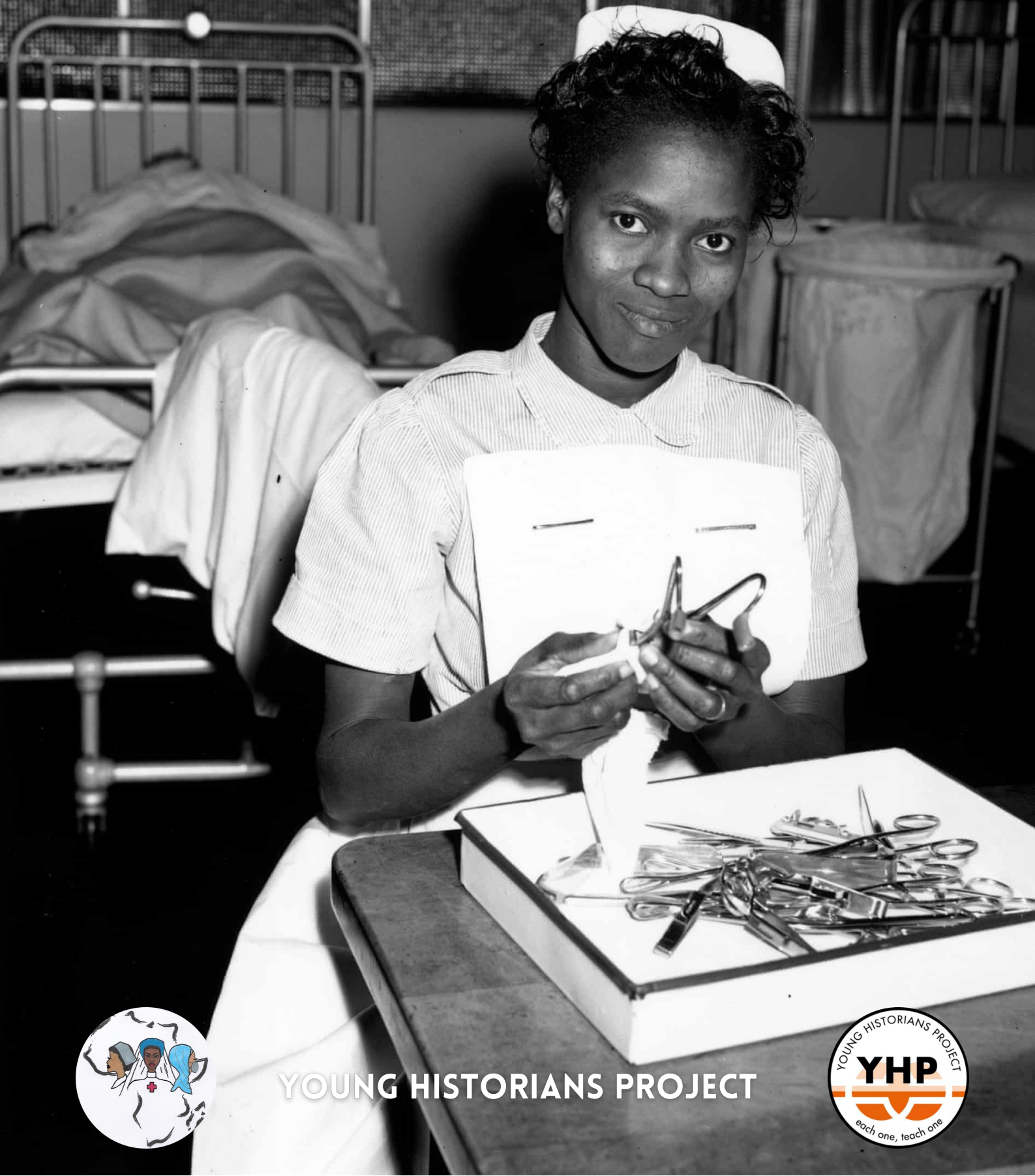


A HIDDEN HISTORY

AFRICAN WOMEN AND THE BRITISH HEALTH SERVICE



YOUNG HISTORIANS PROJECT



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The Young Historians Project

The Young Historians Project is a non-profit organisation formed by young people encouraging the development of young historians of African and Caribbean heritage in Britain. We are a team of young people aged 16-25 working on dynamic projects, documenting pivotal and often overlooked historical moments.

The Young Historians Project emerged as one of the outcomes from the History Matters conference held in April 2015 at the Institute of Historical Research, highlighting the alarmingly low numbers of history students and teachers of African and Caribbean heritage in Britain. Research which was undertaken found that:

- In 2016 only three Black students were admitted to train as History teachers
- Official statistics indicate that History is the third most unpopular subject among Black Undergraduates
- During 2012/13 there were 1340 Black Undergraduates studying History, making up 1.8% of the total undergraduate population within the discipline
- In 2016 it was estimated that there were less than 10 Black PhD students studying History in the country

Simply put, our organisation aims to address these disparities.



In the last six years, YHP has created ground-breaking exhibitions and educational resources.

Firstly, our project on the Black Liberation Front presented the history of the BLF in the UK. With research arranged and collected by our volunteers, this project contributed meaningfully to the heritage of black people in the UK and utilised a network of inspiring black activists, some of whom we still work with today.

Our latest project, African Women in the Health Service has been made possible thanks to the Heritage Lottery Fund and has been undertaken in partnership with Ghana Nurses Association, Nigerian Nurses Charitable Association, and the Black Cultural Archives. Once again, this has allowed us to make valuable connections with our past and present contributors. As well as conducting oral history interviews with over 35 women, we have used these projects as opportunities to build our knowledge through primary and secondary source research, and expand our skill set through creative workshops.

We hope that through our past, present, and future projects - more young people of African and Caribbean heritage will rediscover history and develop the skills to become the historians of the future.

Dedicated to sharing and inspiring education with young people, our motto is 'Each One, Teach One.'



Historical Women



Mrs Adejoke Ogunmokun, a Nigerian nurse, at Buckingham palace carrying her 3-month-old baby. Source: *Planet News*, 18th Feb 1956, shared by Emil Mondo to Nigeria Nostalgia Project, Facebook

This section is dedicated to presenting the stories of African women who worked in Britain's healthcare service in the early 20th century, prior to the creation of the NHS in 1948. It also follows the story of the NHS' founding, and the post-Second World War influx of African women to the NHS, who were among some of the first African women present in the NHS.

This section includes individual profiles of some of these historical women, as well as photographs that help to illustrate the time in which these women were active. All of the material presented in this section is based on in-depth research conducted by YHP members over the course of several years..

Oreoluwa Green



Oreoluwa Green

Oreoluwa 'Olaore' Green was born in Lagos in 1885 to Francis Colley Green, who was a former Superintendent of the Lagos Detective Force. She is believed to have had at least one sibling: an older sister - Hannah Estina-Jane Green - who married a major player in Lagos colony politics named Benjamin Bankole Daniel. Such significant connections indicate that Green hailed from a prominent family in Lagos. This elite background enabled her to complete her high-level education at CMS Girls Seminary, St Mary's Convent School in Lagos, where she succeeded in Mathematics, Greek, and Geometry with assistance from her private tutor Reverend W.B Euba. Green maintained an interest in languages and the Arts alongside her commitment to the sciences. She was fluent in English, French, and Latin, and at the age of twenty-six, she appeared as Portia in a production of *The Merchant of Venice* in Lagos.

As Green appears to have used multiple names, such as 'Oreoluwa', 'Ore', and 'Olaore', we believe that she was also Sarah Ellen Olaore Green: a woman who became entangled in a court dispute in 1911 when she attempted to marry the renowned Dr. Oguntola OSapara. Adel Coker sought to prohibit the intended marriage on the basis of an alleged native marriage between herself and Sapara - a claim that he denied. Sapara is widely regarded as "one of the pioneers of modern medicine in Nigeria" for his efforts to eradicate smallpox, and he frequently gave public lectures to encourage Nigerian women to study midwifery. It may have been during one of these lectures that Sapara encountered Green which encouraged her passion for midwifery. The court case appears to have been rather public, and such exposure may have encouraged Ore to migrate to London in May 1912.



Clapham Maternity Hospital
c. 1910

Alongside a First Class Certificate in the Theory of Music from the London College of Music, she obtained a Certificate from the Central Midwives Board and an Honours Certificate from the Clapham School of Midwifery and Clapham Maternity Hospital. Green also acquired a practical pharmaceutical qualification - which reportedly made her the first West African female pharmacist - and she went on to qualify as a Licensed Druggist when she received her Certificate of Chemistry, Pharmacy, and Botany from Westminster College in 1916. She worked as a dispenser in the Soho Eye and Ear Hospital in London before she returned to Lagos in 1917, where she served as a midwife in the hospital of Dr. Richard Akinwande Savage. Savage's daughter, Agnes, became the first West African woman to qualify as a doctor in Britain in 1930. Green appears to have never married or had children, and she maintained her commitment to healthcare as a nurse and pharmacist in the practice that she established at 71 Campbell Street (Lagos) during the 1920s.

Many thanks to Ed Emeka Keazor for bringing Ore Green to our attention, and for the information he provided in his book: 120 Great Nigerians You Never Knew.

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Agnes Savage



Agnes Savage.
Photo courtesy of Mike Savage

Agnes Yewande Savage, born in Edinburgh in 1906, was the first West African woman to achieve a medical qualification. Alongside her father Richard Savage Sr., a renowned Nigerian doctor, publisher, and nationalist politician, and her brother Richard Jr., the first African doctor to receive a commission from the British Army, Agnes, and her family established a gender-diverse medical dynasty across Britain and Africa.

Agnes was extraordinary from a young age, excelling at school and passing exams at the Royal Academy of Music in 1919, aged 13. In 1923, Agnes won a scholarship to George Watson's Ladies College, before studying at the University of Edinburgh's medical school, where she obtained first-class honours in all her subjects. Also, at university, she won prizes for general proficiency in class work, was the first woman to achieve an award in forensic science as well as a prize in dermatology and the Dorothy Gilfillan Memorial Prize for the best woman graduate in 1929. Agnes received her medical qualification in 1930.

Her medical expertise secured her position as a Junior Medical Officer in Ghana; a role in which she suffered racial discrimination; underpaid with poor living conditions, entirely contrasting her similarly qualified white colleagues. In 1931, Reverend Andrew Fraser of the elite Achimota College offered her a post as a medical officer and teacher. Here, she established nurse training schools connected to the Korle Bu Hospital and worked in the hospital's maternity department. But only in 1945 was Agnes granted by the Colonial Office equal terms of employment, salary, and retirement as a black European.

In 1947, Agnes was invalided from service, suffering from physical and psychological exhaustion, and officially retired, returning to Britain. She settled in Frithsden Copse, Hertfordshire with her friend, Esther Appleyard (who had been Chief Education Officer in Ghana) where she cared for her brother's children during school holidays. Agnes died in 1964 of a stroke.

As the first West African woman to receive a medical qualification at a time when racism restricted African employment within medicine, Agnes set a precedent for African women in the medical profession.

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Agnes Savage in 1922/23. Source:
George Watson's College
Archives

Lulu Coote

Lulu Coote was born in 1890 to a Congolese woman and a Dutch sailor in Banana Point, Congo. The small port attracted European visitors, including missionaries, notably in this case Reverend William Hughes. Hughes established the Africa Institute previously known as the Congo Institute, for African students to study. Lulu arrived at the institute in the late 1890s with another mixed-race girl of Congolese descent.

She began training as a nurse in 1911 at the District Infirmary in Ashton-under-Lyne, Manchester, and completed her training in 1914. Lulu's correspondence with Hughes suggests that she travelled to southern Africa. However, incoming passenger records show her arriving at a port in Liverpool on 5th June 1916. This record shows that Lulu was working as a nurse in Freetown, Sierra Leone. We are currently unaware of her movements during her time on the continent, but she would have been travelling at the advent of the First World War. British West African colonies at this time consisted of the Gambia, the Gold Coast (modern-day Ghana), Nigeria, and Sierra Leone. Freetown although not directly affected by the war was a key British maritime base of operation in the Central Atlantic. Another thing to note about this journey is Coote's upbringing – her time at the Africa Institute would have ingrained the idea of her returning to Africa to conduct missionary work like many of her compatriots who did just that.

The nursing register and the electoral register show that Coote lived in the Manchester area from 1921 to 1940, including a brief instance in 1939 where she returned to Ashton-under-Lyne. The nursing register from 1921- 1923 shows that Coote was living and working at Hazeldean Nursing Home, Bury New Road, Kersal, Manchester. From 1925 – 1940 she lived at 74 Roseneath Road, Urmston, Manchester.



Lulu Coote.
Photo courtesy of Valerie and Peter
Cocks.



Lulu Coote with her friend Annie Holt.
Photo courtesy of Valerie and Peter Cocks

From 1943 till her death in 1964, Coote lived in Birmingham. She appears in the nursing register up to 1946, but her name appeared on the electoral register several times till 1955. Officials at Selly Oak Hospital in Birmingham, reported her death in March 1964, describing her as a retired nurse and unmarried. Her probate records also suggest she had no wealth. Lodge Hill Cemetery and Crematorium, the closest cemetery, to Selly Oak, shows that Coote was cremated.

