

# Transcript

00:00:15 Speaker 1

Hi everybody, this is Mitul Vistana from black and brown and bioethics. And you're listening to the power and privilege and acting your podcast you show that goes together with academics to question academic hierarchies, structures and conventions, unpack their inherent issues and find solutions together. Today we're talking about disrupting hierarchies to improve education.

00:00:35 Speaker 1

Give Annabelle Chumo and amaka.

00:00:38 Speaker 1

Mafia Annabelle is a physician, PhD candidate, founder of the reproductive justice minister, and a writer. She wrote the book *divided racism, medicine, and why we need to decolonise Healthcare*. Amaka is a professor and consultant paediatric radiologist. She's the first African female professor.

00:00:58 Speaker 1

At the University of Sheffield, and probably the third Black African female professor in medicine in England, will discuss hierarchies and how they are built, their experiences, disruption and the impact of change.

00:01:18 Speaker 1

Thanks for joining us. Annika and Annabelle, would you like to start with a little bit about you and how you're connected to power and privilege in academia?

00:01:26 Speaker 2

Hi. Hello. I'm OK. Professor of paediatric musculoskeletal imaging and honorary consultant paediatric radiologist at the University of Sheffield and Sheffield Children's Hospital within the university. I'm the faculty director for well-being and EDI and I've held other similar roles.

00:01:43 Speaker 2

That at departmental level, and I'm also the university Co chair for the Race Equality Charter application.

00:01:49 Speaker 2

Committee.

00:01:50 Speaker 3

Hello. I'm doctor Annabelle showing Nemo. I'm a community sexual reproductive health registrar and I'm author of divided racism medicine and why we need to decolonize healthcare. I also Co direct the reproductive justice initiative which is a charity which focuses on inequalities in reproductive health and particularly looking at the colonial legacies.

00:02:12 Speaker 3

In sexual reproductive health, so in terms of my interests.

00:02:16 Speaker 3

In disrupting hierarchies, it's pretty integral to a lot of the work I do, including my academic work, so I'm also a part-time PhD candidate at Kings College London and then looking at the reproductive lives of black women in Britain.

00:02:28 Speaker 4

I'm just gonna go straight in and talk about hierarchies and how they're built, so whenever I start something I always like to know how people define or perceive it. So the the first thing I did actually about this podcast was like thinking of what hierarchies are, and I googled it and the first definition that came up on Google was that the classification.

00:02:49 Speaker 4

Of a group of people.

00:02:50 Speaker 4

All according to ability or to economic, social, or professional standing. So what do you think of this definition and what do academic hierarchies look like?

00:03:01 Speaker 2

Yeah. So I think that definition makes hierarchies sound quite benign. It's saying the class, you know, it's just giving you the classification. I think that unless you actually talk about the impact of hierarchy, you're you're missing the point. And the point really from my from my perspective is, is this introduction.

00:03:18 Speaker 2

Of power or privilege that the higher up you are in the hierarchy that the the more power you have and that may not necessarily be the case in all hierarchies, but certainly it's it's the general thing mankind likes to stratify ourselves according to who's on top and who's who's not on top and and everybody's then those at those at the bottom are scrambling to try and get to the top.

00:03:40 Speaker 2

And those on the top are of trying to keep their position maintaining the status quo. So I think that's that would be my criticism of the of the definition that it it's not always bland. It's not always.

00:03:51 Speaker 2

So.

00:03:51 Speaker 2

So so sort of lacking in in the annoyances to do with.

00:03:56 Speaker 2

With power I mean so much of academia is related to sort of hierarchies, real or imagined. You can even just divide the staff into the professional staff, and the researchers academic staff where often is that there's the feeling that the academics are superior to or given more privileges and benefits, and the professional stuff. It shouldn't be the case.

00:04:17 Speaker 2

You know that we all have our roles that we contribute, but if I just take my area, which I I, so I'm an academic, if I was to concentrate on the academic it's it's it's hierarchical from the very get go isn't it? The minute you arrive as an undergrad.

00:04:29 Speaker 2

Your student, you're kind of here year 1, you know, then year 2, then year three, depending on how many years of your course you then you you're a postgraduate teaching or postgraduate research and and then you come into academia lecturer, senior lecturer. If you have a reader position in your university or associate professor and then professor there there's there are always.

00:04:50 Speaker 2

All these ranks and rankings, and then within within them you'll have somebody who's a departmental head or a faculty head. You'll have somebody who is the journal editor that you're trying to get your manuscripts submitted to and.

00:05:03 Speaker 2

Published. You'll have somebody who's the chair of the grant panel. You'll have somebody who's the chair of the interview panel. Is is, there's there's power and hierarchy at every level. And don't say that it's completely negative. It isn't because we need hierarchy for for law and order. The abuse of the power, the misplaced power.

00:05:23 Speaker 2

That is.

00:05:24 Speaker 2

Strong.

00:05:24 Speaker 4

Who decides what the hierarchy looks like and where the power is?

00:05:30 Speaker 2

I don't know who decides it. Isn't it just that's the way it's always been. I really think it's, it's we we are used to that things are organised for us. So we go to we go to nursery school we go to primary school we go to secondary school we go to university. It's the order of life. It's the way it's being ordered and and and and actually to to as I say.

00:05:50 Speaker 2

To have things work, you do need a certain sort of managerial system, a hierarchy and human beings. We are competitive, we need competition.

00:06:00 Speaker 4

Yeah, true. So when it comes to like kind of these hierarchy formation and the result of individual variation and influence or power where the most valued member achieves the highest status. So maybe something a little bit more simple as in the UK, like accents and dialects like Romney scowls Cockney.

00:06:21 Speaker 4

The Creme de la Creme, the Queen's English that sits at the top and this actually is one of the most.

00:06:28 Speaker 4

Saving examples of British classism that remains its attitude towards accents today towards certain accents, and I'm curious to know how you've experienced and seen labels influence medical and academic hierarchy and if they have a part to play in differences in patient care.

00:06:47 Speaker 3

I love my.

00:06:48 Speaker 3

Work has looked at how we have been taught to categorise human beings racially, and looking at how that plays into health inequalities and how that impacts society and

reinforces systemic injustice and inequality, and how these categories racial divisions are continuously reproduced.

00:07:09 Speaker 3

Within medicine and looking at that legacy of race, science and the history of eugenics, and how it still philtres into some of our practise today.

00:07:17 Speaker 3

Me and really trying to articulate that without examining some of these historical legacies within medicine and understanding how they came about and and they continue to manifest. We can't really try to create a more equitable system of healthcare because there's still some deeply embedded.

00:07:37 Speaker 3

Truths around race, whether that's like intellectual.

00:07:40 Speaker 3

Really. And to my intellectual inferiority along racial lines, whether that's talking about bodies and people thinking that, like black skin donates strength, or we even saw some of these ideas kind of being replicated during COVID, you know, the idea that there is, like, this binding thing of blackness amongst all black people and people not really understanding.

00:08:02 Speaker 3

That how the category of like black due to brown skin has come come about. How that is not upheld through any kind of scientific understanding or print.

00:08:12 Speaker 3

To pull. So when we look and try to justify doing medical treatments on along racial lines, how that's very poorly evidence based because there's not data that shows we have these defined racial categories, there's a lot of genetic variability across the African continent.

