

COST OF RACISM

LIVED EXPERIENCE STORIES

NABILA

I am Nabila, no stranger to the harsh reality of prejudice. My journey has been woven with threads of strength, resilience, and battles fought in silence. Once a sickle cell patient, my past encounters with scepticism are etched into my memory.

On this occasion, fate led me back to the familiar halls of A&E. This time, it wasn't my traitorous cells that demanded attention, but an ominous tremor that seized my limbs. Fear gripped my heart as I dialled 999. The ambulance took over an hour and as I couldn't move my legs much, I had no choice but to patiently wait.

Finally, they came in, did all the observations and claimed my observations were all fine, but then said I didn't look so good and needed medical attention as soon as possible but as my partner was there, they said he should drive me down to A&E immediately. I tried to explain that I would have gone to A&E myself but I can barely walk let alone go down the stairs.

They listened but only responded with *"we're sorry but the ambulances are only meant for severe cases. We understand what you're saying but your observations are fine so we can't take you into A&E, you'll have to make your way. I'm sure she can manage a few steps to your car."* By this last statement I was already triggered as it seemed they didn't not believe I was struggling to walk. But as I have had plenty of experiences similar to this, I did not intend on arguing my case so I immediately told my partner to leave them to go as they surely had more 'severe' patients to attend to.

I had told my partner I would not need to go to the hospital since my observations were fine, then I would be fine after some rest. Of course, this wasn't true but the statements of the paramedics had me feeling as though I was exaggerating my pain and surely if my observations are okay then I should be fine too. But not even 10 minutes later and I started shivering vigorously with tears now streaming down my face uncontrollably. My partner took one look at me and made the decision to rush me into the hospital. Only we struggled for over 20 minutes trying to navigate me down the narrow flat stairs.

Entering the bustling A&E, I felt the weight of scrutiny in the air. Eyes dissected my every step. With the full support of my partner I approached the help desk, my voice steady but my heart racing.

"I need help," I implored, my words echoing in the sterile air.

The receptionist glanced up, her gaze sliding past me with indifference. She took my personal details then asked me to *"Wait to be called."*

Minutes stretched into hours, the clock's hands mocking my growing desperation. When finally ushered into an examination room, I felt like a fragile doll in the hands of the indifferent nurse.

The nurse took my observations and was shocked at the results. *"Your blood pressure and temperature are very high."* I glanced at her in shock and explained I had seen the paramedics not so long ago and they were sure my OBs were fine and in fact refused to bring me into A&E. The nurse was confused and simply said *"that's strange as you're obviously spiking."* She immediately put me into a private cubicle and called for a doctor to come and have a look at me.

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By the time the doctor arrived I had lost all movement in both legs and my right arm was starting to lose strength too. The Doctor flung my legs about and even forced them to fold. As he played about with my limbs, he made remarks like, *“move your legs please, come on hold it up.”* Then he would leave my leg upright only for it to fall right back down. Then he'd say, *“you're only 22, I'm sure you can move your legs.”*

He then asked me for a urine sample and left the room. I broke down completely as I could not understand what was going on with my body and all the health care providers around me made me feel as if I was seeking attention and making it all up, so I told myself to stop it and started to force my body to move but obviously my legs weren't going anywhere, as I now know I was having a stroke. I used my only working arm to try to lift my legs but to no avail.

“Young people like you don't have strokes, come push yourself up.” the nurse muttered under her breath after I begged her to help me use the bedpan so they could take my sample. I had mentioned the possibility of a stroke to her after speaking with my sister who is also a nurse. She immediately told me my symptoms sound similar to one having a stroke but she calmed me down and said I should wait for a CT scan to confirm.

My pleas for help were met with dismissive glances and thinly veiled disbelief. Doctors exchanged knowing looks; their prejudice veiled behind sterile masks. They dismissed my symptoms, attributing them to imagined stress or fatigue. Not once did I get a stroke assessment.

I fought to be heard, to break through the suffocating cloud of prejudice that hung over me. Memories of past encounters flooded my mind - the countless times I'd been dismissed, belittled, or accused of exaggerating my pain.

After 2 long weeks of admission, multiple emails complaining of the lack of care I was receiving within that hospital and being forced to move because apparently my CT scan showed no sign of stroke so, to them, there was no logical explanation as to why I couldn't move 3 of my limbs. The team finally decided to seek a second opinion.

I eventually got my diagnosis - not just one stroke but multiple on both sides of the brain.

I was immediately transferred to a hospital more equipped to treat me and there the battle to be heard continued.





Dad was an immigrant child, who arrived to a 60's Britain rife with racism and blatantly proud exclusion. Despite this he loved being 'British', a term which was echoed throughout my childhood and upbringing.