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Readers can visit the YHP website to find a profile of Lulu Coote on our online exhibition for a more extensive list of sources.

Tsahai Selassie



Tsahai Selassie

Princess Tsahai Selassie, the youngest child of Emperor Haile Selassie, was born in Addis Ababa, Ethiopia on October 13, 1919. At only 15, she gave an impassioned plea to the League of Nations on behalf of her besieged home nation, Ethiopia, as it was being invaded by Mussolini's Fascist Italy. This garnered her international fame. She was determined to support her father and the Ethiopian people in any way she could. An irreverent woman, Tsahai continued to speak about peace and use her status positively. She gave a speech for the Women's Peace Crusade, and she was the only woman to speak at the Conference on African Peoples, Democracy and World Peace in 1939, held in London. As a sponsor in the creation of the Ethiopian Women's Welfare Work Association (EWWWA), she worked to ensure the expansion and provision of health and welfare to the Ethiopian people. As the Italians continued to besiege Ethiopia, the Selassie Royal Family fled and were exiled to Britain, settling in Bath in 1936. Driven to "be of use" upon her return to Ethiopia, Tsahai was set on gaining an education in nursing. She would eventually return to Ethiopia to open medical centres along with fellow health professionals to work in them.

Her medical training began in August 1936 when she was accepted to the Great Ormond Street Hospital (prev. Hospital for Sick Children, ab. GOSH) as a nurse probationer. Following three years of training and attaining high marks in her final certificate in December 1939, she qualified as a state registered nurse for sick children. Archival footage shows the Princess smiling during her training on the ward and suggests that she was a figure treated with kindness by fellow nurses, which speaks to the status she held as an African woman at the time.



Princess Tsahai of Ethiopia with fellow nurses in the grounds of Great Ormond Street Children's Hospital, London, c. August 1936. Source: Fairfield House.



Tsahai Selassie

To complete her general nursing training Tsahai transferred to Guy's Hospital and worked for two years, but before completing her placement the Selassie family would return to Ethiopia. Not long after this, on August 17th 1942, she tragically passed away, dying of a haemorrhage during childbirth aged just 22, in Lekemпти, Ethiopia. Her patients and colleagues at GOSH would remember her fondly, providing glowing testimonials. Following her death, they led a memorial at the GOSH chapel. One matron reflected on her passion for nursing, "Practically her last words to me were: One day I shall open a children's hospital: you must come and see it."

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Susan Ofori-Atta

Susan Ofori-Atta was born in the Gold Coast, present-day Ghana, in 1917 to Nana Sir Ofori-Atta the chief of one of Ghana's traditional kingdoms. She was Ghana's first female physician and the fourth West African woman to earn a university degree.

Chief Nana saw in Susan an intellect that should be developed in the highest institutions of learning regardless of her being a female. An academically gifted student she enrolled at the prestigious Achimota School in 1929, where Edinburgh University graduate Agnes Yewande Savage taught. Susan would assist Agnes in the school sickbay, as well as attend her lessons.² She was a top student throughout her time at Achimota and was appointed the girl head prefect in her final year. Matilda Clerk also attended Achimota at this time. Matilda was the first Ghanaian woman to earn a postgraduate degree.

After completing her secondary education, Susan studied midwifery at Kole-bu Midwifery Training School graduating in 1935. She practiced as a midwife for two years in Ghana before choosing to do further study in midwifery in Scotland.¹ Encouraged by her father, who provided funding for her studies, she undertook a pre-med course for entry into the Edinburgh University Medical School and was successful. She graduated in 1947 becoming Ghana's first female medical doctor.

Upon her return to Ghana, she specialised in paediatrics and child nutrition. She first worked as a principal medical officer at the Princess Marie Louise Children's Hospital in Accra. She then joined the University of Ghana Medical School in 1962 pioneering the paediatrics department.¹ Susan was an advocate for causes focussing on women and children and even had her own private practice in Accra for female patients. She married barrister Dr. E.V.C. De-Graft Johnson. She retired in the UK where she died in 1985.



The only known photograph of
Ofori-Atta

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Olive Vivat Kulu Johnson



Cartoon depiction of Johnson by YHP volunteer @mawuspen.
There are no known photographs of Johnson.

Olive Vivat Kulu Johnson S.R.N., S.C.M was reportedly the first African lady to be appointed a nursing matron of a government hospital in an African country. She trained as a nurse during the 1930s and the 1940s and resided at Africa House: the first hostel of the West African Student Union (WASU). Olive reportedly assisted the matron Opeolu Obisanya with the maintenance of the hostel during World War Two and became godmother to her daughter. Obisanya was the wife of the political activist - Ladipo Solanke - who founded WASU in 1925.

Olive may have lived alongside fellow nurses Adenrele Ademola, Dorothea McEwen, Dolly Morgan, and Barbara Nicols. Her notable work earned her the position of acting matron at a hospital in London - an unusual achievement for Black women during this period. This encouraged her to apply for the position of matron at Korle Bu Teaching Hospital in Accra, Ghana. Despite her qualifications, she was refused the position, and WASU took the issue to parliament to argue that a discriminatory policy was still being pursued by the colonial authorities. The authorities reportedly claimed that Olive was refused the position because she was not Ghanaian and suggested that she should apply for a job in Sierra Leone. Eventually, Olive became the nursing matron of Connaught Hospital in Freetown, which may have been the largest hospital in Sierra Leone at the time. Later on, she became the Principal Matron for the Ministry of Health in Sierra Leone and was awarded an MBE in 1966.

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Adenrele Ademola



Ademola speaking on the BBC series 'Calling West Africa'. Dated 1942.

Princess Omo Oba Adenrele Ademola, born on 2nd January 1916, was the daughter of the Alake of Abeokuta, a King in the southern region of Nigeria. She served as a midwife in numerous London hospitals during and after the Second World War and was the first African nurse to feature in a Colonial Film Unit film, 'Nurse Ademola'.

Not much is known about the details of Ademola's life in Britain. She arrived in Britain on 29th June 1935, aged 20. After schooling in Somerset, she was listed amongst the nursing staff on St Saviour's Ward in Guys Hospital in 1939. By June 1941, Ademola was a registered nurse at Guy's Hospital, having passed her examinations. During World War II, she trained as a midwife at Queen Charlotte's Maternity Hospital in London and worked at New End Hospital in Hampstead. Her last documented movements were in 1948 when she returned to Britain from Lagos, Nigeria, with a man believed to be her husband, Timothy Odutola, a 46-year-old trader.

While in Britain, Ademola, made official appearances as a Princess. She attended the coronation of King George VI on 12th May 1937 with the Alake and her brother Prince Ademola III. She attended royal events during this season, including royal garden parties at Buckingham Palace, dinners with the Mayor of London, and made a visit to the Carreras cigarette factory in June 1937. Also, in 1942, she spoke publically to West Africa on the BBC broadcast 'Calling all Nations'.



Ademola at Guys hospital in the staff lounge



Ademola at Guys Hospital

Her career as a nurse in London hospitals alongside her significance as a colonial 'role model' was emphasised in the Colonial Film Unit's 1944/5 film 'Nurse Ademola' which was broadcasted across West Africa. But since its distribution, the film has been lost. YHP is keen to find a copy of this film and discover more about Nurse Ademola's experiences in Britain.

Further reading:

Readers can have a look at the YHP blog post about Nurse Ademola or access an extensive list of sources on the National Archives website:

- <https://blog.nationalarchives.gov.uk/african-princess-in-guys-the-story-of-princess-adenrele-ademola/#comments>

Irene Ighodaro



Irene Ighodaro in Nigeria, December 1961.
Source: Anthony Ighodaro's personal archive.

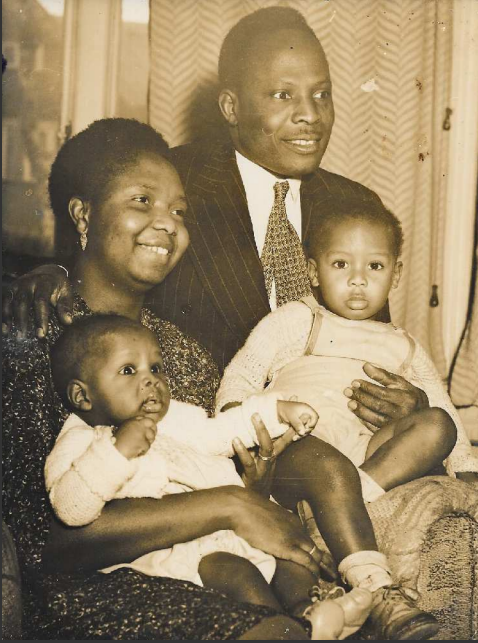
"At the moment, many Sons of Africa are shedding their blood in this modern ideological war. Would it be too much to hope that after it, their deeds of valour and sacrifice will be remembered and recorded in tangible forms like hospitals, schools, and even free education?" "Social Problems in West Africa," Wāṣù v. 10, n. 1 (May 1943), pp.24-25.

Dr. Irene Elizabeth Beatrice Ighodaro (née Wellesley-Cole) was born on May 16th, 1916 in Freetown, Sierra Leone. She came from an elite West African family - her father was a civil engineer and superintendent of Freetown waterworks and her brother became the first Black African to become a Fellow of the Royal College of Surgeons. After nursing her mother through a terminal illness, she decided to pursue a career within healthcare.

Irene studied medicine at the University of Durham from 1938 to 1944 and was reportedly one of only three women in a class of sixty. During the war, she manned the university's telephone exchange, became a member of the decontamination squad, and treated war casualties. Irene became the first woman born in West Africa to train as a doctor in Britain and decided that gynaecology would be the best route for her. Irene received her first medical case on the day of her results. She later worked as a house officer at the Royal Victoria Infirmary (1944-45) before she managed her brother's private practice whilst he assisted the Colonial Office in West Africa (January 1945- September 1946). Irene continued to manage the practice as her brother's assistant until he sold it in 1946. She relocated to Liverpool at the invitation of her other brother Arthur and worked at a family planning clinic without pay.



Irene Ighodaro (née Wellesley Cole) from Freetown, Sierra Leone graduating as a doctor from Durham University, c.1944. Source: Anthony Ighodaro's personal archive.



Irene Ighodaro, with her husband Samuel O. Ighodaro and her children Tony and Wilfred (1949 or 1950). Source: Anthony Ighodaro's personal archive.

Irene had founded the Society for the Cultural Advancement of Africa with her brother in Newcastle in 1943, but she also recognised the need for autonomous women's groups. She thus helped found the West African Women's Association in 1946, the first of its kind in Britain. In 1947, Irene married Samuel Ighodaro, a Nigerian lawyer, in Newcastle before a large audience of prominent African and European individuals. The couple moved to East Croydon where they lived at the International Language Club. Irene began her work at the New Sussex Hospital for Women and Children in Brighton in 1947 - she resided at the hospital but returned to East Croydon at weekends.

Throughout her time in Britain, Irene played an important role in giving women a voice in the West African Students' Union (WASU). She published pieces in *Wāsù* and presented a paper at the WASU Conference on West African Problems in 1942. This paper was the only one written by a woman that was published in *Wāsù*. In December 1949, Irene moved to Nigeria with her husband and their two sons, Tony and Wilfred. She continued her work as a pioneering social reformer and medical practitioner and was awarded an MBE in 1958. Irene's achievements serve as a reminder of the capability of women within the medical field, and her activism paved the way for future generations of African women doctors.

Kofoworola Abeni Pratt



Kofoworola Pratt at St Thomas' Hospital

Kofoworola Abeni “Ivy” Pratt was born in 1910 in Lagos, Nigeria. She trained at the United Missionary College in Ibadan, Nigeria obtaining a diploma in teaching. From 1936-1940 she taught at the Church Missionary Society girls’ school.

In 1946, Kofoworola Pratt married Olu Pratt and moved with him to London. She saw moving to London as an opportunity to follow her original desire of becoming a nurse. Pratt trained as a nurse at the Nightingale School at St Thomas’ Hospital where she was from 1946-1950.

Whilst there Pratt completed courses in midwifery, tropical nursing, and the Royal College of Nursing’s sister’s course. The RCN sisters course was an award from the Nightingale School. In 1950, she qualified as a State Registered Nurse and is believed to have worked in St Thomas’ hospital in London. With the NHS beginning in 1948, she is recognised as one of the first black women to work in the NHS.

In 1954, Kofoworola Pratt returned to Nigeria and despite her many qualifications she continued to face adversity but continued to make history. She was the first Nigerian to become the matron of the University College Hospital in Ibadan. She grew in seniority as she established a school of nursing at the University of Ibadan in 1965 where she was able to shape the future of nursing in Nigeria. Her role in nursing in Nigeria was seen through her various roles such as the Federal Ministry of Health in Nigeria and Commissioner of Health in Lagos. Her international prestige and dedication to nursing were demonstrated when she was awarded the Florence Nightingale Medal in 1973. For her role in pioneering nursing in the NHS, Kofoworola Pratt was made an honorary fellow of the Royal College of Nursing. Pratt passed away in 1992 but her role in the NHS is being more recognised in recent years and undoubtedly her legacy to nursing in Nigeria is present to this day.