00:08:32 Speaker 3

It is the most diverse continents, genetically in the world, and just like trying to understand and look at some of those things, I'm very much thinking about how hierarchies have been established along racial gender lines, the misogyny, sexism, and racism that is very endemic within medicine, and how that manifests not just in our treatment but also in our lives.

00:08:52 Speaker 3

As doctors and clinicians, and particularly within the NHS, which is very much built through migrant labour.

00:08:59 Speaker 2

If you're talking about personal experiences, I'm fortunate to the extent that.

00:09:05 Speaker 2

Well, I mean.

00:09:07 Speaker 2

Whenever when I was on the I'm a radiologist, so I tend to be on the wards far less frequently than when I was actually just doing my General Medical training. But in those days, if people saw you, they always would automatically assume you were the nurse or.

00:09:23 Speaker 2

The you know some. Some somebody to do with catering or something rather than the the doctor. You sort of get used to it. Quite honestly. I didn't take it in as a they. They have to assume you're someone or something, don't they? And so that's the assumption that they made and that maybe would just reflect their experience in hospitals and and and in those days I'm talking about.

00:09:43 Speaker 2

1520 years ago, in those days the, the, the, the scarcity of black female doctors. So it may not necessarily be reflecting an India.

00:09:52 Speaker 2

Schedules perspective of you. It could just be reflecting what society was in those days. It's very clear there are lots of papers and publications that will tell you about the health disparities based on race. There are. There are so many different indices that that one could talk about. I could I could talk about, you know, maternal.

00:10:12 Speaker 2

Survival I I could talk about mental.

00:10:14 Speaker 2

Well, we could talk about COVID-19. The very recent pandemic and we and and then you can move away from patients and talk about the NHS pay gap there. There is a pay gap within the NHS, there's chronic illness. And remember last year the there was that publication wasn't there by the NHS.

00:10:32 Speaker 2

And health Observatory there had been a paper done by a group in many.

00:10:36 Speaker 2

Mr and they looked at 5 areas and I think maternal health was one of them. They looked at genetic testing and three other three others, and it was very clear to them that there was significant racial disparity affecting health outcomes in our NHS. The NHS then had decided, had said they were putting things in order to tackle them, so it it.

00:10:56 Speaker 2

It is.

00:10:56 Speaker 2

It's there, but I think it's so much more than you started off by saying accents are different. It's it's just so much more than having different accents. It's it's it's one of these things that I know, one of the that the people have just referred to. One of the issues was that they were with with neonates, with young baby, newborn babies, specially the Asian newborn babies.

00:11:17 Speaker 2

And and and presumably also thought that the blacks trying to diagnose which babies have jaundice by trying to see how yellow their eyes and skin are, when already we have a discrepancy. You know, so that that so that the charts.

00:11:29 Speaker 2

What would be the same? What what is jaundice in a person of my colour or a baby you know of of of colour compared to a white baby? So so sometimes it's because of these the training has been on rights and the books and everything is based on on whites and the research.

00:11:49 Speaker 2

Has been on whites, and so the outcomes and the data that is normal data for whites may not be normal data for Asians or blacks or mixed. So so some of some of it will not. So some of it will is is institutional and it's not really on a personal level.

00:12:07 Speaker 4

Yeah. Yeah. When you talked about more of a personal level and you were talking about being on the board. And I guess 20 years ago, another thing is you we probably weren't used to seeing female doctors as much either, not even just like female black doctors, but female doctors too. So I wonder, there's there's almost like 2 parts to that.

00:12:27 Speaker 6

Yeah.

00:12:28 Speaker 2

There, there were. There were. There were certainly trains that there would have been equal amounts of male. Female, as I mean obviously I maybe I gravitated towards the females. I don't know. I'm thinking back to I. When I came from Nigeria, I trained in Nigeria and the first hospital I worked in was Old Church Hospital in Romford in Essex and certainly.

00:12:47 Speaker 2

As I'm thinking back to the doctors, I can certainly be thinking I'm thinking more. I'm seeing more females. I'm thinking of their names more than the males, so I don't think that the that the sex that was wasn't was an issue at that time. It was that it was definitely race.

00:13:02 Speaker 5

MHM.

00:13:03 Speaker 2

Was I was.

00:13:04 Speaker 2

The first.

00:13:05 Speaker 2

Black female. I didn't know. I might have been the first black at all. As I said to people at my interview that the doctor said he will give you the job. You obviously speak English.

00:13:18 Speaker 6

Well.

00:13:19 Speaker 4

What did you say to that?

00:13:22 Speaker 2

This is the first job I had and I had applied. I sent hundreds of I, I mean I didn't. You know, it's not an exaggeration. I had sent hundreds of CV's. It was all paper those days. I've posted so many job applications through and I haven't got shortlisted for any and I got not just shortlisted, but I was off.

00:13:40 Speaker 2



But the job, so I was I think you could have said anything to him and I've just just been fine. I I, but I I wasn't sure.

00:13:48 Speaker 2

It was a bit like gas lighting. I wasn't sure if I should take it badly or not, so I walked out of the interview room and it was the health and not the health. What do they call the Occupy? The human resources lady, that they that was the title that they held those days. The human resources officer. She led me out and she said, oh, don't mind him so, so so it.

00:14:08 Speaker 2

It it it at least validated my feeling that this was an odd thing to say at the.

00:14:13 Speaker 2

At least you know. And she was just don't. Just don't listen to him. It doesn't matter. Don't worry about it. You know, maybe maybe these days she might have taken a stronger stand, but to be, you know, I wanted the job and I and I got the job. So and yes, of course I spoke English. I had been here for years before.

00:14:29 Speaker 2

I went to Nigeria.

00:14:31 Speaker 2

And.

00:14:32 Speaker 4

Well, yeah. Like it's just. Uh, yeah. Uh, I don't know. There's so many comments about this.

00:14:40 Speaker 4

It's just, yeah, like a.

00:14:41 Speaker 2

I tell the story a lot because it was my first first professional.

00:14:47 Speaker 2

Exposure to and these sorts of what I call it a microaggression. I didn't know what to call it really was. My first exposure to these things, and I didn't. I I, I, I laugh about it and and you know, but it's not. Is it a laughing matter? He used to say he he I also tell the story a year later.

00:14:52 Speaker 4

Yeah.

00:15:05 Speaker 2

And in Ward round I was on the ward and some of the other doctors were there and he called out to be the same doctor. I wasn't married in these, these doctor and the Marley doctor and the Mali, he said. And I looked up, he said, we've just had interviews. We've just employed another one like you.

00:15:21 Speaker 6

Ohh God, like Oh my God, this is really like I don't even think it's a microaggression. It's just.

00:15:34 Speaker 2

Dear people, looked at me and I looked at people and none of us quite knew what to do so that he what he was saying this he was walking towards his. By the time he got up to me he said it and he was up to me and I just said Ohh yes, he said we just had interviews and she did really well. So I just thought you'd like to know.

00:15:51 Speaker 2

Use it to say to people we are each other's ambassadors.

00:15:55 Speaker 2

I always say it, you know, that's fine. I obviously had done well enough that you.

