligation of employers towards healthcare workers' right to safety at work, in terms of the impact on their mental health. Eventually, this contributed to policy reform by the Swedish government. Unions should pledge to support healthcare workers who are conscientious objectors to the NHS surcharge and other discriminatory policies.

Asylum seekers should be allowed to work – many have skills and qualifications in health and social care that the UK sorely needs. Union leaders need to join the Lift the Ban coalition which is seeking to overturn the ban on refugees earning a living.

> "The government allowing refugees to work would benefit the UK economy by £97.8m annually."

Living on the £5.66 per day allowance is not sustainable for any human being and is counterproductive,

contributing to health problems, which refugees have to endure until crisis point, leading to emergencies. Allowing refugees to work would benefit the UK economy by £97.8m annually, according to the Lift the Ban coalition's July 2020 report *Why giving asylum seekers the right the work is common sense.*

Contrary to misinformed public opinion, Germany, France and Italy take more asylum seekers than the UK, with more generous allowances in comparison. According to analysis by *The Guardian* newspaper in March 2017, the UK is the least generous to asylum seekers out of the five biggest European countries, compared with Germany, France, Italy and Spain. The vast majority of asylum seekers are from war-torn Syria, Afghanistan and Iraq, all countries that Western powers have either waged war on or participated in proxy wars. The UK is also the only European country to have no time-limit on the length of time asylum seekers can be imprisoned in detention centres and that denies unaccompanied children from being reunited with their parents. The British public have been duped into believing the fantasy of their own generosity when this is the opposite of the truth. In 2017, roughly three percent of asylum applications in Europe were lodged in the UK, according to the British Red Cross.

8 Why it is necessary to support Black self-organisation and Black self-determination

This has to be a key pledge for union leaders. All too often, Black voices are undermined or only accommodated in a tokenistic way to tick workplace diversity and inclusion boxes. Black voices need to be respected when highlighting issues affecting Black workers and African Caribbean and Asian [BAME] networks should be given the opportunity to feed into all strata of union hierarchy as well as in hierarchies of hospital trusts and clinical commissioning groups.

Empowering Black workers expands the pool of skills and talent that can be drawn from to improve the health and social care of all.

> "Empowering Black workers expands the pool of skills and talent that can be drawn from to improve the health and social care of all."

Their voices and lived experiences need to be valued as key contributions in improving care and treatment for wider Black communities. Unions, hospital trusts and clinical commissioning groups need to give feedback on what they do with the information given to them, how they have adopted the recommendations or why they have decided not to. Black staff are also users of the service.

9 How can trade unions more effectively support their Black members who are disproportionately disciplined by managers and the need for industrial action as a means of backing them?

In July 2020, the NHS People Plan was published, recognising racial discrimination within the NHS and promising to deal with this, including the issue of the disproportionate representation of Black doctors and nurses referred for disciplinary action, as highlighted in the General Medical Council's (GMC) Fair to Refer Report, published in 2019, with international medical graduates at particular risk. The recommendations of the GMC's report should not be empty promises.

> "Black doctors have found racial discrimination and bias played a key part in how they were treated."

For instance, the case of Dr David Sellu is one of many cases that demonstrate unfair referrals and disciplinary hearings directed at Black doctors, who were otherwise well-respected by colleagues. Dr Sellu, and others in similar positions, came to the reluctant conclusion, based on their experiences, that racial discrimination and bias played a key part in how they were treated. The Fair to Refer Reports acknowledges the existence of in-groups and out-groups in medicine in relation to qualifications and ethnicity and the role of bias and stereotyping in how out-groups are treated. Recommendations in the report, included providing adequate support for doctors new to the UK and creating work environments that focus on learning and accountability rather than blame.

Industrial action is something that NHS and social care workers do not consider lightly because of the staff shortages in both sectors and the duty of care that workers have towards the people they look after.

> "For Black staff who take the courageous step of whistleblowing, the influence of a racial dimension to subsequent disciplinaries cannot be excluded."

But this is a fundamental human right and, where appropriate, industrial action must be a last resort action to support colleagues who have suffered injustices at the hands of employers.