Pratt in her later years

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Matilda Clerk



Clerk at her graduation. Dated
1949.

Matilda Clerk was born on March 3rd 1916 in Larteh, in the British colony of the Gold Coast (present-day Ghana). She was the first Ghanaian woman to earn a post-graduate diploma.

Matilda's Jamaican grandfather Alexander Worthy Clerk was one of 24 West Indians sent by the Swiss Evangelical Missionary Society to establish Presbyterian churches and schools on the Gold Coast. She was dubbed 'Dux of the school', the top academic student, by European missionaries at the Aburi All-Girls School. In 1932 she enrolled at the elite Achimota School, where Edinburgh University graduate Agnes Yewande Savage taught. Susan Ofori-Atta also attended Achimota at this time. Susan went on to become Ghana's first female doctor.

Matilda benefitted from her family's position in Ghanaian society. She worked as a science teacher until her father Nicholas Clerk, an educator and minister of the Presbyterian church, persuaded the British Colonial government to let Matilda take the preliminary course in basic medical science. At the time only male students were allowed to participate. As the only student to pass the examination she won a scholarship to study medicine at Edinburgh University. She attended from 1944 to 1949. During her time there she was an active member of the Christian Movement and International Club. After qualifying, she went on to receive a post-graduate diploma from the London School of Hygiene and Tropical Science. Becoming the first Ghanaian and West African Woman to do so.

She returned to Ghana in 1951. She spent her whole career working in the public health sector. She and Susan Ofori-Atta were both principal medical officers at the Princess Marie Louise Children's Hospital in Accra. Matilda died in 1984, without ever marrying or having children. Her great-nephew Nicholas Clerk practices as an obstetrician and gynaecologist in North Wales.

Further reading:

- Georgina Ferry, 'A Woman's Place: Agnes Yewande Savage, Susan Ofori- Atta and Matilda Clerk: three pioneering doctors', *The Lancet*, vol. 392, issue 10161 (2018), p2258-2259
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Clerk (top row, centre) at her graduation.
Dated 1949.

Dzagbele Matilda Asante



Dzagbele Matilda Asante, 1948. Source: Asante Family Archives.

"I could have stayed there forever. But I knew I was to return home sometime, and I wanted to do something else in nursing." Interview with Asante conducted by Kwaku, c.30.09.2020

Dzagbele Matilda Asante was born in Ghana in 1927. Asante is the daughter of an affluent family who had the ability to support her through secondary education, which in 1927 was an immense privilege. On completion, Asante worked as a teacher at Accra High School. Her father, who worked at the Treasury Department, was eager for her to continue her education in the UK and secured arrangements for her to travel to the UK. Unlike her brothers, one of whom studied medicine at Leeds University and another studying Law at Oxford University, Asante migrated to begin her career as a Nurse.

Asante arrived in Dover in August of 1947, having travelled from Ghana, through the Gambia, and onwards to the UK. When she arrived, as was the experience of many African migrants, Asante was shocked by the cold British Summer – which could not compare to the Ghanaian sunshine. In London, she was escorted by a British Council officer to the Colonial Hostel in Collingham Gardens, close to Earl's Court.

Two weeks later, she began nursing training at Barnet Hospital. However, finding the facilities lacking and steadfast in her commitment to quality education, Asante requested a transfer to the Central Middlesex Hospital in Harlesden. There, she trained for 3 years throughout the launch of the NHS from 1948 onwards. After qualifying, she studied Health Visiting at Battersea Polytechnic.



Mr and Mrs Asante on their wedding day in London, 1958. Source: Asante Family Archives.

Despite her clear proficiency, Asante experienced racism in the NHS. Many patients refused the help of African nurses, and Asante recalls one vivid memory in which a patient denied her services in preparing him for theatre. So bigoted was this man, that the surgeon attending was called from elsewhere in the hospital to prepare the patient himself.

As well as fulfilling her career aspirations, Asante made lasting connections in the UK – like Adeline Lee from Sierra Leone – who became a lifelong friend. In one anecdote, Asante said that one day she and her group of West African and Caribbean friends took photos in a studio on Oxford Street. The following week she found her photograph displayed fashionably in the shop window. Pleasantly surprised, Asante now treasures this captivating photo as a remnant of her mixed, but memorable, experiences in the UK.

Whilst Asante appreciates the opportunities the British Council provided her, such as attending Royal events in London and meeting the Royal Family in Scotland, she was nevertheless mindful of the propaganda perpetuated about Africa. Her connection to Africa remained strong, as in one case after a British Council presentation gave a very negative image of the Kenyan's ability - she rallied her Ghanaian and West African comrades in support of Kenyan students in London during the 1950s crisis in Kenya. Although recent mainstream narratives are often keen to lump African migrants into the Windrush generation, who were instead of Caribbean origin, Asante stated "We never really heard anything...none of us knew about it". Of course, Caribbean migrants came just as she had, but Asante maintained that there was no noticeable influx and many who did come left soon after.

Asante herself would return to Ghana after marrying in 1958, having two sons and two daughters afterward. Widowed in 2018, Dzagbele Matilda Asante continues her commitment to nursing by allowing the grounds of her home in Accra to be used as a health centre for local mothers with young children.

Further reading:

- <https://gpnen.org.uk/2020/10/14/black-history-month-the-windrush-legacy/>
- <https://www.blackhistorymonth.org.uk/article/section/bhm-firsts/dzagbele-matilda-asante-i-was-nursing-in-the-uk-before-windrush-and-the-nhs/>

Edna Adan Ismail



Edna Adan Ismail as a nursing student at West London Hospital in Hammersmith, dated 1959. Source: Edna Adan Hospital.

"Perhaps the strangest question of all was, 'Is it true that Africans have a tail?' I was so taken aback that I replied, 'Yes, but I had mine cut off.' Seeing a Nigerian nurse working on the other side of the ward, I suggested, 'Why don't you ask if she still has hers?'" Edna Adan Ismail and Wendy Holden, *A Woman of Firsts: The Midwife Who Built A Hospital And Changed The World* (HarperCollins Publishers, 2020)

Trigger Warning: Mentions Female Genital Mutilation

Edna Adan Ismail was born in Hargeisa, in British Somaliland on 8 September 1937. She is the daughter of a prominent Somali medical doctor, Adan Ismail. She was one of five children born to her mother (but two had died during delivery). At the time girls weren't educated in Somaliland, but her father hired a tutor for some local boys and she learned to read and write with them and later went to a school in Djibouti where her aunt was a teacher. When she was just eight years old, she underwent female genital mutilation, which was arranged by her mother and grandmother when her father was on a business trip.

In October 1954, aged 17 and having been selected for a scholarship by the Colonial Office, Edna was one of two women among many of her male counterparts to travel to the United Kingdom for her studies and settled with a family in Balham, London. The scholarship provided two years of preparatory study, where she completed secondary school and a pre-nursing programme at the Borough Polytechnic, now London South Bank University. She was the only black person in her class and was used additionally as a model for art students to practice pigmentation and skin tones. While studying, Edna also acquired part-time work with the BBC to broadcast programmes in her language about life in the UK. After two years, she went to nursing school at West London Hospital in Hammersmith for a three-year course. She tells of her surprise in being required to undergo a medical examination before starting the course and was almost not admitted when she refused to provide a urine sample as a result of her FGM. Nonetheless, she graduated from basic nursing training in November 1959, as the first Somali woman to become a state registered nurse (SRN) in the UK.



Edna Adan Ismail as the First Lady of Somalia with the Mayor of Munich, undated.
Source: Edna Adan Hospital.

Eager to find a specialism that would be most useful upon her return to Somaliland, and with some encouragement from her father, in January 1960 Edna began to study midwifery at Hammersmith and later at Lewisham Hospital, graduating the following year. Despite completing her studies, and Somaliland gaining independence from the British on 1 January 1961, Edna looked to gain an extension of her training in the UK, with the intention of gaining more experience in hospital management. She was able to remain in England for six more months, before returning to her now independent country to draw on her training and help the people at home.

Edna married Mohamed Ibrahim Egal, who would later go on to become Prime Minister of Somali, on 12 April 1963 in Hargeisa. At the age of 28, Edna became an accredited international civil servant, working for World Health Organisation (WHO); the first Somali to ever hold an international position within the United Nations. She relocated to Tripoli, Libya, starting the training of midwives and introducing a new curriculum, moving from Nurse Midwife Educator to Nursing Services Administrator in the 2 and a half years she remained there.

She opened the Mother and Child Pharmacy in the Maka Mukarama district of Mogadishu, which became known as the Edna Pharmacy. She retired from WHO in September 1997, returned to Hargeisa, and began constructing a hospital there. The Edna Adan Ismail Maternity Hospital was born in March 2002.

Further reading:

- Edna Adan Ismail and Wendy Holden, *A Woman of Firsts: The Midwife Who Built A Hospital And Changed The World* (HarperCollins UK, 2020)



Nigerian student nurses at Bristol Royal Infirmary. Left to right: Hannah Mahoney , Bijou Peters, Lavinia Vaughan and Marie Comfort
Dated 25 August 1947 Source: TopFoto.



West African nurses eat in the canteen alongside their peers. Dated 1947. Source: Topfoto.



"Student nurses Modupe Marke (Freetown, Sierra Leone) and Rebecca Solanke of (Lagos, Nigeria) hold a new born baby at a midwifery course at the National Training School for Midwives in Woolwich, London. Dated 5th February 1948. Source: MacLellan/Mirrorpix.



East African nurses Agnes Kamulegaya (left) and Aga Lubinga (right) at Moxley Hospital, Wednesbury. Dated 13 January 1949. Source: TopFoto.



Edna Adan Ismail from Hargeisa, British Somaliland (now Somalia) as a nursing student at Borough Polytechnic (now LSBU). Ismail was the first Somali woman to practice nursing in the UK, and later became the first female politician in Somaliland. Dated 1959. Source: Edna Adan Ismail Gallery.



Cecilia Anim (front row, right) from Ghana at the Hull school of Nursing. She became the first Black president of the Royal College of Nursing (RCN) in 2015. Undated. Source: Cecilia Anim's personal archive.



Nurses campaigning for the provision of courses to enable State Enrolled Nurses (SENs) to convert to State Registered Nurses (SRNs). Dated 7th December 1989. Source: Topfoto.

Victoria Keazor



Victoria Keazor as a student nurse at Selly Oak Hospital in Birmingham, 1956.

Victoria Keazor (née Eneli) came to Britain in 1956 and trained as a nurse at Selly Oak hospital in Birmingham. She previously worked as a primary school teacher in Nigeria, but she decided to leave the profession to pursue her dream of becoming a nurse. Her father Reverend Eneli was frequently unwell due to his high blood pressure. As a teenager, Victoria would often have to cycle from Obosi to Onitsha (which was an unsafe territory) in the early hours of the morning to request his doctor's emergency services.

She decided to pursue a career in healthcare in order to look after her father and other patients who similarly required attentive care. Unfortunately, her father passed away before she completed her exams and acquired her S.R.N and S.E.N qualifications in 1958. She was deeply upset by this but continued to provide medical care for those in need. She often encountered racist patients, particularly older women, who refused to receive treatment from a Black woman. Her resilience shone through and her commitment to these patients often earned their respect. Victoria became Mrs. Keazor when she married in November 1960. She spent the remainder of her time in London caring for her children, and the family returned to Nigeria in 1962. Victoria continued some of the British traditions she had grown accustomed to. Her son recalls eating traditional English breakfast in Nigeria and his mother's comments about "missing home". Victoria's strength, combined with her nurturing nature, earned her appointment as Deputy Matron of the St. Nicholas Hospital in Lagos, where she served until her retirement in 1986.

Many thanks to Ed Keazor who supplied us with this information and a photograph of his mother.

Blanche La Guma



Blanche La Guma as a midwife in South Africa, undated. Source: La Guma's Autobiography.

"One of the nurses even asked me how I had managed to 'catch an intellectual'. This was typical of the class-conscious attitude of people in England. They didn't understand how I was able to keep Alex. They thought I wasn't good enough for him, that I wasn't in his class." Blanche La Guma, Roger Field and Martin Klammer, *In the Dark with My Dress on Fire: My Life in Cape Town, London, Havana and Home Again* (Jacana Media, 2011)

Blanche La Guma (née Herman) was born in 1927 in Athlone, South Africa. She trained as a nurse and midwife in the 1950s. Blanche married the famous novelist Alex La Guma in 1954 and they both pursued activism against the Apartheid regime. She was particularly concerned with the discrimination against Black nurses and was a member of the Communist Party. Following the restrictions placed on her husband, Blanche became the sole provider for her family through her earnings as a midwife. They were exiled from South Africa in 1966 and subsequently lived in London until they moved to Havana in 1978. While in London, Blanche chose to complete a six-month refresher course in midwifery and conducted house calls in 1967. During this time, she had to live at the hospital and thus ran away several times a week so she could spend a few hours with her children. She was part of a nursing association called the North London Group which overworked their nurses, according to Blanche. Through the association, she acquired work as an auxiliary nurse at the City of London Maternity Hospital in Islington. She worked part-time from 8 am to 3 pm so she could look after and educate her children. Blanche could start nursing in England without having to complete a test because the nursing standard was quite high in South Africa. In fact, she was trained by British nurses from St Thomas hospital who had travelled to South Africa. In 1970, she was promoted from staff nurse to sister-in-charge of the lying-in ward after the Matron, who was impressed by her work and instructed her to apply. Blanche maintained her rebellious spirit during her time as a nurse and sought to improve maternal care within her hospital. However, she resigned in 1971 because she felt overlooked and quarrelled often with the Matron. Later that year, she became an office manager for Soviet Weekly, which was "a magazine and information bureau that provided the West with photos and stories in English about news and developments in the republics of the Soviet Union".