Some of my earliest memories of dad were of him being a leader, people would come sit and listen to him. Although at the time these people all looked like him, spoke like him and dressed like him, he always remained humble and reminded people how much they had to be thankful for, for this country and life.

This advocacy led him to work with the influx of Asian and migrant Doctors coming into the UK. He helped them establish practices and carried on being the voice of trust and clarity for the community to seek medical advice and treatment for their ailments.

Fast forward, he raised children who have gone onto dedicate their lives and careers in helping improving patient care and outcomes.

In Feb 2021, despite following advice, dad contracted Covid-19. He remained steadfast at home for as long as he could. Eventually the progression of the virus determined it necessary for him to seek comfort and care from the very people he had spent his whole life championing and supporting.

Neither dad nor us had any reservations in calling for an ambulance for him. We had the utmost faith in knowing he would receive respect, dignity and compassionate care, whatever the outcome.

Was this blinded loyalty, wishful thinking or both, were the questions we asked ourselves later that very same day after dad left with the ambulance crew. The stark jolt in contrast was dumbfounding.

Dad was '*lost in the system*'. It took four days to find out where he was and his wellbeing. A throw away comment of, 'you lot normally have large families', from the receiving nurse who located him was met with the most unusual relief. All was forgivable at that time after not knowing if he was alive or dead.



As dad's journey progressed through the stages of illness and care, it became clear that he was suffering not just from Covid-19 but also from culturally incompetent care, which caused him additional unnecessary suffering and pain.

He was culturally profiled and had a DNR placed on his file without discussion or agreement with the family as, "he will most likely have an oil laden diet", as quoted by the junior registrar who had to fill in for the consultant who was otherwise too busy to speak to us.

There were two patients (at least) with the name Mohammed on the ward, on one occasion his medical notes were mixed with the 'other Mohammed', and we were told he was improving. I only hope the joy and elation which was so cruelly robbed from us some hours later, was met with the everlasting joy and elation for the family of the 'other Mohammed'.

The final and most cruel moment in dad's care came towards his final hours on this earth. The staff promised us a final goodbye call but left us waiting. When I eventually got through to them to advise we were still waiting, we were told his call had been done! The staff had facetedimed the wrong family. Their pleas and dad's pleas of not knowing each other were left to echo on a 15 min long call, after which he was sedated, not knowing of the fight we were raging to help him leave this



world with his self-respect, dignity and love intact.

Every soul will taste death, it's a given, this was dad's time, there's no disputing this. But to die under such circumstances is not a given. He was an avid believer of the NHS and to be so let down in his hour of need is not only devastating to us as his family but also to the wider community and practices he influenced.



What does racism in the NHS look like? It pains me, as a doctor and one of a family of six siblings who all work in the NHS, to say my family knows exactly what racism in the NHS means

 **SALEYHA**

What does racism in the NHS look like? It pains me, as a doctor and one of a family of six siblings who all work in the NHS, to say my family knows exactly what racism in the NHS means, as our 75-year-old mother, Fauzia Ahsan, experienced it when she was being cared for by the London Ambulance Service (LAS) on October 23, 2019.

My mother had been admitted to hospital in October with a urine infection — at the time, a consultant discreetly advised us that someone from the family should always remain with my mother.

I understood why he said that: shamefully, elderly patients without advocates present can be vulnerable in accessing care. And elderly black, Asian and minority ethnic patients can be even more vulnerable.

So the family arranged for a carer to stay with her at night and we took turns in the day. Her carer later told us that, despite our precautions and her presence, my mother had been roughly handled and called a *'bloody fool'* by one of the night nurses. The nurse had refused my mother a blanket and a hot drink when she was cold at night. The carer called us at 2am to bring in blankets and warm drinks because the night staff refused it.

Although suffering from breathlessness, when she was offered a chance to go home, my mother took it — keen not to remain in this environment.

One of my sisters drove her home but by the time they got there, my mother was struggling.

This sister, an experienced GP, called 999 at 7.23pm, describing severe shortness of breath, agitation and a recent discharge from hospital following sepsis, all red flags to a call handler or indeed any healthcare professional.



To the ambulance service's credit, within nine minutes a crew had arrived — a junior, newly qualified paramedic one year into her two-year probationary period, and a trainee technician (someone who's not medically trained to the same degree).

My mother was by then experiencing severe breathing problems — the signs are not subtle: as my sister noted in a letter of complaint to the LAS, our mother was *'frightened, panicked, gasping, unable to speak properly, chest wall rising and falling rapidly, sweaty and clammy skin'*. Failure to manage this situation can lead to a respiratory and cardiac arrest.