There is an all-too disappointing trend for whistleblowers to be maligned and "punished" through disciplinary processes despite supposed legal protections for whistleblowers. For Black staff who take this courageous step of whistleblowing, the influence of a racial dimension to subsequent disciplinaries cannot be excluded. The case of Amin Abdullah, a nurse who died after setting himself on fire outside Kensington Palace in 2019, rather than face a "kangaroo court", is a poignant reminder of the serious consequences of such processes on health and social care staff.

Given the dependence of the NHS on Black staff, with overall, 20% of the workforce classified as "BAME", and strikingly 44% of doctors, despite 14% of the general population classed as "BAME", according to the UK government's own data, last updated in August 2020, the issue of racial discrimination in the NHS cannot be ignored by health service leaders.

Hence in 2015, the Workforce Race Equality Standard (WRES) was set up to monitor the ethnicity of the workforce and close the gaps in workplace inequalities.

In May 2020, the NHS Race and Health Observatory was set up to conduct research into racial discrimination, vowing to offer analysis and policy recommendations, on the back of a special issue of the *British Medical Journal* (BMJ) in February 2020, which was devoted to racism in medicine.

However, though such efforts are to be welcomed, it is action that is required to alter the negative lived experience of Black NHS and social care workers.

10 Why more Black people are needed on health trusts, including as chairs

Only through representation of Black people at the decision-making positions can the lived experience of Black workers be given proper consideration, mitigating the effects of conscious and unconscious bias of decision-makers who lack that lived experience.

The WRES 2019 report showed a slow improvement since it was set up in 2015 to monitor workplace inequalities and racial discrimination in the NHS. But the numbers speak for themselves, despite the positive framing in the report (as percentage increases when referring to small numbers can give a better impression than actual numbers). The WRES report highlights that there has been a 30% increase in the number of "BAME" staff at very senior management level since 2018, which sounds very laudable on the surface. However, the actual figures are miniscule.

The total number of "BAME" staff at very senior management level increased by 21 from 122 in 2018 to 143 in 2019. In 2016, the proportion of "BAME" very senior managers was 5.4%, increasing to 6.5% in 2019, despite "BAME" people making up almost 20% of the workforce, with this proportion rising year on year.

> "The mentoring of Black workers is essential in enabling them to become future healthcare leaders at senior management and board level."

Putting these figures into perspective, the NHS employs 1.5 million people and is therefore the UK's biggest employer and there were 10,300 Full Time Equivalent senior managers in the UK in 2017, according to NHS Digital.

The data for the 2019 report showed only 8.4% of NHS trust board members were from "BAME" backgrounds, which nevertheless was an improvement from the 2017 figure of 7%.

The mentoring of Black workers is essential in enabling them to become future healthcare leaders at senior management and board level.

A report by the Royal College of Physicians found that white doctors applied for fewer posts but were more likely to be shortlisted and appointed than "BAME" doctors, as reported on 21 October 2020 in *The Guardian*. The report admitted that the results "suggest there could be bias that needs to be acted on". To remedy this, health and social care staff need to undergo unconscious bias training so that the influence of the in-group versus out-group paradigm is diminished when appointing staff.

11 How health trusts can work more effectively for the Black people they serve

An article in the February 2020 issue of the *BMJ*, devoted to racism in medicine, included shocking statistics on the rates of maternal deaths for Black women.

Figures showed that African Caribbean women had five times the rate of maternal death and Asian women two times the rate of maternal death compared with white women.

> "African Caribbean women had five times the rate of maternal death and Asian women two times the rate of maternal death compared with white women."

There is well-documented evidence that Black patients are denied adequate pain relief compared with white patients, due to mythologies held by staff such as Black people having "thicker skin" and "fewer pain receptors", which means that potentially life-threatening presentations of pain are not given the attention they deserve. An article in the *New England Journal of Medicine* in September 2020, reported the story of a 41-year-old Black man sent home without pain relief after falling down some stairs. X-rays do not always reliably identify rib fractures and, despite a negative X-ray, pain and shallowness of breathing should have indicated the possibility to healthcare professionals he had rib fractures.

> "Figures show Black patients are half as likely to receive strong pain relief compared with white patients."