Gloria Amani



Gloria Amani in London. Dated c.1963. Source: Sarah Amani.



Gloria (right) with a fellow nursing friend. Dated c.1968. Source: Sarah Amani.

Gloria was born in 1944 in Malawi. Coming from a family of healthcare workers, she moved to the UK in 1967. She worked for the NHS for seven years before moving back to Malawi, eventually establishing her own schools for children whose parents were busy nursing. She retired in 2005 and still lives in Malawi. In her interview, Gloria talks about her early life in Malawi, the challenges and positive experiences from her time in England, and her career after returning to Malawi. We conducted the interview over FaceTime and unfortunately, parts of her transcript are inaccessible due to technical difficulties; however, we have included quotations where possible.

During her interview, Gloria shared her fond memories of living with different families during her stay in Britain:

"Ah, yes they gave us families to visit, to learn about the culture. I think that was important. It was two weeks during our holidays when they would say well in Kent, In Brighton, different places (unintelligible) and we learned a lot from those families. I think they used volunteers. What do they call them now, (unintelligible)...YMCA".

Gloria discussed her experiences training as a nurse within the healthcare sector and compared the British and Malawi medical services:

"Well I thought the hardest part in training was to lose a young patient when we didn't expect it. I think. That's all I can think of. Oh yeah, there is a wider difference. To start with, we didn't have facilities for training nurses in Malawi. That was my observation even when I go back in 1974, we had a long way to catch up to British standards, because of our facilities. Even relating to staff, we were very understaffed, very. (Unintelligible) I remember, one time, I even spoke to one of the tutors at one of the big hospitals. She was Irish, but I remember her thinking we were just overstretched. They said the nurses were being cruel, I said yes we are teaching them to be cruel, there is no way for us to manage the neighbourhood, with 30 patients, and take deliveries at night. It's not on".



Gloria (centre back) during her nursing training at a care home. Source: Sarah Amani.



Gloria and her daughter Sarah at Sarah's graduation. Source: Sarah Amani

Gloria returned to Malawi in 1974 and continued to work as a nurse before she opened a primary school during her retirement:

I did leave my nursing career but my nursing career gave me the confidence and independence to be able to achieve my dreams. [...] I just have a passion for babies, and I thought of the working mothers who were leaving their babies home with a 15-year-old [nanny] and I had retired from nursing at this point so I thought I would put some of my nursing experience and expertise in a different way. I saw that there was a need here in Malawi to support mothers to be able to return to work but I also know that their children are well looked after and taught by teachers. So I initially opened I opened a day-minder and when the children started reaching 4, 5 years old, their parents prompted me to open a primary school.

At first it was a big job, but you know they sat me down and told me what they wanted out of the nursery school. We would meet and they would say 'You can do do this, you can do that, you are a nurse, you can do it. Get a good headmaster, get good teachers, you'd be the administrator'. I threw my whole self into it as it was a big job actually – from constructing the buildings, hiring teachers and establishing a school governance structure. At times it seemed a little overwhelming but then a parent would ask how the school was coming along. And that gave me the drive to keep going and open the primary school and then the secondary school. I had all the support from the parents.

Gloria also spoke the ways in which she maintained a connection to Britain - her second home.

It was the right time [to leave] so I don't know [why I was]....so cautious. Always [still] been [in] that country. For 26 years I've been travelling in and out of UK because my husband had a good job so we're always between Europe, everywhere in Europe, including the UK. And in the children's opinion, [it was] more than 26 years. I was there for their welfare when they were with their studies, University, anywhere. So I've always been there [Britain]. So that is my second home to be honest. Yeah.

Please visit Gloria Amani's interviewee page on our online exhibition to hear more about Gloria's story. Many thanks to Sarah Amani for the photographs and for helping us to connect with her mother.

Interviews with African women involved in health work



YHP members interviewing Dr. Olu Wilkey at Middlesex Hospital, 2019

This section includes profiles and accompanying photographs of the women we interviewed for this project over the course of several years. We are grateful to every woman who took the time to share their stories with us, and as an organisation of young people, we certainly learned a lot from this process. Many of our members have said that having these intergenerational conversations was one of their fondest memories of working on the project.

Although there are some similar themes and topics in their stories, each woman also represents a unique perspective and experience of living in Britain and working in the healthcare system as an African woman. At the end of each profile, there are sets of questions that we hope will prompt you, the reader, to reflect on what you have read and learned about each woman.

We hope that these questions might inform discussions, whether at home, in the workplace, or in the school classroom. Some of these stories cover themes such as racism, fostering, mental health, and other topics which might be triggering to some readers – please look out for trigger warnings.



Adwoa modelling her uniform at her interview with Young Historians Project

Adwoa Agyei-Benhene

Adwoa was born in London, to Ghanaian parents who had migrated to Britain to study

"I was born in the UK. [My parents] first came to study, that was their primary purpose, to further their education and go back to Africa. I've been back [to Ghana] a total of five times. But that works out to be about once every five to 10 years. I look forward to the sunshine, foods and seeing family members who I wouldn't ordinarily see."

Having grown up in Britain during the 1960s and 1970s, Adwoa recalls the ignorant attitudes she's encountered about Africa but thinks that this has changed over the years

"I suppose as a child, and then a teenager, some people were actually openly racist with the language that they used. And they were new to things. So that doesn't tend to be the case now. People will ask you questions. And also, because travel has increased, people tend to have a more open view of Africa, because more people have been there. And so they have a more enlightened view. Which may not have been the case in the '60s and '70s."

Adwoa was drawn to a career in nursing due to her passion for helping people

"I suppose I enjoy helping people. I'm a people person. I began my nursing training in 1983. It was Old Church Hospital, which has since been kind of redeveloped. One of the hardest [things about training] is shift work, particularly night duty. Because you're supposed to sleep at night, not be looking after people, as necessary as it is. So it alters your body clock. I think sometimes, as a person of colour, you kind of have to prove yourself a bit more. And everybody has to jump through hoops now. But you might have to jump through an extra hoop."

Over the course of her nursing career, Adwoa has encountered racism and discrimination, mainly from patients

"Some of the challenges of being an African woman working in the NHS, you did encounter racism from patients. Not necessarily from other staff, but from patients and possibly, furthering your career may have been a bit difficult. The majority of patients were okay."



The Ghana Nurses Association scarf belonging to Adwoa



A photograph of young Adwoa in her uniform at work

"But there was one particular incident when a patient, he wouldn't actually let you touch him. And I realised that quite early on, because he would always choose another nurse. And it only came to light when an Asian doctor wanted to take blood from him and he flipped out and swore, then he was later made to apologise."

Alongside this, Adwoa has also experienced the highlights of the nursing profession:

"The highlights of a nursing career, well you get to see people get better. People appreciate what you do for them. I suppose you can see some things develop if you stay nursing long enough. I prefer the early shifts, because I'm a morning person, even though it's quite busy, but you get up early, then you finish early, and you've got the evening to unwind and relax. And while at that time, you'd be doing a little bit of study as well about what you've learned from your experience."

Adwoa is involved in the Ghana Nurses Association UK, which has a membership of over 300 nurses.

"I'm secretary for Ghana Nurses Association UK, it was formed in 1993. It's a registered charity, and it's set up to offer support to Ghanaian nurses, also the Ghanaian community in general, it was set up to kind of support a nurse at the time during bereavement, or when a nurse passed away. So my position as general secretary is to liaise with the chairman, to arrange meetings, set what the agenda is going to be at the meetings, the minutes of the meetings, keeping the membership register up to date, and put out communications."

Adwoa has some advice for the younger generation:

"I think everybody should celebrate who they are. So if you're an African, celebrate it, there's nothing wrong with it. It's one of the richest places in the world for resources. So, you should celebrate who you are just by being proud of who you are. The younger generation has a chance to ask and know about their history. Some of it is taught in schools, [you can also] ask the parents' questions, even sometimes asking probing questions like, 'why did you come here', and ask about your family background. So try and go back. Your mom and your dad, your grandparents, go back further, go back to your great-grandparents, go back to your great, great grandparents, you should know their names."

QUESTIONS:

1. What does Adwoa enjoy most about nursing?
2. How does Adwoa think attitudes about Africa have changed over the years?
3. Why might the night shift be challenging?



Bernadine (centre) at a formal King's College London event

Dr. Bernadine Idowu

Dr. Bernadine Idowu's family came from Nigeria. Her mother was a Deputy Head Teacher and decided to come over to the UK to study law. Her father was an Engineer and also came over to study. Bernadine was born in London. Even as a child, her parents encouraged her to strive for greatness. Speaking of her mother, Bernadine said:

"She would always remember what it was like when she was teaching her students. We were all growing up. Father worked here and abroad. So, my mother was the main person bringing us up, and the two things she taught us was our faith and our education".

The lessons taught by Bernadine's parents had a great impact on her choice to pursue medicine.

"I always remember from a very, very young age, my mom constantly telling us all that if we want to succeed, we're going to have to work 20 times harder than the white man. Now that to me meant just you just work hard. We worked very, very hard, and I think that work ethic to me and my siblings has made us what we are today, made it to professionals we are today. And we're all doing fantastically well and that's just because of the mentoring and support our parents gave us, particularly my mother... My mother was different. She looked at our skills and what we were good at. So, I would always talk science. I'd always be thinking about research, diseases and then I saw myself gravitating towards that area and that's what I decided that that was for me...I've always been interested in science."

Bernadine followed her passion and studied Biochemistry at King's College in London. Afterward, she continued to Queen Mary University of London, where she gained a Ph.D. Her experience at University was positive.

"I wanted the ground to swallow me. But, my goodness, back in the day, going into a job and earning 17,000 pounds, that was money. And, again, my first job. Brilliant supervisors, now late. Very supportive, extremely supportive. When I just get on, I got on with it and did research, traveling around publishing, going to conferences, promoting my work, presenting my work. It was just fun. Now that was before I actually started my PhD because I didn't think people like me did PhDs at all. I thought it was just not for people like me.



Bernadine as STEM Ambassador at Camden School for Girls

"And then, when I was working in that research position, I could see people doing Ph.Ds. And then I thought, oh my goodness, I could do that. And that's how I applied to do one. I also wanted a Ph.D. because the only people that had it were men and one or two black men, and I'm thinking, are women not clever enough to do it? I need to do it. So again, when I was doing my Ph.D., there were no black females doing their Ph.D. It's all white females, no black females, black males.

After her Ph.D., Bernadine went on to do her post-doc at University College, London

"It was interesting because my first post-doc position, so my Ph.D. was done at Queen Mary University of London. It was part of the interdisciplinary research centre. So that means that research was done in different universities. So, mine was based at University College, London all the way in Stanmore.

Now, I was doing a lot of immunofluorescence staining, tissues, and specimens, but no molecular biology whatsoever. So, when I was applying for postdocs, the only one that stood out for me was a gene therapy postdoc. You use loads of molecular biology techniques.

I don't know what possessed me to apply for it because I didn't have the experience, but then I just did, and apparently, I was so confident in the interview that I was offered this position. You can imagine, you've got a Ph.D., but then you've started from scratch learning a new technique. But apparently, I picked up so well that everything I touched, just worked. So apparently, they called, they said I had green fingers, everything just worked. So that went really, really well for me."

Beginning her career in the medical field was interesting, especially as black women were not heavily represented in the makeup of the hospital Bernadine trained at.

"So how it was when I came to Kings College hospital and back in the day, it was very unusual to see a lot of black people at King's, we're talking many years ago. And I remember being one of six black people in my year of over about a hundred, I think, doing our degree, but we felt privileged. We were proud that we'd got into Kings and, you know, we aimed to do as best we could and get all the support we could."

Bernadine felt it was important to contribute meaningfully to her field and strove to surpass expectations.

"I just always wanted to work behind the scenes and just do research, because I remember saying, "Any research I'm doing, I want it to be something that will help a patient"."



Bernadine with KCL Principal Ed Byrne and the 2016 Race Equality Charter

"So, whatever I learn will be translated into patients and to help cure them. I've been very, very fortunate in that everything I have done has been published and, in some cases, yes, it has been translated to patients...So, that's all I've ever wanted to do. And, I liked also the aspect of publishing and then presenting your papers at conferences. I love to travel, and I've travelled to so many places in my job, which I've thoroughly enjoyed".