00:16:00 Speaker 2

Yeah, that that encouraged him to offer somebody else a job. That was a Nigerian or a black girl. Do you know? So that's that's OK.

00:16:09 Speaker 4

Yeah. I mean that's like and that's actually a positive way to look at like a bad situation, but it is, it's like it's true, it's like, OK, well, you did something that made this person like, see things differently.

00:16:09 Speaker 5

Remember.

00:16:24 Speaker 2

I think that it's complex. I think this that particular doctor was not racist.

00:16:29 Speaker 2

I think a racist wouldn't have employed either me or the other person. I think it's the leftover of colonialism. I think it's this hierarchy where he feels superior.

00:16:32 Speaker 5

2.

00:16:39 Speaker 2

And he almost wanted to be he wanted me to, to thank him and be and and ingratiate myself to him, for for employing both myself and the other. But I don't think it was racism.

00:16:52 Speaker 4

Yeah.

00:16:54 Speaker 4

Yeah, I don't know. It's still.

00:16:56 Speaker 2

Certainly like your aggressions and not actually excusing it. Do please do not get me wrong. I'm not saying this is the way to go about talking to people, but I think I think what I'm saying is it it can be. It's not black and white, it's it's and forgive the pun.

00:17:09 Speaker 2

There it's complex.

00:17:11 Speaker 4

Yeah, yeah, that's true. There is so many like different things that play into it.

00:17:16 Speaker 4

Chimamanda Ngozi Adichie the danger of a single story Ted talk in 2009 explores the negative influences that a single story can have, as it can rob people of their dignity and emphasises there are so many differences amongst like those of us who are homogenised under a particular label. How do we ensure?

00:17:37 Speaker 4

We're not talking about a single story in academia.

00:17:41 Speaker 2

We just need to make sure that everybody has the opportunity to say their peace. We need to look at things from all perspectives for that to to succeed, it means that every

panel, every committee, every sort of set of teachers, the, the, the, the curriculum itself, everything needs to be diverse.

00:18:03 Speaker 2

And the representative of the people that we teach and the staff that we employ.

00:18:08 Speaker 2

So that these different voices can be held. I know that at our meetings I think I think one thing that is is is good is to try and encourage everybody who's sitting on the committee to to to contribute.

00:18:21 Speaker 2

And some people are shy and quiet and will not necessarily interrupt or raise their hands. But if you go round the table at the end.

00:18:30 Speaker 2

Or if you have a a particular staff member or student who you know is is more with withdrawn.

00:18:36 Speaker 2

Others afterwards, on their own, on a 1 to 1 you can ask for their opinion, but I think that before all before major decisions are made, everyone should be given an opportunity to to give their perspective on that decision.

00:18:50

So.

00:18:51 Speaker 3

Absolutely agree, and I think the danger of a single story is quite central to a lot of lot of my own work and my own journey. So in terms of.

00:19:00 Speaker 3

Jim, Amanda's work in particular. I remember hearing that Ted talk and I was part of TEDx Houston team, which was centred to bring the African story in African innovation to light and I.

00:19:11 Speaker 3

Think over a day.

00:19:12 Speaker 3

Kate and when I first heard that talk, I was in, I was at university and I really did feel very stifled. I trained at UCLA. I felt a lot of the things that I wanted to do. So I indicated with medical anthropology kind of the humanities within medicine and that aspect of things was just completely absent, and I didn't, really.

00:19:32 Speaker 3

Feel like I fit in or could find a discipline that spoke to me. So when I started reading to Amanda's work and also looking at her Ted talks, I actually felt.

00:19:42 Speaker 3

And.

00:19:43 Speaker 3

That was really resonating with my own experiences and actually it's something that I've really tried to centre and challenge. So when I'm trying to bring different historical perspectives and looking at medicine and looking at history, history of medicine, I actually have that idea of kind of whitewashing and who gets to speak in the forefront of my.

00:20:05 Speaker 3

My mind, I think.

00:20:07 Speaker 3

At it starts so much earlier than. Obviously the higher education process. So I think people are conditioned to.

00:20:18 Speaker 3

In her Abbott talk, where she says we should all be feminist at other talks, she talks about shrinking ourselves and I think a lot of us are taught to shrink ourselves really, really early. You're too loud, too demanding. And I think then it's really hard to unbreak some of those patterns as you go through the educational process and higher education.

00:20:39 Speaker 3

Process so.

00:20:41 Speaker 3

I think it starts much earlier in terms of our conditioning and sometimes actually, I think by the time that we get to.

00:20:49 Speaker 3

Higher education, I think trying to address the danger of the single story is actually a bit too late. You don't want to tell their story because they've been conditioned to think they're unimportant.

00:21:01 Speaker 2

Yes, I think, I mean that might be true, but I think we still have to encourage them to tell that story. I I I totally agree with what you said that because I I say the whole thing needs to start from nurse.

00:21:12 Speaker 2

New school it needs to start much earlier. This whole idea of EDI I I always talk about going in to read with the children right from the get go. They let them interact particularly in areas where they don't see a lot of racial diversity so that people can interact with us all on a one to one level and realise that.

00:21:34 Speaker 2

Everybody is human, you know, we all share the same overall human experience, and it's not the colour of the skin. Some sometimes people have been raised by parents to to look at a.

00:21:46 Speaker 2

On black boys with with fear. And so they look at every single black boy that they see with fear. You know, whereas if this black boy is in school reading with them, they begin to realise that no, they, they they are different and they have differences just the same way that my dad is different to my uncle. But they're both white men, right. So it's it's trying to introduce the.

00:22:07 Speaker 2

Normality of every every person early on, but we are face we are where we are and so we do need to do what we can to.

00:22:16 Speaker 2

Courage at every level, people to tell their story, whether whether they have the courage to do so in a room or whether, as I say, you call them afterwards on a one to one level and and we have to find ways you that you can go back to this to the old fashioned card, cardboard box or or or box or the key.

00:22:37 Speaker 2

Paper write your opinion and and and post it or send an e-mail or whatever. But we we have to find ways to allow every person to participate and to feel their.

00:22:47 Speaker 2

That to feel that they belong.

00:22:50 Speaker 2

When I was when I first trained in Sheffield, so in the late in the early in the late 1990s, early 2000.

00:22:59 Speaker 2

You you'd walk into a room in society.

00:23:03 Speaker 2

And be the only black person.

00:23:06 Speaker 2

And I'm saying something like the theatre.

00:23:08 Speaker 2

The cinema so and be so. Never mind medical in general out there in society, I'd be the only black person, not black woman black.

00:23:18 Speaker 2

I still go to conferences these days, radiology conferences and see one or two others.

00:23:26 Speaker 2

We tend to give ourselves a look and we both we all know well. If I'm lucky, I see one or two others or I may see no one.

00:23:34 Speaker 2

So people have got to find a way of being being courageous enough to tell their stories in that sort of environment and and. And the white allies are.

00:23:44 Speaker 2

To to to to see these individuals and provide the protection.

00:23:51 Speaker 2

Provide them with that safety that they need so that they can tell their story.

00:23:56 Speaker 4

I don't know if you saw my shock. I just like, didn't know. Like in Sheffield that there were no black people at some point. So. So I think I think I was like, what in Sheffield?