After going back, a second time, to the emergency department, the patient was relieved that a Black doctor (the author of the article) assessed him, as he felt he would finally be taken seriously. A computed tomography (CT) scan then revealed three rib fractures, which as any doctor would know, are extremely painful. Figures from a 2016 US study, showed that Black patients are half as likely to receive strong pain relief compared with white patients, as reported in *The Guardian* at the time.

A similar picture is seen when considering infant deaths. Shockingly, another US study, published in August 2020, showed that Black newborn babies were three times more likely to die when under the care of a white doctor compared with white babies. This disparity was halved when the Black babies were cared for by Black doctors, indicating that assessments of Black babies by white doctors were inadequate. Again, this showed that Black patients are more vulnerable than

white patients to poorer outcomes when treated by white doctors, so the role of institutional conscious and unconscious racial bias cannot be ignored.

Unconscious bias training that truly challenges a racialised worldview, and tools for ethical decision-making and reflective practice, are essential for staff in all health and social care settings to close this disparity gap and to ensure that they work more effectively for the Black people they serve.

Where more explicit discrimination exists, organisational procedures and processes need to be receptive and conducive to complaints made by Black staff/service users.

Black people in leadership positions, and protection for whistleblowers, are essential policies.

Reflective practice is, in theory, a way of incorporating learning from experience into everyday clinical practice, as part of a "learning culture", moving away from the more traditional "blame culture" that inhibits learning and leads to defensive practices in health and social care. However, reflective practice cannot just end with the individual worker but in fact, the greater responsibility for it lies within the leadership of institutions in order to embed a culture of learning and reflection.

12 What needs to be done to get more Black-run GP practices?

The NHS People Plan, launched in July 2020, set a deadline that by October 2020, employers needed to ensure recruitment and promotion practices reflected the diversity of their local communities. Unions need to check that measures have been put in place, including unconscious bias training for all line managers.

Fairness in recruitment is essential if doctors of Black African, Caribbean and Asian origin are to achieve their potential and not get stuck doing locum jobs in socio-economically deprived parts of the country, which are not attractive places for white doctors to practice.

> "Fairness in recruitment is essential if doctors of Black African, Caribbean and Asian origin are to achieve their full potential."

The "inverse care law" that Dr Julian Tudor-Hart first proposed in 1971, which is often-quoted in hand-wringing exercises but without action, explains the principle that the availability of good healthcare tends to vary inversely with the needs of the population, is borne out even more starkly today.

> "During the last 40 years, politicians have actively worked to promote health inequality."

First published in *The Lancet*, he explains in the abstract of his seminal paper:

"This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. The market distribution of medical care is a primitive and outdated social form, and any return to it would further exaggerate the maldistribution of medical resource."

However, during the last 40 years, politicians have actively worked to promote health inequality, despite Dr Tudor-Hart's analysis and warning, through the re-introduction of market forces.

Doctors' surgeries, traditionally run as small businesses through General Practice (GP) partnerships, are being taken over by corporations, making it impossible for Black-run ones to be set up. *The Basingstoke Gazette* reported, with dismay, on 29 October 2020, about the takeover of a local GP practice by Operose Health, an American healthcare giant, which has been buying up UK GP practices since 2005, when it was known as The Practice Group. According to analysis by The NHS Support Federation, Operose has been responsible for poor quality of care and the running down of services in the practices they have owned.

In 2004, the Alternative Provider of Medical Services (APMS) contract was introduced by the New Labour government, paving the way for private companies, such as Virgin, to run GP services instead of GP partnerships.

The 2012 Health and Social Care Act further encouraged this trend, leading to a greater reliance on salaried and locum GPs in these practices rather than new partnerships. This legislation needs to be reversed in order to restore the ability for GPs to set up their own partnerships, improving continuity and quality of care for patients.

13 How can social care best be taken away from the private sector and reintegrated into the NHS?

Unlike healthcare, which from the inception of the NHS in 1948 was founded on the principle of universality, free at the point of delivery, social care has been under the auspices of local authority spending, either directly or through independent providers. The Community Care Act in 1990 led to an exponential growth in private care provision through privately-owned care homes and independent care agencies by legislating that local authorities were no longer directly responsible for providing care but for managing and allocating the budget for care provision. In 1992, just two percent of adult domiciliary care (where carers visit a person's home) was provided by private agencies. This is now 69%. A similar picture is seen with care homes. Currently 84% of care home beds in England are owned by the private sector, as reported by *The Guardian* in September 2019.