As a Black female scientist, Bernadine didn't notice any racism or discrimination but acknowledges that this was only her experience.

"Even though I was, in the majority of places I've worked, the majority, I have been the only black person, the only BME person. It's never just stood; it's never stood out. It would be me that would just say it to myself. But no, I didn't notice anything. No, I really, really didn't. Really didn't. Now, I do hear of stories where the supervisors are not the greatest and if you contribute a lot to the work, you're not given the respect for that. I've never had that experience".

After seeking a new position in teaching, Bernadine spoke with the Principal of King's College, Ed Byrne, after becoming interested in helping to increase the number of BME Scientists in the UK.

"I remember sitting there on the day, sitting down, and then I had made notes, got prepared. And I told him about my past and where I saw myself going, and I even told him I did want to a lectureship in my Dental Institute".

After explaining the changes she wanted to inspire in her field, Bernadine was given the go-ahead to work on improving diversity and inclusion.

"My first project, when I eventually started working there, was to work with senior lecturers and understand the barriers and challenges of them becoming readers and professors. I was given a cohort of 51 names, and I was asked to think about how I'd address this. And then I thought, "What do I like doing with my young people?" I like listening to them, and hearing what they have to say and seeing how we can work together to make a difference".

Bernadine emailed her cohort and received a thunderous response.

"I signed it with my title... They saw my name and within one, no, no, no, 30 seconds of me sending that email one woman just brought back a "Yes! I want to be part of this focus group." And then by the end of that day, I had about, I don't know, about 20 people had come back to me saying they were very interested in being part of it".



Bernadine with her mentees at the 2nd the BME Early Career Researcher Conference

"To cut a long story short, we did the interviews, we did the focus group. I organized some of them to meet with the principal. Then they met with him. He heard what they had to say. He encouraged them. He heard their stories. He encouraged them to even contact him, on his own. To cut a long story short, six of them were promoted to readers and two of them became professors over the span of, I dunno, three or four or five years span".

Bernadine went on to work with the Open Doors Program and the BME Early Career Researcher Conference.

"I designed, developed, and found the people, and the first one was done in April 2017. The feedback was crazy. And now that now remains a yearly program. So the first one was at Kings, the second one at Kings, the third one at the University of East London, and the fourth one was supposed to be done in April at Imperial, but because of COVID-19 has now been postponed to September and it's probably likely to be an online course. I kind of underestimate the impact these things have done, but it's been amazing. It's been amazing...That's a topic on its own".

Through her work with the BME Early Career Researcher Conference, Bernadine made valuable connections that led to her becoming a Lecturer of Biomedical Sciences.

"I was meeting and networking with people that looked like me. A few of them were scientists, black, powerful women. They would explain to me what we should be doing. Professor Marcia Wilson, University of East London, gave me my first break. She told me about part-time lecturer positions at the University of East London. And then my current position, again, is through somebody I'd met... Dr. Liz Opara, Kingston University. Somebody asked her for recommendations for individuals to put together a curriculum for a new school of biomedical sciences at the University of West London. And she recommended me. When people say they're in their dream jobs, I can say that. I'm in my dream job now"

As well as her contributions to furthering diversity and inclusion, Bernadine has personally become an award-winning scientist – having received the Roger Cotton Prize for her authorship on a paper about Fibrous Dysplasia. This has inspired Bernadine to speak more confidently about her experiences, and her momentous achievements as a black woman scientist.

"Going into schools and just putting up your title, "I'm a black female award-winning scientist", before you start speaking, you see the girls excited. They're really excited, and I'm thinking, "Is it, is that so powerful? My goodness, I need to keep doing that." So, fortunately, at my new post now, I'm encouraged to do this outreach as a STEM ambassador."



Bernadine posing next to her Open Doors Program



Bernadine in traditional Nigerian dress

"It's taken some time, but I haven't regretted the time it's taken. I've met amazing people on the way. I've seen people that have taught me so much, and I'm just, I'm ready for it now. "

"We need to, and we need to believe in ourselves, and just accept and own what we've achieved, not just dumb it down. Because it's not about you anymore. It's about helping those coming behind you and making them believe that if you can do it, they can do it -- and even better than what you do. And this is exactly what I tell my mentees. "I've done it, but you can do even better than me and faster than me." And seeing them achieve and do so well, it just warms my heart, it really does."

QUESTIONS:

1. *What challenges did Bernadine face in her career, and what did she do to remedy them?*
2. *What was the name of the conference Bernadine organised?*
3. *Do you know any Black women scientists? If you can't think of any - why do you think that is? What can be done to change this?*



Young Cecilia

Cecilia Anim

Cecilia is a nurse specialising in sexual and reproductive health and was President of the Royal College of Nursing from 2015 to 2018. She came to the UK in 1971 from Ghana to continue her nursing career.

"When I was 2 years old, we lived near a maternity home in Ghana, and my mother used to say "I want to be a midwife like Auntie Diana", who was the midwife, so I want to be a midwife. So caring has been part of what I wanted to do. And as one of 8 children, and the eldest of the girls, you know, you were caring for the little ones"

Cecilia discusses her early life in Ghana from teaching to midwifery and how her Auntie encouraged her to pursue her passion and led her to embark on her journey to the UK

"My auntie Diana was a nursing sister at Manchester and it was one of those visits that she comes to Ghana every year. At that time, I just finished my formal education. She said, 'Do you want to work in the medical section?', and I said, 'Not really, I want to do teaching'. So I started off as a nursery teacher in a local nursery, and - my God - the children and everything else and I said 'No, teaching is not for me, I will do nursing'. So, I decided to go to a midwifery training school in Ghana, and I qualified in 1968 and then started working in a health centre.

Cecilia came to Britain in 1972 because her aunt, who trained as a nurse in Manchester in the 1960s, told her to come.

"I decided to come because she came and said 'You could continue your training in the UK'. I came to the UK in 1972 and my sole purpose was to continue my nursing career. Coming into the NHS is just a continuation of what I want to do: to care, to make a difference, and to support. And where I have to fight for the right cause, I will.

In our cohort, I was the only black nurse among the whole lot. [But] that didn't bother me to begin with because I realised that the love and affection towards me was enough to block out any challenges because of my colour."



Cecilia during her nursing training



Cecilia in her nursing uniform

"We also lived in the nurses' training school, which is a hostel attached, so it was very, very good that you just walk across that path and you are in your dormitory. Then if you want to go to work, just walk across. So, it was like a community for me. Yeah. But, I found that people in Yorkshire - in Hull - were very, very friendly. Naturally, I was adopted by Mr. and Mrs. Brown who were the postmasters [...]. I used to go to their house every Sunday for a Sunday roast. That was where I started eating Yorkshire pudding. They were very good".

Cecilia later moved to London

"London is very very - I mean when I'm in London, now, I don't feel as if I'm in a different country because there's so much diversity in London - which was not in her in the 70s when I was there. So, London actually is just like a little suburb that I know in Ghana because there are African shops, and African foods, I can wear what I want, speak to my children in my dialect and there was no restrictions. And I also found that in London, you are one of them. You are not sticking out like a sore thumb because of your colour - you're one of them. So, I've got a lot of friends and most of my family are also in London. So, just like being at home, really".

Cecilia looks forward to her annual travels to Ghana to visit family, and she's very much dedicated to the community and healthcare in particular

"I travel back to Ghana every year to see my mum because my mother is still alive at the age of 103. So, I go every year - I go to see the family. When I go to Ghana, I always wanted to interact with the health professions like the Ghana Registered Nurse Association, and especially when I became President of the Royal College of Nursing, I wanted to share the practice - share the experience. So, I was involved with a lot of stakeholders saying, 'What can I do to help? What can I do to influence nurse education? What can I do to influence practice?' So, when I became Deputy President, we invited the Ghana Registered Nursing Association - a few of them to come in here to the RC.

To see what they can take back - because obviously, you cannot go in to change their practice. But you can share your good practice with them so that they can use it to fit the local purpose. Also our Chief Nurse, Dr. Docia Kisseih, I helped the Ghana Registered Nurses Association to establish a memorial lecture for her because she was the first chief nurse in Ghana, and she has passed on now. So, therefore, I helped them to establish the memorial lecture. I delivered the first lecture, second lecture, and third lecture, which were very good. My first lecture was about the principles of medical practice, which went down very well. So, I will continue to support care in Ghana, after all. It doesn't matter where a patient is. Everybody deserves care."



Cecilia during 'Scrap the Cap' campaign



Cecilia holding her award

Cecilia has an activist spirit - partaking in 'Scrap the Cap' for the pay and working conditions of NHS staff

"I love marching. In the trade union part of my life, I really loved marching and 'saving the NHS' and doing all sorts of things, you know, and I was at Westminster green delivering a speech to over 3,000 people".

"I'm the chair of governors from my local primary school and I've been a general governor for over 28 years and I still am. I am a member of the Parochial Church Council. I'm a member of the Deanery centre. I do flower arranging in church and also support fundraising in the church".

Cecilia's role as a parent is very integral to who she is, and also ties into her commitment to making positive change

"Because I've got a child with a learning difficulty, I actually encourage people with learning difficulties, who have got children with learning difficulty. I talk to them about where we can get help and supporting mothers to fight for what is right for their children".

Cecilia specialises in women's productive and sexual health and believes it's important to have open conversations and spread awareness about women's health

"Because as a midwife, it's all about women, isn't it? It's about women coming to have babies. So, everything about a woman is where my interest is because I think sometimes, we do get a raw deal, you know. I did a bit of paediatrics, and I thought, 'No no no, women's health is where I want to be'. We never talked about being in menopause and having hot flashes and sweats. So, you need people to become more aware, that it's not an illness. It's a condition that you need help to go through it. So, I set up the menopause support network, just encouraging nurses to join the network, to their workplace to support women or family members or anything. even in my regular primary school, sometimes I do a little bit of chat with the mums. It's to support the woman, to empower the woman, to be able to actually get the right care at the right time. If it's not happening, make it happen".

QUESTIONS:

1. What part of Cecilia's life is most inspiring to you?
2. What stands out about Cecilia's character?
3. How do you think family influenced Cecilia? (specifically her Late Aunt Diana and later her Daughter)?



Baby Elizabeth and her mother



Elizabeth aged 11

Dame Elizabeth Anionwu

Elizabeth was born in 1947, and her life began in a baby home with her mother. 6 months later she was removed from her mother and raised in Birmingham care homes for the next 9 years of her life

"My heritage is Irish white mother and Nigerian father, and I was born in Birmingham, England"

Elizabeth's parents met at Cambridge University just after the Second World War

"When my mother became pregnant, she wasn't married and there was huge stigma, so much so, and shame, that she couldn't bring herself to tell her parents that she was pregnant, and it wasn't until she went home during the lent term of her second year that my grandmother realised she was pregnant. Grandmother was a very strict catholic and was horrified and asked my mother 'Well you know when were you going to tell us you were pregnant? And my mother said 'I wasn't. I was going to go down to the river, jump in and kill myself'".

As a child of dual heritage, Elizabeth was confused about her identity and perceived race, as people treated her differently based on the colour of her skin

"The other aspect that I recollect about being mixed race was that nobody knew how to comb my hair, brush my hair, grease my hair, so my hair was never coffered properly. A brush was skimmed over basically"



The Sickle Cell Society in 1979, Lt to Rt Sherlene Rudder, Cynthia McLetchie, Winston McLaren, Ismay Nimblette & Elizabeth Anionwu



Elizabeth (centre) at the unveiling in 2016 of Martin Jennings' Mary Seacole statue outside St Thomas' hospital. Photograph: Nick Savage/Alamy

Alongside her activism around Sickle Cell Anaemia, Elizabeth was also passionate about the legacy of Mary Seacole, a 19th-century British-Jamaican nurse

"I became very involved with others in the Mary Seacole memorial statue appeal. Now, I had never been taught about Mary Seacole as a nurse. And so it wasn't until 1984, I discovered this woman who was half Jamaican, half Scottish. So that had a resonance, that she was mixed-race, I'm mixed-race. She's a nurse, I'm a nurse. She was feisty, I like to think I'm feisty, and here was somebody who was born in 1805, died in 1881. She was born in Jamaica, a free person, and was a businesswoman. She was a doctress and a nurse. A 'doctress', my Caribbean friends taught me that these were predominantly women and in the Victorian era, who used their knowledge of herbal medicines and other aspects of Creole medicine and acted as nurses and midwives, to care for their local communities because of course in Jamaica in that era there was no provision of healthcare for the enslaved, for the free people.

So, she'd written her autobiography in 1857. So, I think that was quite unusual. Mary Prince of course is recognised as probably the first black woman to have written her own autobiography. But when I read Mary Seacole's book *The Wonderful Adventures of Mrs. Seacole* and discovered how much she had travelled and how she had reacted to racism as well. I was really impressed because we're not taught about these individuals. We have negative stereotypes of Victorian black women if we have any information about them at all. And so, I was fascinated by her. And when I was a nurse academic, I had the opportunity to establish my own research center.