00:24:04 Speaker 2

I'm sorry.

00:24:07 Speaker 2

Yeah, I'm talking about 1998-1999-2000.

00:24:11 Speaker 6

She said that long ago.

00:24:13 Speaker 2

Not that long ago, where you would go and maybe the black people did not go to the theatre to watch the play, I was going to watch, I don't know. But I can assure you that I was in there and there would be that no one else.

00:24:27 Speaker 2

Your generation doesn't know. I count you both as being much younger than my. You know, you're my daughters and my children are probably your age and that's the reality of what we saw.

00:24:39 Speaker 4

Yeah. Because you mentioned about creating spaces for people to talk about these stories, but can you describe your journey to taking action for social justice? That's kind of led to disrupting hierarchies in, in healthcare and academia?

00:24:53 Speaker 2

I mean, I love the way you say that. I don't know that I would describe myself as somebody who had disrupted any hierarchy, but I can certainly tell you my experiences, I have to confess.

00:25:03 Speaker 2

That.

00:25:04 Speaker 2

Right up until I got to be professor, I was focused on getting to be professor. And so I was the sort of person I told you that story. The very first interview I was born in this country, my sister and I were the only black people, coloured people, not even black in our primary school. And then I went to a boarding school. I was the only black person.

00:25:25 Speaker 2

And then I came to Nigeria, did Medicine University, Secondary School, university and and came back. So my first interview and to get the the first medical job I had. Actually I



got the job at the first interview, but I had to apply for about 100 and something jobs before I got it. The the man said to me, you obviously speak English.

00:25:45 Speaker 2

That you obviously speak English, so that was the the beginning of this.

00:25:48 Speaker 2

Sort of.

00:25:50 Speaker 2

My question I just did not I I'm I I decided to not focus on these statements because if I did, it would have paralysed me. I'm the sort of person I don't forget anything. If it's, if it's if it. If I want to. I can remember things. And so if I had concentrated on those things and put them in that side of my memory that doesn't forget anything.

00:26:12 Speaker 2

I would have been paralysing to being able to do.

00:26:15 Speaker 2

And so I just, I didn't see these micro questions. I didn't see this racism because I I just didn't want to. I knew that there were these things, so I didn't apply for a promotion. I'd go and speak to the individuals in the higher up the hierarchy that we were talking about. I'd go and speak to them. And if there was any doubt in their voices.

00:26:35 Speaker 2

As to whether I'd get promoted or not, I just didn't apply. I have the benefit a clinical academic is on an NHS scale pay scale and so the promotions within the university weren't having any impact on my salary, so I didn't have that pressure, didn't need to apply for promotion.

00:26:53 Speaker 2

But when I did finally play and I got my promotion to Professor.

00:26:58 Speaker 2

In church we have a church group that we used to go to on.

00:27:04 Speaker 2

Want to say it was Wednesday evenings? We had a connect our church connect group and one of the the the the Persons whose house one of our lead pastors there would would said to said you just you know there are no other black female professors in medicine.

00:27:21 Speaker 2

And and I said, of course there are and and and he said no, there aren't. Anyway, he googled it and and I think there were that was the third.

00:27:28 Speaker 2

And.

00:27:30 Speaker 2

I know what kind of number is.

00:27:31 Speaker 2

That.

00:27:32 Speaker 2

How can that only be?

00:27:35 Speaker 2

3 two other black female professors in medicine. Ever. And then it turned out that it was something like 30 something.

00:27:43 Speaker 2

I don't know what the number was. There are 41. Let me say. Now that was 2000. This is 2003. There are now 41 black female professors.

00:27:52 Speaker 2

In in, in in United Kingdom, how is that possible right? So so when when I was hearing these statistics, that's when I when I it was suddenly as if all of these memories that I had shielded myself from.

00:28:06 Speaker 2

All started coming out and and it was really, I felt.

00:28:11 Speaker 2

I I really felt like I. Yeah, something it's it's it's. It's not good enough. It's not good enough.

00:28:17 Speaker 2

It's beyond people not being interested or and obviously it's not that people are not able.

00:28:23 Speaker 2

That there has got to be something on a grander scale that is making these numbers so appalling.

00:28:31 Speaker 2

And it was at that point that people would I it was, I was. I got a lot of feedback in in terms of I don't see anybody that looks like me.

00:28:41 Speaker 2

And and and that not seeing anybody looking like them was also preventing people from moving forward.

00:28:48 Speaker 2

It wasn't the case for me. I think that it's it's a challenge. If nobody looks like me, I I'm just gonna go. I knew what I wanted to achieve. I wasn't in too much of A rush. I wasn't. I didn't want to apply and be turned down.

00:29:01 Speaker 2

But but when all of these everything just collided at the same time, so I was also at that point I'd been on our staff Race equality network.

00:29:09 Speaker 2

Look.

00:29:10 Speaker 2

Committee and because of that role, people were coming to tell me their stories and I got promoted and I heard these numbers and like I say, all the things, all the different things I had put behind me and wasn't thinking of because they would have paralysed me.

00:29:26 Speaker 2

All started coming out.

00:29:28 Speaker 2

The very first I gave a lecture at in doing lockdown. The first virtual meeting I gave and it asked me to give examples of racism and I wasn't expecting the question.

00:29:38 Speaker 2

And I couldn't think of any examples because of my wall.

00:29:42 Speaker 2

But everything was starting to just fall apart and and I I do have them. Obviously. I know examples of racism against me, but but it just shows you what we do to protect ourselves. I sort of my calling is now to.

00:29:57 Speaker 2

To to make it fair to make it to to like I said to you at the beginning, if you go through experiences and you don't share them then then what has been the point to try and sell others to?

00:30:09 Speaker 3

I think, yeah, I think for me, I was always acutely aware that there were. I never saw any black women in senior academic positions. The entirety of my academic training. I mean, I saw obviously black consultants few and far between because I have family, friends that.

00:30:28 Speaker 3

Are medics but.

00:30:30 Speaker 3

They weren't particularly within academic spaces. I wasn't really lectured by any, and I think there is something in.

00:30:35 Speaker 3

Being able.

00:30:36 Speaker 3

See see something so you can be it. I think in terms of your question and causing disruption.

00:30:43 Speaker 3

I think my own upbringing made me see that the problem lies far deeper, so I'm of Nigerian inherited British Nigerian heritage. I was born here and I was raised here. I went to school here and my my family is quite diverse. I know think you've touched on classism already, but a lot of my my cousins went to comprehensive schools. I was.

00:31:03 Speaker 3

Went to a really small private school and then I went to a really elitist institution. So I've always predominantly move.

00:31:08 Speaker 3

In strongly white spaces and my family history is such that we've always kind of gone between Britain and Nigeria. And my grandma moved here in the 50s and I think you're often taught, like, you know, if you just really work really hard and diligently that you'll get, you know, the best outcome. And you can be whatever you want to be. And I think that is important.

00:31:31 Speaker 3

And allowing.

00:31:32 Speaker 3

People to dream and for people to encourage people to not lose hope. But I think for me it was really apparent that there is tied to a tiered structure to society as in the school I went to, I would see my friends have tutors and I would see them basically being given.

00:31:52 Speaker 3

We'd be given, you know, exam papers that really are mocks would look really like the.