> "Age UK figures show 1.5 million older people have unmet care needs."

Local councils, which used to provide the majority of care home beds, now only

account for three percent of the beds, with the rest provided by the voluntary sector. This privatisation has led to a high turnover, undervalued workforce on low wages, with inconsistent training, at odds with the level of responsibility society entrusts them with - caring for some of the most vulnerable people in society.

The profit motive inevitably leads to employers cutting corners in terms of employees' rights and pay in order to ensure financial survival in a capitalist system.

The care sector has been hit hard by austerity cuts since 2010 with local authorities tightening budgets, significantly reducing the spend on adult social care and moving the goalposts for eligibility for care packages, resulting in an estimated 1.5 million older people with unmet care needs, according to Age UK. This is coupled with 110,000 vacancies, according to the King's Fund, as of October 2020, and more than half of care workers being paid less than the real living wage due to many care agencies not factoring in travel time for domiciliary care, making it an unattractive career choice. Hence there is a reliance on migrant workers and zero hours contracts. Care homes and care agencies have a high staff turnover and service provision is susceptible to disruption through changes in ownership, leading to poor continuity and quality of care.

As for re-integrating social care within the NHS, with a Conservative government in power, the fight to reverse privatisation is a difficult argument to win.

> "It's time the elderly and vulnerable, who are dependent on care, and those doing the caring are valued as much as the rest of the population."

But a need to reverse austerity is a winnable argument. The coronavirus pandemic demonstrated that when the need is pressing, government may be persuaded to inject money to support people to live (otherwise it could be vote-losing manoeuvre). However, even with the pandemic, the vulnerable care home population and those dependent on domiciliary care, have not been valued in the same way and have shouldered a significant burden. It is time that the elderly and vulnerable, who are dependent on care, and those doing the caring are valued as much as the rest of the population. A big injection of ring-fenced money from government should immediately be given to local authorities, so that care is not denied to individuals in need due to the lack of funds.

In September 2019, the King's Fund called for £1.7 billion immediate investment to match the NHS pay deal, which was agreed by NHS employers and NHS trade unions. Where care homes and care agencies are failing, local authorities should be able to take over the direct ownership of them through central government funding allocated for this purpose. The economic argument in favour of this is that better care leads to fewer health crises, which in turn leads to fewer hospital admissions. Better training and pay for care workers, in line with what happens in the NHS, are essential for staff retention and recruitment. Migrant workers, many from Nigeria, the Philippines, India and Zimbabwe, currently prop up the care sector as well as the NHS, according to the October 2020 adult social

care workforce data from the organisation Skills for Care, and the June 2020 House of Commons Library research briefing, *NHS staff from overseas: statistics*. It is therefore inexplicable that care workers are currently not included in the government's Shortage Occupation List, that enables the granting of British work visas. The current salary threshold for the new post-Brexit points-based immigration system of £25,600 rules out overseas recruitment to fill vacancies in the care sector, where the average annual salary for a care assistant is £9,806, as of September 2020, according to Indeed.co.uk. The King's Fund states this is below the rate paid at most supermarkets.

Parity of esteem with the NHS is essential and the ultimate aim of any government strategy for social care should be that it should be free at the point of use.

A note of optimism is that there is a growing consensus to achieve exactly that, which includes voices from across the political spectrum, voluntary organisations such as Carers UK, medical bodies such as the Academy of Royal Medical Colleges and trade unions such as Unison.

This led to the launch, on 2 November 2020, of the Future Social Care Coalition, which consists of more than 80 organisations, calling for an immediate £3.9 billion emergency fund for the care sector to cope with the second wave of the Covid-19 pandemic. Unison has taken a lead in the trade union movement, publishing a paper in June 2020 called *Care after Covid: a UNISON Vision for Social Care.* This paper summarises the main areas of concern in the care sector and calls for the establishment of a National Care Service, with recommended priority areas to deal with, including pay and conditions, staff training and professionalism.

14 Should African Caribbean and Asian people take the Covid-19 vaccine?

This is a rapidly changing area. Grassroots Black Left's original *Black People Racism and the Covid-19 Pandemic* position paper, published in May 2020 was updated and re-published on the GBL website in November that year. But since then, of course, the Pfizer BioNTech, Oxford AstraZeneca and Moderna vaccines have emerged and are now starting to be rolled out.