When Elizabeth was 25 she lived in Paris for 9 months. She became friends with a French Benin nurse who was interested in politics

"She said 'well you read a lot. You are obviously very intelligent. What writers of colour have you read?' None. And she said, 'I know the very book you need to read' and it was Frantz Fanon's *Black Skin, White Masks*. And initially, it was very difficult for me to get through the first chapter, it was very theoretical. But then I got the gist of it and it flowed beautifully after that. And it was like the scales came off my eyes, Like Frantz Fanon was talking to me, like



Elizabeth Anionwu (third row, third from right) at Nazareth House.



Elizabeth with her group photograph of trainee nurses, 1966 (second row, centre)

"I also remember being told that I couldn't play Humpty Dumpty in a little play because I was half-caste, and even as a child, I knew it was illogical because what colour was Humpty Dumpty anyway? And those are just examples of what made me realise that I was different"

Aged 9, Elizabeth went to live with her mother and stepfather in Wolverhampton, but her stepfather resented her presence

"He couldn't cope with his mates teasing him in the pub, we are talking the mid-1950s now in the midlands, 'what was he doing allowing his woman to have a half-caste child in the house' and behind my mother's back, he started to physically abuse me."

Elizabeth was saved from this abuse when her grandparents took her away to live with them. She stayed with them until she was 16. Her inspiration for pursuing the nursing profession stems from her early experiences in care

"I got into nursing because as a small child in care in the convent, I suffered from very bad eczema and there was a wonderful nun...And she used to use distraction therapy, is what I would call it now to not make me think, make me notice the pain when the dressing was taken off. And she would make jokes and use words like 'bottom' which as a small child, I didn't think a nun should say use words like that. We were brought up to think that nuns were the brides of Christ in the Catholic church and so I thought she was very naughty and very funny and wonderful, and I never had any pain when she changed my dressing. And I discovered a few years later that she was something called a nurse, and so I decided I wanted to be like her, and I stuck to that ambition and never regretted it"

Elizabeth became a health visitor because she preferred it to nursing in a hospital environment. She became familiar with Sickle Cell disease and how it particularly affected African and Caribbean families. Elizabeth hadn't received any information on Sickle Cell during her training

"I felt helpless but also quite angry that I couldn't provide any information additional information to the families"



Nurse Elizabeth in 1969



Elizabeth (centre) with Dorothy Boswell and Lonzie L Jones of the US's National Association for Sickle Cell Disease in 1977. Photograph: Guy Crowder

And I discovered that the place to go to find out more about Sickle Cell Anaemia was America, believe it or not because there was just nothing in this country. And I was lucky that I had cousins on my Nigerian side, who lived in Los Angeles. I went out there and stayed with them, but used the opportunity to link in with the American Sickle Cell Foundation."

"The talk that blew my mind was by the late Bayard Rustin. He was a Quaker, he was openly gay in the '50s and '60s, and he was the most incredible administrator."

"And those connections I made totally transformed me. In New York, I met the last remnants of the Black Panthers"

Activists in America, such as Bayard Rustin and the Black Panthers, provided Elizabeth with an example of how to advocate for people with Sickle Cell Anaemia in Britain, and organise alongside communities to create positive change

"Community action was absolutely vital in developing and improving services for those affected by Sickle Cell and Thalassaemia, the reason for this was that within the National Health Service it hadn't got on to their agenda. There were individual blood specialists and children's doctors who were absolutely active in improving the services. But there was no strategic developments within the country, or within local areas for that matter".

"Until the health authorities felt rattled by sections of the black community, sections of those families affected by the conditions, alongside interested health professionals, nobody was really going to take any notice. And the NHS did get rattled by the upsurge in activism in Sickle Cell. And it was in the Midlands, it was in London. It was all over the country, and there was some hotspots of it happening".

"What really did help was the setting up of the Sickle Cell Society, which was obviously a mixture of those affected by the condition and interested professionals. Because one of the things we all got our heads around was, what is actually needed to improve the services and we pulled together a report called Sickle Cell Disease the Need For Improved Services".



Elizabeth with her father



Elizabeth with Janet Jackson at the Pride of Britain awards, 2019

he understood what I had been going through which I had not understood, that here I was, a brown skin child, adolescent, young adult surrounded by white ethnocentric society, but no one had been guiding me or alerting me, and I didn't have role models or anything like that."

With this, Elizabeth realised she needed to find out the identity of her father

"I found my father very suddenly. You have to realise that I grew up until I was 25 knowing absolutely nothing about my father, it wasn't a subject you could talk about. It was like meeting a mini-me. He was a bit shorter than me believe it or not, much darker than me, bigger than me and male but it was like a mirror image when I looked at him and he gave me the most incredible bear hug, it was such a warm hug, and he said 'Welcome'. I had the most wonderful eight years with my father before he died unfortunately quite young. And we got on very well. He did act as a father figure."

Elizabeth's father headed back to his homeland, Nigeria, and Elizabeth followed in 1973. During this time, Elizabeth became interested in pursuing an academic career alongside health work

"It did me the world of good going to Nigeria. I met this huge family, cousins, aunts, uncles, and I just felt complete. I felt whole. It helped me enormously. Originally I had planned to go and settle in Nigeria, after I met my father. I thought it would help me if I had a degree in terms of the employment that I could get. So that was the original reason why I wanted to go to Masters level. Then life changed. I realised I didn't want to go and live in Nigeria. I wanted to stay here and specialise in Sickle Cell. I had a wonderful supervisor at the Institute of Education, he said 'I think you've got the potential not only with the area that you're involved with but your own abilities to convert it to a PhD.'"

In 2017, Elizabeth was made a Dame, and in 2019 Elizabeth received a 'Pride of Britain' award

QUESTIONS:

1. Which Black historical figure was Elizabeth most inspired by?
2. What challenges did she face as a child of African heritage?
3. What approach did Elizabeth describe as "vital" in developing and improving health services for those with sickle cell anaemia?
4. How did meeting her father and extended family in Nigeria affect Elizabeth?



Esther during her interview with YHP.



Esther in her nursing community in the 1970s.

Esther Adi

Esther was born in Nigeria and migrated to the UK as a child to be with her parents. When she was a child, her younger brother and sister were fostered to an English family and grew up in Kent. As a young nurse in training, Esther worked for a time in Kent, before moving back to London. Esther now works as a social worker

"I was born in Lagos, Nigeria which is in West Africa. Nearly 61 years ago. I migrated to the UK in September 1967 and I came with my brother and we came on the plane to join our parents who were already here. My experiences were quite mixed. I can remember thinking about coming to this country, that there was snow and it was cold so you didn't really want to come because of that and because you're leaving your grandparents behind. "

Esther trained as a nurse in Kent, she moved there initially to be with her brother and sister who were fostered to a local white family

"I went and trained as a nurse outside of London. I actually trained in Kent. Partly because I had a brother and sister in Kent who were fostered out to white people. This was quite common amongst African communities in those days because, for Africans, education is everything and they're trying to do the best for their children. Our parents would often believe that Europeans – or the British – knew best and were better educators than them. That's the kind of mentality they had in those days. "West Africans didn't have any contacts here. Unlike Asians who would usually bring their parents and their grandparents to come and help them out, we literally came on our own, usually, the men would come first. Then the women would join with the children. And that's why West Africans did not have any immediate family help whatsoever. So they all ended up doing what somebody before them had done - foster their children out to English families. And that's what was done. So I had a brother and sister who were fostered out to a white couple. So I guess partly I went to be near them, to be honest, because we didn't grow up together... So we didn't know each other very well. And I'm the first of the family so I tried to get to know them, because it was something I wanted to do."



Esther wearing her nursing uniform in the 1970s

Nursing Education: Implementation of Project 2000 in England

ORDERED BY
THE HOUSE OF COMMONS
TO BE PRINTED
19 NOVEMBER 1992

A photo of Project 2000 Nursing.

Private fostering had a traumatic impact on Esther's family and there were serious concerns about her siblings' safety with their foster family

"My sister and brother stayed there, literally until they were adults. We did try to help my mother to remove them, but it didn't work. Simply because my uncle removed his own daughters and then once he removed his daughters the fostering woman then went to court to get legal custody of my brother and sister. So we couldn't remove them. They ended up leaving as adults. I guess you have to look at it both ways. From the children's point of view, this is a person they know as mother. From the woman's point of view, she brought them up. She can claim she's their mother. And I guess for me, when you learn about life and you grow up yourself, have your own children and you see what it's like to bond with your children, you can understand that with maturity. But of course, when I was 20-22, it is difficult to understand all that. It was an absolute disaster. Once you step over that boundary to give your child over to somebody who doesn't come from their and then say I'm going to take them back when it suits me. It's just not that simple because we're human beings. The whole story of private fostering is not really told at all, to be honest; the damage it does on both sides."

Esther explains why she became a State Enrolled Nurse instead of a State Registered Nurse

"I had a difficult childhood ... I got enough [GCSEs] to get into and to train as a state enrolled nurse. Maybe that's why I went for state enrolled to be honest. I am not going to read anything else into it, but of course, there was the two different type of qualifications. Anyway, it doesn't exist anymore now. There is only one qualification if you go into nursing. But I achieved what I wanted to achieve, so that is good enough for me."

Esther experienced racism while training to be a nurse

"In my class, I was the only black person. Britain was still very different in those days. This was not very long ago – 1975. But it's still a long time ago. And this country was a very different country then. I guess in those days, it was okay to some extent. But there was that underlying racism that was always there at that time. I had one particular person who would call me derogatory names. I was on the same ward as him and he was already qualified but I wasn't qualified. And he would call me all these derogatory names that I'm not going to repeat. You probably haven't even heard them before. So he was quite intimidating. But I guess, as far as in those days, our focus was on what we're trying to achieve and, apart from that, there was no one to take it to anyway. Nobody listened to black people in those days about racism and being discriminated against."

"So there was one particular guy who was very racist and well, what could I do. You just kind of let it wash off your shoulder."

Esther also experienced racism from the patients

"Patients were very rude. And a lot of black nurses, we couldn't do anything about it. The unions wouldn't support you. But you met a lot of patients who were sick people. A lot of them would be quite rude to you and say "don't touch me, you're black!" Some of them were elderly men who had lived in Africa and they did all this "oh, I've been to your country." And I'm 20 years old, at your age now. Imagine, you know, you're nursing somebody, and you try to give them a bed bath or something and all these bad things about how they think about you and so on and so forth. "Ha-ha, we were in your country" and this, that. And I think to some extent, being young as well, you just... You didn't really get into it. You know, you hear what they're saying but you just get on with it. But some of them were quite rude to you – "don't touch me", "you're black, I don't want that blackness next to me." So some of them were quite vocal but the NHS would just say "well, you know... They're old. They don't know what they're saying. They're confused." So it never really got challenged in those days."

Esther is proud of her Nigerian heritage however she also identifies as British

"I'm a Nigerian first and foremost. I was born in Nigeria. I came here the day before my tenth birthday so I'm Nigerian, but of course, where you live is where you pick up the culture and my kids are born here so. I'm British, I'm both. Why shouldn't I be both".

QUESTIONS:

1. *Where was Esther born?*
2. *Why did Esther train in Kent?*
3. *How do you think the practice of private fostering affected Esther and her family?*
4. *Why did Esther become a state nurse?*



Esther in her second year as a student nurse, 1961

Esther Bentil

Esther is a retired midwife, nurse, and ward sister. Originally from Ghana, she arrived in Britain in the late 1950s

"My name is Esther Bentil. I was born in the Congo on the 3rd of March 1936. My parents were Ghanaians. And my father went to Congo to work, and that's where I was born. I arrived here on the 12th of January 1959. And, my reason for coming here was to train as a nurse to go back to Ghana, to open a maternity home."

"I didn't know very much about this place at all. When I came here, when I got here, then I found people walking about, smoke coming from their mouths. That's when I came to realise that it wasn't going to be as warm as it was at home."

Esther arrived in England by ship, which docked in Liverpool

"There were quite a lot of people, mainly Ghanaians and Nigerians... When I first arrived here, I was expecting the weather to be like it was in Africa. Nice and warm. But I didn't find it that way. I didn't know very much about this- this place at all. When I came here, when I got here, then I found people walking about, smoke coming from their mouths. That's when I begin to realise that it wasn't going to be as warm as it was at home."

For many Africans arriving in Britain, it was very hard to find housing due to discrimination from landlords. Esther managed to find a room to rent in Archway

"It was a small room and I paid one pound a week. When I first came, you couldn't really get somewhere to stay anywhere you went, they tell you that 'no blacks or no Africans', nobody really wanted to rent rooms to black people. So that was hard."



Esther and her husband on their wedding day. The hospital she worked at lent her an ambulance to use as the wedding car.

Esther didn't plan on remaining in England when she first arrived, but her plans soon changed

"I only came here for three years to train as a nurse, one year for midwifery, one year to work and save some money, and then go home to open my maternity home. Because I really wanted to open my own maternity hospital in Ghana. And British training carries a lot of weight in Ghana so I decided to come here and get that qualification and go back so I can have more patients... [But] I found somebody who was here already and got married, [had] children so I stayed on and worked here."