A patient like this needs immediate assessment, measuring breathing rate, pulse and oxygen levels — not 20 minutes later, as happened in my mother's case. She needed oxygen delivered through a face mask specific for emergencies, instead she had low-dose oxygen via two nasal prongs.

In medicine we use a scoring system to assess how sick a patient is. The crew underscored the severity of my mother's illness.

Indeed, as my GP sister later wrote in her complaint, the crew declared in front of her and our mother 'that they could have responded to a 'genuine' blue light call if they didn't have to see Mum'.

And yet as the LAS itself later acknowledged, she should have been treated as an emergency, including 'blue lighting' her to hospital. *'We accept that . . . she should have been taken there under emergency conditions,'* it confirmed.

Instead, the journey took around 30 minutes, sat waiting in rush hour traffic. And once in A&E, the crew took my mother to a corridor to wait — all the while, they talked to each other and scrolled through their phones while ignoring the patient deteriorating in front of them and my sister's requests that they alert the nurses because she needed emergency intervention.

It wasn't only the inadequate care, it was the unkindness that's so upsetting. My mother tried to hold on to the paramedic's hand because she was scared. It is so painful to know that the paramedic shook my mum's hand off and said 'don't push me'.

'It hurts that the paramedics thought it was OK to scold her continuously,' my sister, who witnessed it all, wrote to the LAS.



This alternated with laughing at her — this distressed my mother. *'They were laughing at me, because I couldn't breathe,'* my mother said to me later. The LAS state the crew deny this. My mother was finally booked into A&E to be seen at 9.10pm — far too long for a patient who is visibly unable to breathe. I arrived shortly after to find her, clearly distressed and unable to breathe, hanging on to the rails of her hospital trolley — which was right beside the nurses station.

Finally, someone who did care, the night shift medical registrar, arrived after 10pm, and started the correct emergency life-saving treatment. Four days later my mother died.

In the British Army, where I served with the Royal Army Medical Corps, my soldiers were combat medic technicians who worked with the utmost professionalism and care.

Later I spent a year in North Wales, working with Welsh Ambulance Service NHS Trust paramedics whose work was characterised by kindness, empathy and dedication to their patients. The contrast with my mother's care couldn't have been more stark.

For what makes our experience not just another story of failed care is what the LAS then told us: *'The crew explained there were a number of family members on scene trying to give them information and although they tried to engage with Ms Ahsan, she understandably preferred to speak to you in her first language.'*

Now here lies the crux of the matter. The only person in my mother's ground-floor bedroom was my sister. (The only other people at home were my father, who is immobile and was being comforted by my brother at the back of the house and did not leave his room.)

We are not a bilingual family. Never have been. We have many gifts and skills, but one of them is not linguistics. We were indeed speaking in our first language — English. Our only language.

My mother was born in Kenya and was a British citizen since birth. She was brought up speaking English. Her father was a civil servant for the British Government, awarded an MBE by Queen Elizabeth II. My mother was a retired teacher who taught English at a primary school in London.

My parents had made a conscious decision to have English as our sole language. It was the only language we spoke to them in (my parents even spoke to each other in English most of the time).

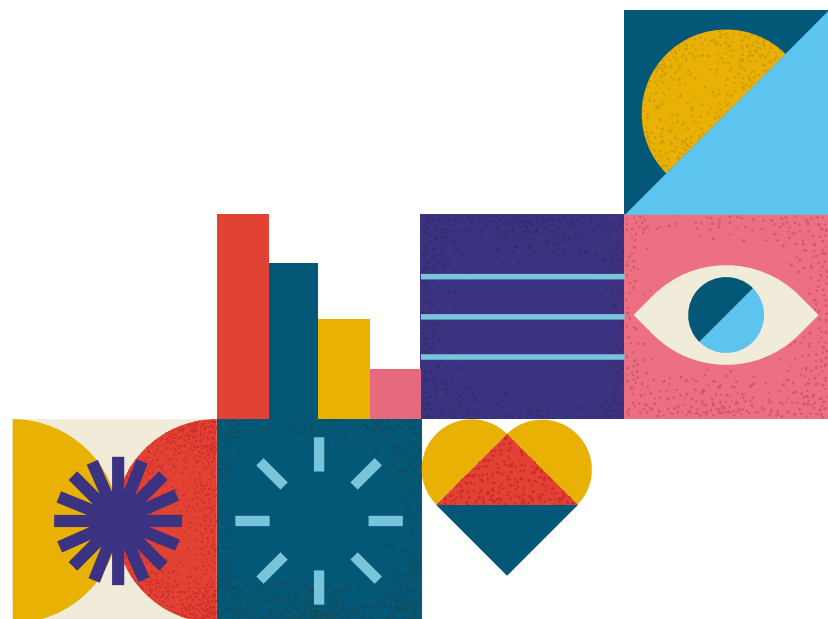


But what if my mother hadn't spoken English? What if many members of the family had been present? Does that justify the shameful and belittling care?