00:31:56 Speaker 3

Exams that we.

00:31:57

Got right.

00:31:59 Speaker 3

And and there were all these things that are just really heavily weighted in favour, and it starts at the beginning. And of course, I had barriers when I was at these schools. Like, I remember when I said I wanted to do medicine even though my dad's medic, they they knew that. And I obviously had the grades. There's typical things where people would really undermine you and they they gave my personal statements someone else.

00:32:19 Speaker 3

All of these kind of things that happened, but ultimately I saw that the system that I'd be put into by my parents.

00:32:26 Speaker 3

Had set me would set me up for success from the beginning because they were paying for the success and if you did the things right, most people would get a good outcome. But ultimately lots of people don't have access to that system. Those those networks that allow you to get the work experience that you need. Even now, by virtue of the school I went to and the circles.

00:32:48 Speaker 3

Mixed in I have access to people that.

00:32:51 Speaker 3

Others are gonna really struggle to have access to, you know, because I went to school with them, and now they're an editor of that magazine, and now they're a photographer here, and people don't have access to those.

00:33:01 Speaker 3

And so for me, I guess in many ways, I'm what people call a class traitor. And I love talking about classism and a lot of people, if you're put in the system and it works for you and you get a positive outcome, you're just told not to talk about it, you're not, you're told not to tell anybody all the secrets and how, yeah, you might go to a comprehensive and you might work really hard, but that.

00:33:23 Speaker 3

When you look at the statistics, those people were few and far between.

00:33:26 Speaker 3

And it's honestly near impossible to break through that system unless you have significant help or somebody that really chooses to uplift you, whether that's a teacher or a parent. So for me, I think my upbringing and seeing that from the beginning, a lot of people in my life, whether it's my cousins or family friends.

00:33:48 Speaker 3

We were put on a really different path and they were always going to have to work harder and yes, I might be intelligent and yes, I might be talented, but there were so many other things beyond.

00:34:04 Speaker 3

What I was gonna do that had already set up to work in my favour and I think subsequently that's always just really bothered me and lots of people have been really fine with thinking that they're the best and they're the brightest and I'm really happy to acknowledge that I'm probably not. And there's lots of other things that we need to talk about.

00:34:26 Speaker 3

And I and I saw these things first hand. How lots of people at my school would take.

00:34:30 Speaker 3

Bugs and they all got lovely jobs in the city and no one will ever care. But the people that you know smoked a little weed at the school down the road would be getting stop and

searched and had their chances and future tampered. So for me it was really shaped by my own family set of circumstances. And I don't think other people.

00:34:51 Speaker 3

Necessarily, when they're growing up.

00:34:54 Speaker 3

Grow up alongside so many people from so many different walks of life, we tend to stay in our bubble and it really colours people's perspective of how the world is.

00:35:04 Speaker 2

I think it's interesting the the the generations that we represent because I I also went, I went to boarding school here from 10 to about 12 or 13 as as I mentioned but.

00:35:19 Speaker 2

I was the I was sort of 10119101112 and I was the only black girl. I was the only minority boarding. There was another girl who was Lebanese and I think subsequently was joined by an Ethiopian girl a year or two down the line. But it was extraordinarily icy.

00:35:39

Eating.

00:35:40 Speaker 2

And what I remember the most, and and I had no.

00:35:44 Speaker 2

No, apart from the fact that my parents had an aspiration for their children to send me to, to send them to boarding school, I had nothing in common with these girls. These were people who went horse riding, whose houses were probably who, who, whose sort of garage, probably the size of our house, where where we, you know, where we had lived in England.

00:36:06 Speaker 2

The accents, I mean, you think my accent is posh, but no, no, no. You know it. It it was completely.

00:36:12 Speaker 2

And they had a lot of them, had never seen a black person.

00:36:16 Speaker 2

And so there was racism, and I spent my days.

00:36:20 Speaker 2

I learned about the stars I used to count. I used to just write poetry in my head, and I and I failed. I was failing and everything. This is one of the reasons.

00:36:29 Speaker 2

Why my parents?

00:36:30 Speaker 2

Took me away from that boarding school and brought me back to Nigeria where they were, and so I finished this the final few years of secondary school and university in Nigeria.

00:36:40 Speaker 2

Almost from the get go from being amongst lots of other black girls, and some had been in England and some.

00:36:46 Speaker 2

Didn't almost from the get go I could do maths I could do. I was suddenly a different person and flourished. And I think that I think that had I even had, I stayed in that boarding school and finished. I think my experience would not have been the same as yours. I think I would have.

00:37:04 Speaker 2

Not being perceived as clever, I wouldn't have done medicine, but maybe it was the boarding school. Maybe it was the time. So. So that was in the late 70s, early 80s, and you're now getting.

00:37:15 Speaker 2

The support within these sort of elite environments that I really wasn't getting, I don't know but, but I think that I have, I had the best of it as it could possibly be in a way that I wasn't left to flounder in that school. And I came back to Nigeria, I started doing well and I developed.

00:37:36 Speaker 2

Confidence.

00:37:37 Speaker 2

And a certain sense that I could do things, but also the that same work ethic that cultural you have to work and you have to work because sometimes some things are not.



00:37:49 Speaker 2

That if you haven't worked, you can't.

00:37:52 Speaker 2

Take that look, because you're not in a position to.

00:37:55 Speaker 3

Just to also just to clarify, I actually wanted to say that earlier when you were speaking that I think what is it's good that obviously clearly inside you can see there is some level of progression and things have improved. However, when you were talking about your own experiences in these spaces and being the only white, you know the only black face in these white.

00:38:14 Speaker 3

Faces.

00:38:15 Speaker 3

Is I was going to say it's really sad and disheartening to me because I already knew this from some people that I had spoken to you that grown up in similar circumstances, but actually it hasn't progressed that much because I was in school in the 2000 and I graduated medical school in 2014 and ultimately my experience actually was widely the same so.

00:38:35 Speaker 3

Actually went to these elite schools and they weren't very supportive.

00:38:39 Speaker 3

The fact that I got like all these a stars and these A's, it was actually really shocking like, so I was told that I couldn't do separate sciences and that I at one point they said I should do single science, you know, and even in year 6 doing Sats. And I really want to take the level 6 paper in English because I knew that I was good at this. And the teacher said.

00:38:59 Speaker 3

Absolutely not. She was like, no, and was the only person that didn't take that paper. I remember I was only 11. That didn't take that paper and still got straight fives. And you think 11 year olds won't remember these things happening to them.

00:39:12 Speaker 3

But you really do. So I always, you know, it's really challenging because I know that in a way getting access to those places really does set you up in terms of other social aspects, but it can be, as you said, there's a phrase that academically.

00:39:28 Speaker 3

Social sciences, I think it's called a spirit crushing in black feminist bases. They use, but undoubtedly, nearly everybody I know that's black, including my brother that went to those elitist schools and environment. Your spirit was crushed. I remember I used to wear really colourful clothing when I arrived at that school as a 15 year old.

00:39:50 Speaker 3

And by the time I left, I just put on some preppy clothes. I actually remember. I never knew what Abercrombie and Finch really was. Well, like polo shirts, but I just learned to conform. I, like was like, no trainers. Like all of these things. And now, as an adult, I look at that, and I think, wow, how striking that they literally sucked the colour.