"I went straight to Red Hill General Hospital, and trained for midwifery part one. That was 1962... It was only six months. And also, After that, I came to the hospital for women and children in Clapham South and did my midwifery part two. It was better than general nursing. All you had was the mothers and the children and the babies. So it wasn't too bad. It was very nice. Doing the midwifery. I enjoyed doing deliveries."

Midwifery was a very fulfilling job for Esther, but during her student nurse years she noticed that she didn't always receive the same opportunities as her fellow students and often got stuck with the worst tasks

"When I was training, I never really had the opportunity to go with doctors and sisters. Most of the time I was in the sluice cleaning bed pans for months. Those days we didn't have disposable containers, bed pans were all stainless steel. So you have to wash them, sterilise them before you start giving them to the patient. And that was my job every time. Getting posts those days, you never saw many black sisters. black nurses were always kept behind. You never got any promotions."

Esther recalled a specific event when her friend was discriminated against at work, that sticks out in her memory

"If there's a vacancy, they wouldn't give it to a black person. They would rather wait to have a white person to take it. I had a friend who did a diploma in nursing and she was given one of the important wards to run until a white lady came. Then my friend was told that the work was solely temporary, it wasn't a permanent job. So they took her off the ward and gave it to the white lady. So my friend took them to a tribunal. She won the case and they retired her. But she was so upset about this that she didn't last long. She got very ill and died. It was after my retirement but it was sad to know that such a good nurse was forced to leave and that made her die so early."



Esther as a pupil midwife, 1963

During her career in healthcare, Esther progressed to a ward sister.

"I didn't stay as a midwife throughout. After midwifery, I worked for about six months as a midwife, and then I got the sister's post as a general night sister. That was about 10 years after I qualified as a midwife. I got the sister's post. And I worked from 1971 until I retired as a night sister. I had the blue uniform with a white pipe around the neck and that's what I was throughout the 20 years. It gave me the authority to tell people what to do."

A number of African and Caribbean Nurses Associations exist, to provide social activities and build a sense of community, Esther was a member of two of these associations

"I joined the Ghanaian Nurses Association. From 1990 until I retired. They didn't do much, but from time to time they organised Ghanaian dances, which me and my husband went to, and they cooked, we ate. And sometimes we went on excursions, which took me away from home... the Jamaican nurses association, I was a member of as well. It was different. The way they organised their association was better than the Ghanaian one."

Since her retirement, Esther has enjoyed being able to do other things with her time

"I retired in 1995. It was very nice, because I could do other things then. I did voluntary work, I was cooking for refugees. We used to come to St. Mary's Church in Balham. We have to cook and feed them. That's maybe one meal they get during the day. So we cooked and served them. Now, I don't do too much, but I do a lot of reading, and I like cooking."

Esther's three children were born in the UK, and whilst they were growing up she felt it was important that they knew about their Ghanaian heritage and culture.

"[Children] need to know our culture. So sometimes it's better to take them to show them some of our culture. I thought that was important for me. So I did all that. took them to Ghana to meet my people. I brought my parents here. They met them here. We went to Ghana to see them before they both died."

QUESTIONS:

1. What goals did Esther have that attracted her to migrate to Britain?
2. What were some difficulties that Esther and other Africans had to deal with upon arrival in Britain?
3. What community work has Esther been involved in since her retirement?

Favour Olagunju



Favour with a patient in Nigeria



Favour with her colleagues in Nigeria



University College Hospital, Nigeria

Favour Olagunju was born in Nigeria in 1965. From a young age, she was inspired to pursue a career in Healthcare

“When I was young, I was much interested in caring for people and I know that right from when I was in Secondary School, I decided that I’d like to be a nurse. The secondary school that I attended was not too far from hospitals and we [would] see the nurses inside and out of the compound. So, when I’d look at them, the way they walk, the way they talk...I would want to be one of these. [It’s] something I had passion for, right from when I was a child even up to the time I was in secondary school. So I decided to pursue it.”

Favour’s nursing career began in Nigeria before she migrated to Britain

“I started nursing in Nigeria since far back, '86... I did my midwifery course. So, I entered midwifery in September 1986 and I finished in 1988. So, after I worked a little bit, like six months in a private hospital, I went for my general nursing in the University of Paediatrician Hospitals and I finished 1990... I’ve been full-time nursing since 1991. But I started with State Hospital and that state hospital is in my local area of Nigeria. I was working in a general state hospital up to 1992. In December 1992 “I had my first baby, so I then changed where I was to come and join my husband in University College Hospital, UCH in Nigeria. I was in UCH from 1992 December, after my Maternity leave. In Nigeria, we only have 3 months maternity leave. I was there until 2001... when I came to this country.”

After hearing of job opportunities in the UK, Favour rushed to apply. She already held UK Citizenship, although it was expiring, and she jumped at the chance to be employed in England



Favour Favour with her colleagues
outside their hospital



Favour at her graduation ceremony in
Nigeria

"You see, before that I wanted to come to England for more knowledge... Hearing that they want to recruit and I knew I had UK citizenship that expired in June. So I just grabbed all my credentials and I rush in there, and then we did an exam. So fortunately I was successful and I passed the exam. And then I applied for my visa [and] was given a student visa. And I came here 2001. So that was how I ended up [here] and then from there we had two weeks training. We were welcomed, and they put us in those black cabs from the airport. You know they allocated us accommodation...everything we did was arranged."

From there, Favour worked in a Nursing Home to gain clinical experience, and after completing additional training, was employed in Wales

"The first hospital I applied for was Princess of Wales. I was the only black in the hospital. It wasn't as bad as I expected, because I was the only black everybody knows me, you know... being the only black that was a bit of a challenge to me. But fortunately for me, I was able to settle better because most of them, I won't say all of them, most of them were loving. They were lovely and then they were more accommodating than England in Wales. I was in Wales from April to June. By June my family were about to join me, my husband, and my children. My husband told me he would prefer England. He doesn't think we would like it in Wales. So, I had to look for another job."

Favour began working at Lewisham Hospital (now known as Lewisham and Greenwich NHS today), and found greater diversity than she had seen in Wales.

"Coming to Lewisham, we have a lot of those of us from black origins. The ethnic minority, the whites, you know, we were like half [and] half. So I felt more secure because everywhere you see that people in the world, you will see like maybe five, four of us are black from the same country, maybe from the Caribbean. We feel that it gives you that type of security and stability."

Favour found that the cultural differences between Nigeria and England were stark, especially in professional environments.



Favour during her adaptation programme in 2001



Favour with her colleagues at the Princess of Wales hospital, Brigid Wales, 2002

"It was a bit of a challenge. In the sense that culturally we are different, you know. Our backgrounds, our accents, those are the challenges we face. Sometimes you speak and they will tell you, I can't understand. Likewise vice versa they will say things we don't understand. You just take time and say....and that was where some of my friends/colleagues ran into trouble and they keep failing them."

"Some say, with Africans, that we are loud. You know... we are very vocal and then the white people see us as being very rude."

Favour has also experienced racism and discrimination during her work in Britain's healthcare sector

"When I was at training, they did not say morning. You enter into the resident's room and you say "Good Morning Becky". They would say "Go back to your country". It was as bad as that, and they would ask 'how do you understand English?' That was the impression they had of Africa. Some they would ask you where did you get the clothes you put on because they said in Africa you wear a leaf and I said 'no not at all.'"

"One day I was on the ward, I was doing my medication, a relative came in, I said "Oh Good Morning, hello" and smiled. They said, "I'm here to see my Dad". He went to his dad's bedside, he saw the dad, he saw me... he went into another bit, and when I saw I said 'what are you looking for?' He was looking for a nurse to talk to, he did not want to talk to me, and eventually, he saw a white lady and he asked the white lady about updates and she said 'Oh, ask the nurse' and that he should talk to me."

"So, sometimes we are being treated quite different and that is a part of the racial discrimination that black nurses face, and sometimes some of them would go as far as calling you a 'Black Caribbean Cow', 'You black Caribbean Cow'. It was as bad as that. They don't trust us and when it comes to academic parts [that] black nurses are good. We learn everything inside and out."



Favour during her husband's 60th birthday celebrations, January 2020



Favour during a holiday

By the time her family came to join her in the UK, Favour made it a point to prepare her children for the racism they might encounter.

"Normally I would go home every six months, travel back to Nigeria to go and check on my family and I've been telling them what this place is like. I prepared their mind. So I prepared them: "When you are in school they might call you a cow. You call them pig". I said "They might do this, they might be racist. You don't cry. If you cry they will take advantage of you and do it more. If they call you cow, you call them pig. So, don't keep quiet", I said, because that is bullying. "Don't let anybody bully you", I said, to prepare their mind. I let them know what they are coming to face and obviously when they joined me too and even when they go to children's parks to play saying 'mummy, someone bullied me' they'll do fine. So, they'll be prepared."

Despite facing racism in the workplace, Favour is optimistic by nature and has not let her experiences negatively affect her.

"Whatever you focus on will take hold of you. If you are focusing too much on the negative it will take hold of you and then you will be biased. But if you are thinking too much of the positive and we take over, take hold of you, you are open-minded when you are going to work and that will help you better. So yeah, that's how I look at things."

When asked what she would say to black people who are worried about facing discrimination in the UK, she said:

"I think we should just have open-minded, positive attitudes... racial discrimination shouldn't be an issue. I'm not saying it's good. I'm not in agreement with it, but don't let it put you off balance that much."

QUESTIONS:

1. What stands out to you about Favour's story?
2. What challenges did Favour experience in her workplace? What would you do if you saw or experienced these problems?
3. What positive impressions can you take from Favour's story?



Fayida as a baby

Fayida Johnson

Fayida Johnson is a former nurse of Sierra-Leonean heritage. She was born shortly after her mother migrated from Sierra-Leone to England, to complete her nursing training in the 1940s.

“I was born here [England] in the ‘40s. My mother had come over to do her nurse’s training. She got pregnant with me, and I arrived, and she continued nursing. I went to live with foster parents. She went to live in Nigeria and I also followed her in, I think it was 1950.”

Fayida’s mother, Abioseh Pratt, was registered as a Nurse on 28th May 1943, at the Prince of Wales General Hospital in London. She also worked as a nurse afterward in Sierra Leone, before marrying and relocating to Nigeria in c.1948. After living in Nigeria for several years with her family, Fayida returned to England to attend boarding school.

“I can say very little, except to say she came over here to do her nurses training and, she had me, and then she went back to, Sierra Leone and she was nursing there. And I think it was in about 1948. She met my stepfather. And he lived in Nigeria, they married and my sister was born.”

Fayida was sent to boarding school in the north of England when she was nine. Returning to Nigeria a few times, sometimes with her children, but most of her family have since settled here in England.

“When I came back to England in 1953, I went to boarding school up North. It’s near Blackpool. [My last visit to Nigeria] was in 1993. But then my mother came to England and most of my relatives were already here. So I haven’t been back to Nigeria since then.”



Fayida (centre) with her nursing colleagues



Young Fayida in her school uniform

Fostering was a common practice for families of West African origin who arrived in Britain to study or work, many of these arrangements being private and unregulated. Experiences and commentary have therefore varied, but Fayida maintained a positive and lengthy relationship with her foster family.

“I was fostered in Wiltshire in a little village called Chiseldon. It’s near Swindon, and I spent the first six years of my life there, with my foster parents. It was, it was lovely. Actually, my foster parents were lovely to me. They spoiled me. Even when I left them, I stayed in touch. Cause when I came back to England when I was nine, I went to boarding school and my foster parents stayed in touch and stayed in touch all their lives until they died. And they died in the seventies in, I think it’s about 1974 or something like that.”

Fayida had an extremely positive time with her foster family, however, the time she spent with them meant her return to Nigeria had many revelations, especially regarding ‘blackness’. She discusses how her first years in England compared to her return to boarding school after spending this time in Nigeria.

“It’s funny, even as an under 6-year-old, I didn’t realise I was black. I hadn’t seen any other black people. And it wasn’t until I went to Nigeria. When we arrived in Nigeria at Apapa, all I could see were black faces. And that’s when I realised. Because I used to turn my hand over and look at the white part of my hand. And I could never understand why the rest of me was black. And when I came back to England in 1953, I went to boarding school. There was only myself and another black girl there. There was racism, but it just did not affect me. And it didn’t worry me, to the extent that some of the names I was called, it just didn’t bother me at all. It’s not like today when, if you get name-calling, it’s not acceptable. They didn’t use the n-word, for instance, we were called darkies. We just accepted it.”

In the 1970s, there were two options for nursing training: State Enrolled Nurse (SEN) and a State Registered Nurse (SRN), the latter requiring lengthier training and providing further career opportunities despite the overlap in roles and responsibilities.



Fayida in her uniform

[Regarding SEN training] “It was two years and I am not very academic. And unfortunately, I only had four O levels, and the tutors at the nursing school said, ‘We think, perhaps you should do this’. The enrolled nurse training. ‘And if you get on with that then you can do the registration’.”