Since our experience and article in the [Daily Mail](#), others have contacted our family with their own stories. One Asian paramedic contacted me to say he witnesses similar behaviour often in his work in London and tries to step in when he can.

Our complaint against the LAS is being further investigated. Meanwhile, my GP sister, who'd worked for NHS 111 and GP Out of Hours in the area covered by the LAS, has now opted to work elsewhere in the NHS, finding it too painful.

By contrast, the crew were able to continue their work.





As I sit here, trying to put pen to paper, I can't help but feel the weight of everything that has transpired over the past three years. My name is Neomi Bennett, and I never thought I'd find myself amid such turmoil. Yet, here I am, grappling with the aftermath of an unjust arrest, a diagnosis of Post Traumatic Stress Disorder (PTSD), and the daunting task of rebuilding my life.

It all started when the Metropolitan Police wrongly arrested me. As a nurse and the inventor of Neo-slip, a revolutionary product I proudly provide to the NHS and dedicated to serving my community, the experience was nothing short of traumatic. The very people I trusted to protect us and uphold justice were the ones who shattered my sense of security. The emotional toll was overwhelming, and I soon found myself struggling to cope with the aftermath.

Diagnosed with PTSD, each day became a battle against my mind. Flashbacks, nightmares, and crippling anxiety became constant companions, making even the simplest tasks feel insurmountable.

But amidst the darkness, a flicker of hope emerged. In the depths of my despair, I found a new purpose, a burning desire to turn my pain into something meaningful. Drawing strength from my experiences, I embarked on a journey to create positive change.

With the support of loved ones and fellow nurses, I channelled my energy into launching Equality 4 Black Nurses (E4BN), a non-profit organisation that supports nurses who face discrimination. I knew firsthand the devastating impact of race discrimination, injustice and institutionalised racism, and I was determined to ensure that others did not suffer in silence.

Drawing from the principles I learned through my lived experience, our organisation, E4BN, is a beacon of hope for nurses facing similar challenges. We provide resources, advocacy, and a supportive community where individuals can find solace and strength in solidarity. Our collective efforts challenge systemic barriers and promote a culture of inclusivity and respect within healthcare.



In my experience and through the cases I've witnessed, racism against Black nurses within the NHS is a harsh reality. For instance, consider a fellow nurse who had experienced covert bullying, microaggressions and othering over a short period from colleagues when, out of the blue, they were suddenly falsely accused of wrongdoing by a white patient. Our Nurse member was never interviewed or allowed to explain their side of events but was suspended on the spot and silenced as if their life did not matter. This Nurse faced an intrusive police arrest, imprisonment, and an unwarranted referral to the Nursing and Midwifery Council (NMC), resulting in a wrongful strike-off.

Following the knee-jerk reaction from the organisation, no internal disciplinary process was ever initiated at that time. However, two years later, after enduring a wrongful arrest, an extended absence from work, and being unjustly struck off the NMC register, it was ultimately determined that there had never been a legitimate case to answer from the outset. Sadly, for Black, Brown, or Ethnic Minority nurses, the system often comes down hard, goes from Zero to 100 very quickly, offers little benefit of the doubt and imposes severe consequences that lack empathy and disregard their humanity. After a two-year ordeal, the Nurse was ultimately acquitted and relocated to a different workplace. Despite this revelation, there was a glaring lack of accountability, with no one apologising for the treatment or the trauma inflicted.

Furthermore, senior Black nurses striving for career progression often encounter insidious barriers. A particularly poignant example involves a seasoned Band 8 nurse with an unblemished 19-year tenure. After raising concerns of racism against their line manager, this Nurse faced immediate demotion to Band 5, unjust NMC sanctions, and the erosion of their hard-earned reputation.

These instances exemplify systemic racism within healthcare institutions, where Black nurses endure disproportionate targeting, obstruction, and unjust consequences. The experiences and opportunities of Black nurses working within the NHS differ significantly when compared to those of their white counterparts. These differences underscore the imperative for comprehensive reform and robust support mechanisms to confront racism and ensure equitable treatment for all healthcare professionals.

As I continue this journey, I am reminded of the power of resilience and a collective group's profound impact in creating a more just and equitable world.