00:40:10 Speaker 3

Out of you by in in a in that time period. But I was just so exhausted and I felt that again. At medical school, I have to be honest, like by the time I left medical school, I was.

00:40:11 Speaker 5

OK.

00:40:22 Speaker 5

Oh.

00:40:23 Speaker 3

Honestly, on my knees, I was like, I just felt so crushed by the whole experience and I think this is still happening. There is still something really deep and layered, not just racism, but also the fact that black people aren't intellectual. People don't want you to be intellectual, they'll push you and steer you to like, really physical things and you can be.

00:40:45 Speaker 3

Sporty, but you can also be intellectual and people feel really threatened by it. And I think it's progressed. But it also do you think it's people are still having their spirit crushed quite regularly? Yeah.

00:40:57 Speaker 2

Yeah. So you think, what is? I don't know what the level of GCSE is.

00:41:01 Speaker 2

That they offer you, that's not GCC. There was something I remember when my mother came back to England with my younger sister and brothers and she was saying to my sister she'd go to boarding school and come back and she'd go and come back for holidays. When? Why aren't you doing your GCSE's? When are you doing your CSC? And my sister had said to her. No, I'm not down for.

00:41:20 Speaker 2

He says he's I'm going to do. But they said told me it was. It was something.

00:41:24 Speaker 2

Wasn't GCSE's right? And my mother said that that's not happening. My mother has a PhD, she said. Why? And she went back to the school boarding school, I bet. And you know, and. And they and. And they said, well, she haven't come from Nigeria. We we thought that we didn't want her to do the exams, fail and and and and then have.

00:41:45 Speaker 2

Mental consequences and my mum said well, let her do the exams and fail and we'll handle the mental consequences when they happen, that particular sister. She got graduated as a doctor and and and did psychology. So it's it's they have this assumption.

00:41:58 Speaker 2

Action.

00:41:59 Speaker 2

For for that comes you just. You should judge a person by their actual ability in front of you. You shouldn't have make your pre judgments and and sometimes people end up almost falling into the category that you ask them to. So my sister was just not going to bother and do anything and and if you don't do.

00:42:20 Speaker 2

CCS you had no DCC.

00:42:21 Speaker 2

Disease. Right. And if you have no DC, you're not going to be a doctor, so that that you're already sort of predicting a person's outcome just by not letting them attempt anything but the the the minute you say you're gonna do your thesis is you have to do this, you need to do well.

00:42:36 Speaker 2

She tries her best and learned before she's a she. She graduates as a doctor. I wanted to pick up what you were saying about crushing the spirit.

00:42:44 Speaker 2

I I can handle myself in an academic environment. I don't mind being at work and being the only black person or going to a conference. I I don't think I would want to. I I don't want it to be that way. I want others to be there. But I think that there's the other aspect is.

00:43:01 Speaker 2

You go to the conference, you're the only black person, but I'm OK. I I I do. This is my area. I can stand on the podium. I can present my talk. I'm the managing editor of the journal. I can do what I I want to do. I've been in it for many years now, but and now I've made friends and people know me and people, as with the respect and the few, if there's anybody there who is.

00:43:22 Speaker 2

Racists or or whatever. Then they they come to me and I don't come to them. There's no interaction. I fit and I belong. But in the day before you get to that level.

00:43:31 Speaker 2

The social aspect of these conferences is is is what is strangling.

00:43:36 Speaker 2

You know, it's OK when you're in the auditorium and people are giving lectures. Maybe you're nervous because of your own 3 minute presentation, but you give it and you come back and and you sit down. But the one you have to then go.

00:43:47 Speaker 2

To the the.

00:43:48 Speaker 2

The welcome reception or the dinner or whatever the social things are, or even the lunch breaks which are buffet style, it's they're hanging around looking for the other.

00:43:57 Speaker 2

Minority persons that you can both talk to each other because you haven't ever been.

00:44:02 Speaker 2

Or or or. You don't play golf. Do you know what I mean? And. And you're and. And nobody's automatically assuming some sort of inferiority that you have. So. So I can use

my, I suppose what I'm saying is that I can use the academic achievements as a cloak tied behind. But when you have to strip that off, you have to be yourself.

00:44:22 Speaker 2

That's that there, there is that problem as well. So people are struggling on two level.

00:44:26 Speaker 2

Is, is, is, is, is ultimately the point. Breaking hierarchies we we do mentoring.

00:44:33 Speaker 2

One of the things that UKARA has funded project called Generation Data and six of us black female professors, black in the wider context Asian and African and and Africa Caribbean, Six of US, generation Delta, we're all six black female professors and we're trying to our our project concentrates on black female.

00:44:53 Speaker 2

Academics postgraduate PhD trying to get.

00:44:56 Speaker 2

Than up in, in academia and and it's the same thing that they all talk about the PhD. Since that we've held to some student workshops. It's the loneliness that the project brings them together and they're all looking, thinking, my goodness. I mean, there's there's this many of us and we have and they have the six professors in the room and we're mentoring as well. So it's.

00:45:16 Speaker 2

It's being that face that that they that they need to see, but because there's so few of us, unless we bring ourselves together.

00:45:24 Speaker 2

With 41 professors, how are you ever going?

00:45:26 Speaker 2

To see any of them.

00:45:27 Speaker 2

That's not one per university.

00:45:30 Speaker 3

And I think, yeah, I think I'm so glad you brought up the cultural fit aspect because obviously that has stood kind of in my favour because even if I don't do those things, all those aren't necessarily things that interest.

00:45:43 Speaker 3

Me, I've learned to talk the talk. I can code switch the organisation. I think you both might be aware of, like melanin medics. I've like done talks with them before and they're doing great work. And I remember I said to them it's really unfortunate. I wrote an article that I need about kind of the the gap of black consultants particularly.

00:46:03 Speaker 3

Like in London, that was done in terms of hires and consultants happening and people were asking like, how do we address this and.

00:46:09 Speaker 3

Said the unfortunate reality of this situation is I don't think that you should have to change yourself and have the colour sucked out of you like I did at school, but I do think you at this point in time we all still need to play the game unfortunately and there is a game to be played in the there is a culture within medicine and you know my dad in the 70s.

00:46:30 Speaker 3

Used to talk about the interview by Cherry, right. The cherry test. Like, do you play golf? Can they speak to you? Are they gonna be really awkward having this black man or this Asian man in the?

00:46:40 Speaker 3

Apartment and it's really awful. But these things. Yeah, they've got better. They still really exist. And I do think we owe it to a generation for them to challenge the dominant structures and not just challenge, dismantle them. And you can be really forceful with how you do that. And you can say you don't want to conform. But then we also really run the risk of people not even getting into those roles.

00:47:01 Speaker 3

Still, because there is still that really dominant hierarchy of what is considered good culture, and having to conform to the status quo. And it's got more toxic in the last few years because of other things that are going on politically and I think.

00:47:17 Speaker 3

There is an aspect of people expecting people to behave a certain way, so I think we need to do things like this and still have these conversations and say this isn't the case.

Even now my hair is extremely messy, but I, you know, I always have like my sister locks in and I have my beads in my hair. I have, you know, I'm a doctor with piercings. I have tattoos. And those aspects of things.