> "The principle of informed consent should be adhered to, with the individual's ability to weigh up risks and benefits respected."

GBL's updated paper dealt with the issue of the stockpiling of vaccines by western governments, through pre-ordering, even before clinical trials were complete. Given that the Covid-19 pandemic is a truly global crisis, with the virus having crossed international borders to reach the UK, the GBL paper pointed out that an internationalist approach would, in fact, be the most sensible one.

However, with regards to the vaccine itself, now that it is here, it is welcome news as a scientific breakthrough. The fact the husband and wife team, Uğur Şahin and Özlem Türeci, behind the first vaccine to be approved by the UK's Medicines and Healthcare Products Regulatory Agency (MHRA) are Turkish migrants to Germany, exemplifies the huge contributions of migrants, sometimes on a global scale, as in this case. This vaccine has been tested on volunteers from the United States, Brazil, South Africa, Germany and Argentina, across age, gender and ethnicity demographics.

> "That the husband and wife couple behind the vaccine are Turkish migrants to Germany, exemplifies the huge contributions of migrants, sometimes on a global scale."

However, there is no drug /vaccine that can be guaranteed to have zero adverse effects in an individual, even those that have been extensively trialled, hence no one should feel coerced into having the vaccine. The principle of informed consent should be adhered to, with the individual's ability to weigh up risks and benefits respected. However, enough people need to take the vaccine to reduce community transmission, and it may yet save many lives, including those from Black communities who continue to suffer disproportionately from Covid-19 infection during the UK's second wave. There is a mistrust amongst Black communities when it comes to treatment by the medical profession, hence there might be some reluctance among Black people to be vaccinated. There is a mistrust among Black communities when it comes to their treatment by the medical profession. Hence the understandable reluctance among some Black people to have the vaccine. This mistrust has historical roots in the pseudoscience of eugenics which was adopted enthusiastically throughout the western world during the first half of the 20th century, which gave false validity to the notion of there being superior and inferior races. This is predicated on the notion that people of a darker complexion are genetically inferior, based on a racist worldview, rather than science. It helped to justify imperialism and racist government policies at home and abroad.

Modern genetics shows that skin colour is inherited independently and is not linked with propensity for diseases such as diabetes or hypertension, mental illness, personality or intelligence; so has served to debunk the eugenics fake science.

Even so, the legacy of this thinking keeps rearing its head, with some scientists searching for a link between skin complexion and infection with Covid-19 in order to explain the disproportionate number of deaths in "BAME" people in the early days of the pandemic, rather than focus on the obvious – that "BAME" people were over-exposed in the first place due to structural racism and social inequalities. Thankfully, respected scientists such as Dr Winston Morgan, from the University of East London, have scientifically countered this narrative.

Conclusion

We hope this GBL-HWG pamphlet serves to educate and enthuse people, both inside and outside the labour movement, to become agents for change. GBL calls for Black workers, Black trade unionists and their allies, to push for action to tackle inequalities in the workplace and society generally. This involves educating the public by sharing the pamphlet and, through solidarity, working with allies who share the same goals of tackling inequality, advocating migrant rights and fighting privatisation.

BRIEFING NOTES

How Scapegoating Immigrants (the gift that keeps on giving) Diverts Attention from the Perils of Privatisation

Coronavirus crisis

The coronavirus pandemic preceded by a decade of austerity has brought into sharp focus the vital importance of a health service. The most disadvantaged in society are paying the heaviest price as poverty; inequality and discrimination contribute to exposure to and increased risk of death from this novel virus. Working in poorly paid, public-facing essential jobs, living in deprived communities with overcrowding and inadequate healthcare provision all play their part.

The first to fall

As we reach the final phase of NHS privatisation the more immediate and disproportionately high impact on the poorest and sickest people but in due course will touch every family in the country. Poor working class and ethnic minorities are at the sharp end of the devastation wrought by neoliberalism, the canaries in the coal mine whose calls must be made to resonate widely. The fight for minority rights must touch everyone in society drawing on our common interest of economic, social and democratic power.