00:47:37 Speaker 3

Also, are things that people aren't expecting about you and ads to kind of?

00:47:43 Speaker 3

The barriers and discrimination you things and we have to talk about that we have to push against these things of what people's expectations are. But I do think there's also something about the mentoring system of people that haven't been schooled or gone through these, these these systems. They've been trained abroad or they have come from.

00:48:03 Speaker 3

Comprehensive schools, at least them understanding the culture that they're about to have, to slot themselves.

00:48:10 Speaker 3

Into and network in because that is one of the things that it's crushing and makes people drop out and it's so sad to see people go through all of Med school and then get into their foundation programme or even get into their training programme and they can't, they can't manage because.

00:48:32 Speaker 3

It's just so overwhelming that they the culture is just so isolating and they feel so marginalised and it is still.

00:48:40 Speaker 3

Happening.

00:48:41 Speaker 2

Yeah. And also what what you were saying is, is not all of us. My father was a doctor, too. Not all of us have got family who have been to university either here or abroad or anywhere. They are the 1st in their families to receive higher level education and they don't know who to go to to help navigate the system.

00:49:02 Speaker 2

And there is a lot of it. As you were saying earlier, that is about who you know and what you and rather than what actually do you know how how able are you as an individual it's it's it's it's even just getting knowing that there's a job advert going somewhere.

00:49:16 Speaker 2

You know, where do you read? Where do you look? What do you do? How do you know about it? How do you hear about it? And there's just there's. There's a lot of things that we that we need to change. I do think that we we also have to have to be be wary of that. There's being yourself and expressing yourself that there's also.

00:49:37 Speaker 2

Having the respect.

00:49:39 Speaker 2

For for the, for the, for the for the patients that you're going to see and the families who are anxious that their loved one is, is, is, is dying, right. So so I'm. I'm quite sure that you your your hair is not scatty and all over the place when you're when you're going to the wards for example though so So what we're saying is we should be allowed to everybody should be allowed to express themselves.

00:50:00 Speaker 2

Whilst maintaining there is a level of.

00:50:03 Speaker 2

Of of of.

00:50:04 Speaker 2

Things that are beyond culture, it's disrespecting each other.

00:50:07 Speaker 3

Yeah, of course. And I think it's about being obviously tidy, but I think you know, being being the unfortunate thing is, is that when we talk about race and we talk about kind of Eurocentrism, unfortunately professional standards in, in my opinion are very bound up with those things. But I think that idea.

00:50:24 Speaker 3

Year when I was in medical school. This is something else that was.

00:50:27 Speaker 3

Before people even had their afros out, I just decided, like, I was gonna have mine now, and it wasn't necessarily a political stance. I actually just prefer my hair that way. Obviously, people politicise it, but it's seen as inherently messy. And my Afro was super short cause I had to cut off all my relaxed hairs. It was like a really small Afro. And it also became apparent to me, even very internalised.



00:50:48 Speaker 3

And other black people and clinicians and consultants, they would be like you're making us look bad. When are you going to put in extensions and the hair is brushed. The hair is tidy. It was short. It was neat. And I think there are things that sometimes.

00:51:04 Speaker 3

Are.

00:51:06 Speaker 3

Are racialized in a way that we probably haven't. Don't even appreciate ourselves. So of course my hair flowing around. Now I'm out and about, and I've been rushing and driving. I wouldn't go to clinic like this because it's getting away, but.

00:51:20 Speaker 3

The the idea that you should inherently like not have locks on your head, for example, that's very bound up racially with ideas of people that have locks being vagrant and, you know, useless people, right. I do think we have to also under.

00:51:34 Speaker 5

Yes.

00:51:37 Speaker 3

Stand that some of these ideas and we perpetuate them, and it can be really challenging for people that just want to just have their locks. I know plenty of people that have locks that actually are not particularly, you know, like.

00:51:51 Speaker 3

Black power. They just have locks. Of course we need to say we want to come to work and want to be professional and people want to be their authentic selves. I also think we have to ask sometimes why certain things are seen as inherently unprofessional when.

00:52:08 Speaker 3

It's people just.

00:52:10 Speaker 3

Just.

00:52:12 Speaker 3

Just wearing their hair or just being them being themselves.

00:52:18 Speaker 2

Yeah. I don't necessarily think that any particular hairstyle is in itself disrespectful. I meant actually the the state of the hair at the time of that hairstyle. And I'm sitting here with Sister locks also. So it's you know.

00:52:31 Speaker 2

It's I I definitely like lots, and it's they're. They're great. My brothers would go back to boarding school with their hair.

00:52:38 Speaker 2

It's cut really short. Really, really short, not completely bold, but the teachers would say they they're not allowed to have skinheads. And we say, well, actually in our culture this is neat. This is this is this means that these boys are neat and tidy. I think people should be open to learning what is right within the culture. You cannot have Caucasian hair.

00:52:58 Speaker 2

And then be dictating to a non Caucasian what is what is needed by your standards. 1 needs to 1 needs to understand and learn and I think that's really important. I can have sister locks and.

00:53:11 Speaker 2

Look completely disrespectful and it's not because of the system. Looks say it'll be it's everything's the whole entire picture and and that's what needs to be judged.

00:53:23 Speaker 4

And just to finish like kind of maybe on a more like on the future as well, how can we ensure we have like an inclusive strategy when we're working towards decolonising academia and healthcare?

00:53:36 Speaker 3

So I think one thing I'm very mindful of is in this area, of course, like any other area, people have their different approaches. People have their different ways of doing things. I think when you're asking for more and you're identifying a problem in the system.

00:53:52 Speaker 3

Have to be really mindful of people obviously pushing against what you're doing to maintain the status quo and also people reproducing versions that look better but they don't do very much right.

00:54:06 Speaker 3

And I think we're seeing universities and lots of organisations, bigger organisations, that honestly, I never thought when I started having this conversation nearly 10 years ago, people would, you'd have huge organisations, whether it's like the.

00:54:22 Speaker 3

British Medical Journal all The Lancet even really trying to engage with some of this, like colonial history or neocolonial structures. I didn't think it was gonna happen this soon. Obviously, we had the events of the last few years like.

00:54:35 Speaker 3

With the pandemic and highlighted some real disparities and made people more willing to have those conversations. But I think we also have to be really mindful of like the cooptation of language and how people say they're doing things that actually nothing really changes. We'll still have statistics where we only have 41.

00:54:56 Speaker 3

Black women professors, right? So people will have done all of this innovation and said they've done all these projects for five years, but actually.

00:55:05 Speaker 3

It's not created any actual real significant change, no powers being yielded. Organisations that were doing really awful things are still there. So I think for me it's really just being mindful that when people say they're decolonizing the curriculum or they're going to do a diversity inclusion.

00:55:24 Speaker 3

Project at the university I actually.

00:55:26 Speaker 3

And very much like we have a lot of talking shops. We do do a lot of talking. We've done a lot of talking and writing about these issues and looking at the huge attainment gaps and things like that exist. I'm really very much for this phase of. I need to see results now like I I'm.

00:55:46 Speaker 3

Really not interested in having another symposium on, like decolonizing the curriculum unless you're coming here to present what's changed between your cohorts.

00:55:58 Speaker 3

Zero and five. I I want to see differences. I want your students to tell me that they feel different because of some of what we've said today. You know, these are we're decades apart in, in our educational experiences. And yet our narratives are strikingly similar.

00:56:19 Speaker 2

Yes. Where do I even start? There's so there. There are so many surveys being done to collect data so much asking people so much talking about we want to do this or that we want to decolonize the curriculum. I think we have to ask ourselves what it is we want to achieve.

00:56:36 Speaker 2

Why are you wanting to decolonize the curriculum and and also we need to?

00:56:42 Speaker 2

We need not to. Each university does not need to, you know, reinvent decolonising the curriculum. I feel that we need to have a much more unified approach to it. You know, University of Sheffield Medical School, UCLA medical school, Manchester and Liverpool and Birmingham.

00:57:01 Speaker 2

Are we all decolonizing our curricula separately? There's a there's a lot of manpower, a lot of effort, a lot of hours. To what extent and for why? So we need to be really clear that, for example, our skin colour does affect the way bruises appear, does affect the way jaundice appears. These are these are important.

00:57:21 Speaker 2

Crucial there are other aspects that if you're, if you're looking at the history of medicine, who has contributed, but you're doing it ultimately for, for equity, for all of us. And so that patients health outcomes.

00:57:34 Speaker 2

Are equal, are maximised, are optimised and and those are the things we ultimately should be looking at.

00:57:42 Speaker 2

Because certainly within health we're in medicine. I'm certainly in medicine too. I'm, I'm. I'm not saying that Annabelle isn't. I just couldn't work out whether she's still doing medicine, whether she's a journalist or or or or, or doing all of them. OK, fantastic. She she's a multitasker. Part. Excellent. So. And so we do in terms of.

00:57:53 Speaker 3

I'm I'm all of the things.

00:58:02 Speaker 2

And when she has her Health Act on, we want to make the health outcomes look fantastic for every.

00:58:09 Speaker 2

And and if if if your decolonizing the curriculum. But neonates and black neonates are still dying.

00:58:17 Speaker 2

What you're not achieving? OK, it's, it's not. It's not just to say yes. We've done so many man hours and we've changed this and that in our in our textbooks. What impact ultimately did you want it to have? And is it having that impact? And I think that's what we need to look at and we need to do it collaboratively because actually if you think about the medical curriculum and if you think about the English curriculum or the.

00:58:38 Speaker 2

History of the politics of the science there's a whole lot of man hours.

00:58:43 Speaker 2

We could spend the rest of our lives literally academic lives, working lives just decolonizing all the different curricula.

00:58:51 Speaker 3

And I absolutely agree, especially as somebody working in the academically in the humanities, I think there is an issue within academia of people doing things. Unfortunately, to further their their academic careers and decolonising you we can't light it's hot property at the moment. It's people want to get grants around this. People get fellowships around this.

00:59:12 Speaker 3

And actually people are emailing me every week from a medical school saying we're doing this overhaul. Can you have eyes on it and these kinds of things? And ultimately, if nothing is changing, who, as you said, is this all for? And what is the purpose of it? And often I'm. I'm sorry. But I think the aims behind it are quite self interested.

00:59:33 Speaker 3

Rather than actually trying to address the structural issues that are leading to some of these statistics, and just to highlight something else you mentioned there were really huge issues within various.

00:59:49 Speaker 3

Areas of medicine, obviously. I've written a whole book about it, but when we look at psychiatry, I was interviewing the race time schools at the Royal College of Psychiatry and now Doctor Sharda Smith is is president now and I was interviewing her and she was talking about her long academic history of like looking at the the racial disparities and how we we think about race and.

01:00:09 Speaker 3

Diagnosis. But the fact that it's become really normalised in psychiatry to talk about like child trauma.

01:00:15 Speaker 3

And sexual trauma and within a normal history for psychiatry, nobody talks about racial trauma as a trigger for mental illness, and even how we conceptualise why black men have schizophrenia in such high numbers and never get diagnosed with depression. So they're a real huge issues. And what happens when you get a schizophrenia diagnosis? You get much more.

01:00:35 Speaker 3

Our treatment in detention criminal justice system, so these are real big issues and unless people are really trying to look at the big things, that's really what I think I want to see from the future.

01:00:48 Speaker 3

I think these are the big issues that need addressing that are having profound consequences on communities lives and reinforcing disparities within communities, and I think people are kind of gravitating towards some of the easy conversations even within this massive.

01:01:08 Speaker 3

Pop it and I would like people to actually start addressing some of the more challenging bits of this conversation now as well.

01:01:15 Speaker 2

Well, we need to see.

01:01:17 Speaker 2

We need to see change.

01:01:19 Speaker 2

I I don't even care. You don't have to call it Ed. You don't have to call it decolonising the curriculum. It all becomes we're just, we just have phrases that are the that are the buzzword of the time. And when when it actually comes to things happening, nothing happens. You, you, you want diversity. But how are you advertising the rule?

01:01:40 Speaker 2

Where are you advertising the role? How are you actually making sure that the applicants are diverse because of the applicants aren't diverse, they're not going to get diversity in your environment. We talked about the last years, the, the, the race observatories paper, so many aspects, 5 key aspects of health they looked at and.

01:02:00 Speaker 2

That, that there was racial disparity in all of them, the NHS that help put their hand up and they say they've got things they want to do. But if if that if there's, if we look at papers in the next 5 years, will they show a difference. So wanting saying we want we want we want we all want right everybody wants but what is actually being done.

01:02:19 Speaker 2

To show the actions that are going to make these things change, and that's what we need. That's what we need.

01:02:28 Speaker 4

You know what a wonderful place to live and finish that? Yeah, that's brilliant. Thank you.

01:02:31 Speaker 5

OK, in today's podcast we talked about hierarchies and how they're built and.

01:02:50 Speaker 1

Macy's experiences in medicine and academia disruption, the impact of change.

01:02:55 Speaker 1

The conversation made me think about being a class traitor.

01:02:59 Speaker 1

When Annabelle said this and went on to talk about how it is the best kept secret, it resonated with me a lot. Many of us are empowered by this idea of free education and equal opportunities for all in the UK. However, most people attending top ranking universities and a high proportion of clinical academics.

01:03:19 Speaker 1

Have been to a selective school like a grammar school or paid to go to a private school. There is clearly a conflict between the idea and the reality when it comes to equal opportunities. I feel this shows why we need to explore, disrupt and transform hierarchies in education. I'm so grateful to America and Annabelle.

01:03:39 Speaker 1

Through that time, insight, wisdom, and pushing the boundaries to decrease health disparities.

01:03:46 Speaker 1

Thank you for listening to the power and privilege in your Academia podcast, brought to you by Black and Brown and bioethics. Be sure to visit [blackbrown.blogs.bristol.ac.uk](https://blackbrown.blogs.bristol.ac.uk) to listen to more of our podcasts, follow our work, and connect with our network credits. Thank you to the Centre for Ethics and Medicine at the University of Bristol.

01:04:07 Speaker 1

Into the epoch centre at the University of Oxford, for all their support. Thank you to Doctor Kassim Ashra for providing intro and outro beats.