Opportunity knocks

The assault on the NHS has accelerated as billions are squandered secretive outsourcing deals with corporations like Serco, G4S, Amazon and other entities, some with close ties to the Conservative Party. This legalised corruption now so brazen yet largely ignored by mass media as is the overall trajectory which is to replace our NHS with an American-style system and its guiding principle of maximizing profit.

Set up to fail

The UK's appalling record on dealing with coronavirus is as a result of decades of privatisation de-funding, outsourcing, fragmentation and reduced capacity. This has left NHS staff struggling to cope, even before the pandemic struck. It is vitally important to highlight the threat to general practice in England, which has been mutated into a dehumanised, bureaucratic, target-driven service devaluing professionalism and clinical judgement. Barriers to accessing your GP face to face helped with the adoption of telemedicine and eroding continuity of care. Incrementally the right that people have had to access a doctor that has existed since 1948 is being removed.

End game in sight

Simultaneously structural changes around the funding flows of the NHS are replicating those of a private health insurance system ahead of control of taxpayer funds being taken over by the American insurance giant UnitedHealth.

Oven ready and on the table
Perhaps the most imminent threat is the NHS being irreversibly locked into a US-UK trade deal, particularly given the government's recent refusal to legislate to exclude the NHS from the negotiations or allow parliamentary scrutiny. The NHS has been offered up to rapacious American corporations such as private hospital providers, drug companies and health insurers.

Profitable race to the bottom
America has the most expensive healthcare in the world with worse outcome than all other developed countries yet over 30 million have no medical cover and millions more are under-insured.
The economic collapse resulting from Trump's catastrophic pandemic response has tossed over 40 million US citizens out of work many losing their employer-based health insurance. A publicly funded, publicly delivered, universal and comprehensive health service is the most cost-effective, humane and rational system yet UK governments have abandoned the Beveridge model against the interest of the overwhelming majority of the public.

Grassroots must unite
Our fight for justice and equality is vital in protecting healthcare provision as a basic right for all. Ethnic minorities are the early victims and must be empowered to lead the fight back. Just as the Black Lives Matter movement has shown, class and inter-racial unity is strength.

'We got to face some facts. That the masses are poor, that the masses belong to what you call the lower class, and when I talk about the masses, I'm talking about the white masses, I'm talking about the black masses, and the brown masses, and the yellow masses too.
We've got to face the fact that some people say you fight fire best with fire, but we say you put fire out best with water. We say you don't fight racism with racism. We're going to fight racism with solidarity. We say you don't fight capitalism with no black capitalism; you fight capitalism with socialism.' **Fred Hampton**

SOME USEFUL LINKS

Doctors in Unite https://doctorsinunite.com/2020/11/29/a-whitewash-and-another-missed-opportunity-the-consensus-statement-from-phe-hse-and-fom-on-how-best-to-mitigate-risk-of-covid-19-in-occupational-settings-with-a-focus-on-ethnic-minority-groups/

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Huffington Post https://www.huffingtonpost.co.uk/entry/bame-coronavirus-intensive-care-rise-disproportionate-deaths-government_uk_5f8f0507c5b66ee9a5f3a775

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House of Lords select committee on political polling and digital media https://publications.parliament.uk/pa/ld201719/ldselect/ldppdm/106/106.pdf

An Avoidable Crisis https://www.lawrencereview.co.uk/

Royal College of Physicians https://www.rcplondon.ac.uk/projects/inequalities-health-alliance

Royal College of Physicians https://www.rcplondon.ac.uk/news/marmot-review-2020-government-must-go-further

The New York Review of Books – David Graeber
https://www.nybooks.com/daily/2020/01/13/the-center-blows-itself-up-care-and-spite-in-the-brexit-election/

The Acheson Review
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/265503/ih.pdf

BMJ https://www.bmj.com/content/369/bmj.m2195

Morning Star Online https://morningstaronline.co.uk/article/%E2%80%98our-nhs-being-trashed%E2%80%99

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Workers liberty https://www.workersliberty.org/story/2020-04-19/crisis-social-care-fight-public-ownership

We own it https://weownit.org.uk/public-ownership/care-work

NHS People Plan 2020/21 https://www.england.nhs.uk/ournhspeople/online-version/

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