She began nursing in 1977 when she was in her thirties. She had two teenage children at this time but after relocating from Gloucester to Croydon, Fayida had decided this was a good time to begin her studies.

“I worked for the Home Office for a while, but I decided that I would go into nursing. So I went into nursing, I started in 1977. I was in my thirties when I started nursing, so I already knew about life and how to handle it. I didn’t have any problems with talking to patients or things like that. You learn to be very resilient, you don’t have any embarrassment whereas if you’re younger you might have a lot of embarrassment. Because obviously, you work on male and female wards. And sometimes certain men can be a little bit intimidating towards the young girls but I never had that problem because I was a mature woman, I had two children and I could handle myself.”

In the 1970s, training to become a Nurse started and ended in a hospital rather than the time spent at university that we have come to know today.

“In those days, the training was different. We trained in hospital, you know, now, students go to university and they do placements in hospital, but we started straight in hospital. I mean, we had, what they call a block, where you go into the classroom for six weeks.”

“And then after that, you go straight on the wards. You work alongside, the other nurses, but you’re part of the team, you know, and as you become more experienced, you do different things, but at first, it’s the bedpans and things like that, you know. You work your way up. You will spend about three months on a ward and then you go back into a block, which is the classroom, and you’ll have your tutors, you know, and then you will go back onto a different ward. They [then] move you around different wards in the hospital.”

Comparing the different approaches to becoming a nurse, Fayida is glad to have qualified the way she had

“I prefer the way that we learnt, because we got more experience and not only that we were more confident as well, you know, very confident because we’d been through the whole three years [on the wards].”

Whilst training she didn’t face too many difficulties as an African woman since she had spent most of her life in England and had become accustomed to being one of the few black women in an area

“I’ve always lived in England. I know the English and how they think, you know what I mean? And for me, if you know there were any racial problems, I just brushed it aside. When I came back to England in 1953, I went to boarding school up North. And I don’t know whether you’ve heard of it. It’s near Blackpool. Now there was only myself and another black girl there. And in those days, there were not many black people around. There was racism, but it just did not affect me, and it didn’t worry me to the extent that some of them names I was called – it just sort of, it just didn’t bother me at all.”

Again, Fayida discusses the comparison of experiences felt by medical practitioners in recent times to her own

“Nursing today is completely different, you know, I’m sure the nurses today will have a different tale to tell. I’ve heard things from nurses to say that, you know, some patients don’t want them touching them and that sort of thing, but that has never happened to me.”

Upon reflection on current affairs of ‘racial’ issues and experiences in England, Fayida has been thinking about her own heritage and cultural history

“For me, if there were any racial problems, I just brushed it aside. In those days, because there were no other black people around it just did not register. It’s only when you think of it later, that you realised.

Do you know, it’s funny, since 'Black Lives Matter' has come to the forefront, I have been thinking more about Africa and African history. Because obviously when I was at school we were just taught white history. I don’t speak any Nigerian languages, the only language I speak is English. In a way, I am sad. But the thing about it is, it is what it is. There’s nothing I can do about it.

What I would say is that the young are more accepting of different ‘races’ than my generation, or the generation before me. The young seem to embrace different cultures – definitely, I would say that. You look at the Black Lives Matter [movement], and there were quite a few white people in that. So I think that the younger generation are more aware of what is going on, as far as different ‘races’ are concerned.”

QUESTIONS:

1. *What were Fayida's memories of school in Britain?*
2. *How did Fayida find the experience of being fostered?*
3. *How does Fayida think attitudes towards 'race' have changed over the last few generations?*



Funmi (third row, fourth left) during her nursing training at Hull College of Nursing

Funmi Oke

Funmi Oke is a midwife and pediatric nurse, she migrated to the UK from Nigeria in 1983 with her family. Upon arriving in the UK, Funmi set about expanding her education

"I was brought up in Nigeria. I got married then to my husband and [with] my daughter, we moved to the UK in August 1983. I was about 24, 25 when I came to the UK. My husband was actually a Merchant Navy Officer and he went to Hull College. His brother and his family was there. So at that point, he decided to move his family from Nigeria back to the UK. When I came, I wanted to further my [education] because before I left Nigeria, I was qualified as a teacher. I was a teacher before I left Nigeria. But mind you, when I was little I really wanted to be a nurse. Coming to the UK, I had to try to get more qualifications and develop my knowledge, before anything else. And that was the reason why I went to college and from college, I went to university in Hull"

Funmi was first inspired by her late aunt to become a midwife

"My auntie, bless her. She died a year ago. She was actually a midwife. And because of that, I have the inspiration of becoming a midwife myself. So that was the reason why I [saw] this is an opportunity for me to pursue my career in nursing when I go to the UK. And that was the reason why I went into nursing"

Funmi trained at Hull Hospital, then known as Hull College of Nursing in Yorkshire. She was the only black student. Unfortunately, she experienced discrimination during her training.

"During the training, I had to deliver 50 babies. 50 babies and I could remember one of them refused. She did not want me to deliver her baby. She didn't give any reason but she refused. Deep down, you know the reason why she doesn't want you to do it but that's how life goes. After we qualified, it was only me that they didn't give me a job as a midwife. I tried, I did so many interviews, I participated, I did a lot of presentations and in the end, why? Because they have to question them, why does she not get this job? And one of their reason was 'She's too experienced, she's too confident' and I thought you want me to do, I have to be confident to do this job, given the skills. I mean, in this case, I actually go to court for

discrimination. They actually got a lawyer for me to follow this case both in the end, there is no proof because in Hull, at that point the society, black society wasn't that much. So, they cannot prove it. So, unfortunately, I abandoned midwifery and I went straight back to general nursing and I started doing my nursing with paediatrics for so many years."

Despite the discrimination Funmi has faced in her career, she likes to reflect on the positive moments too, which make her proud of what she has achieved

"The highlight of my career is I've achieved a lot with what I've done with the NHS. Starting from being a registered nurse, going into being a midwife, and again to being a registered sick nurse [for] babies, which is paediatric, and to go and do NICU (Newborn Intensive Care Unit). I've achieved a lot, which I'm really, really happy about. And I'm proud of my career and I'm proud that I went into nursing. No matter what the challenges [are that] you've been through or what people throw at you, I'm happy that I achieved it and it's the best career. I can recommend it to anybody."

Funmi recalls that when she lived in Hull in the 1980s, after recently migrating from Nigeria, there were not many other Africans in the area. Because of this, the majority of patients Funmi encountered were white

"[There was] not much of an African community in Hull, and one day they had an admission of a premature baby. This baby actually came to the ward and I wasn't there when the baby was admitted. So, I came on duty and they're doing the round with the consultants and so I just look at the incubator where this baby is. I said 'Oh my God. Oh my God. Oh my God', and the consultant said to me, 'Funmi, what's wrong?'. I said, 'look at the colour of that baby' and he said, 'Funmi, it's a black baby'... because I thought the baby wasn't breathing. And that was how many black babies I had met during my career. The majority of them were white babies."

Because Funmi was one of the very few black people living in Hull during the 1980s, she remembers receiving odd looks, and sometimes offensive comments from passers-by

"[There were] not a lot of black people around at that point. So people looked at you as if, 'Oh, that's strange', and some people look at you as, 'Oh, where's she from? She should go back to where she's coming from'. So you got two types of feelings between people there. But now, going back to Hull, [I went] a few months ago, there is a huge population of black people over there now, and with this situation that is going on [with the Black Lives Matter movement] around the world, people can now understand what black people are going through."

Funmi is passionate about celebrating her identity as an African woman in the UK

"Of course, you need to celebrate your identity. You come from a [certain] country and you need to let people know. Yeah, no matter why you live in the UK, you are still a Nigerian as well as British. So you do have the right to celebrate and therefore people to know who your identity is, you know?"

Funmi has a piece of advice for young people of African descent today

"The only advice I would give to [the young generation of Africans of today] is say, keep your head down, do what you want to do, go for what your dream is all about. Go for it and achieve your dream. Don't let anybody discourage you from doing what you want to do"

QUESTIONS:

1. Which city in the UK did Funmi initially migrate to?
2. Why did Funmi become a midwife?
3. Can you describe one example of discrimination Funmi experienced during her career?



Glynis, photographed for 'African Stories – Contemporary Voices' project, 2016



Glynis as a young woman c.1980s

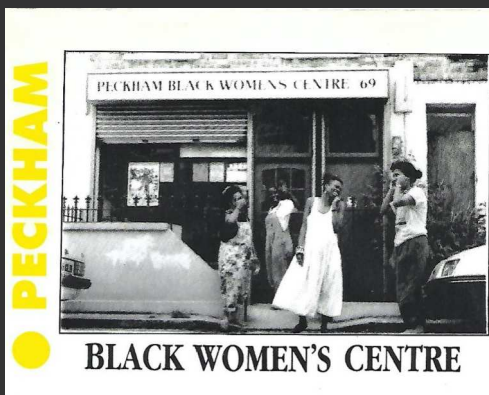
Glynis Neslen

Glynis Neslen grew up in Great Yarmouth, on the east coast of England. Of English and African heritage, she was fostered alongside other children of mixed heritage

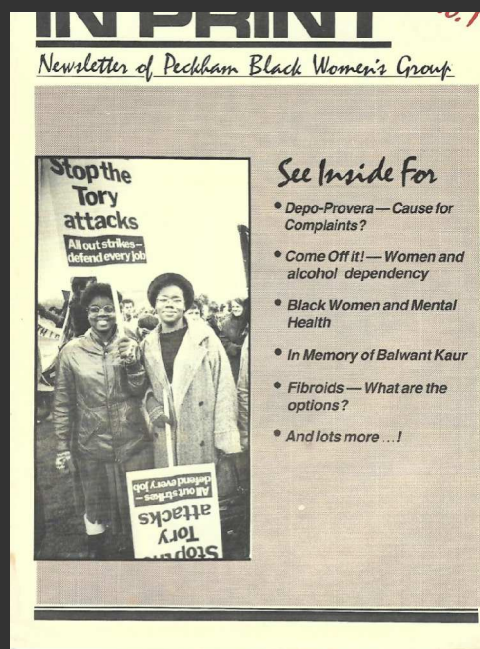
"My foster mother decided to keep us all as long-term fostering, which was like being adopted really because we never went to anyone else. So we stayed with the same family. I was fostered with three other mixed-race young people. And I was fostered when I was about two. So three of us were mixed English [and] Caribbean/African, and then my sister Angela, she was Anglo-Asian. When I was 16, we got little slips of paper that actually mentioned who our parents were. Just a little bit. So that was a bit of a shock at 16. Most people do have information about their family background, they know where they're from, or they know their history, who your grandparents are, all those sorts of things. But if you're fostered or adopted, you don't necessarily. Obviously, you have to give up a baby. And I don't think it's easy for women to give up babies. You give up all rights to any connection to that child. So I spent a lot of time being angry about it."

Glynis' foster parents were white, and the area she grew up in was also predominantly white. As she got older she reflected on the impact of this on her identity

"Our foster parents were really nice people. The only thing is we were brought up in a very white area, so it was difficult to make friends. I didn't really get any real friends until I moved. And I think my foster mother didn't really understand much about race. And later on, I did ask her a few questions like, 'Why did you bring us up in an area with no black people?'. And I think, she was quite honest in a way, she just said 'Because I'm white'. I think because I started to get involved with more black things, and wanting to know more, she was a bit worried about me at one point. I think it was when I was 16 when I got my piece of paper which said I was Nigerian English. So I suddenly knew that I was Nigerian."



Peckham Black Women's Centre, 1989



'In Print' Peckham Black Women's Group newsletter

Glynis recalled instances of racism during her childhood years in Great Yarmouth

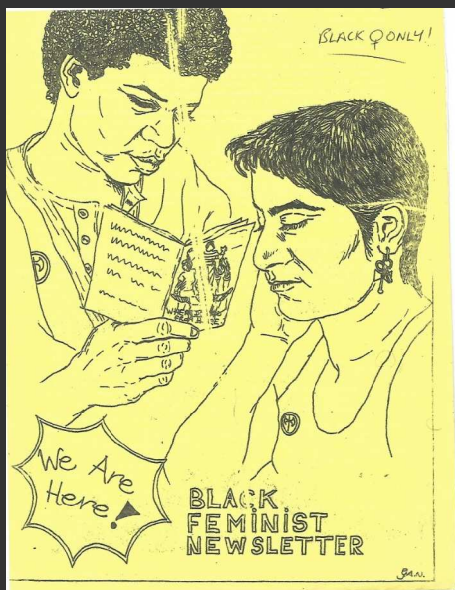
"At school, there wasn't overt racism as such. But I remember, me and my sister being followed by a police car down the street once. I think it wasn't necessarily about them wanting to arrest us for being criminals. I think I was about 14... it was just they wanted to curb crawl us. So that was a bit of a shock. There was a boy who used to just routinely call me names all the time. 'Sambo', 'Jungle bunny', that sort of thing. I remember I laughed when he called me 'Jungle bunny'. I had a friend who stuck up for me. She was a 5'10, white girl, but she was sort of my protector during my school days."

During her adolescence, Glynis became more and more interested in the struggles taking place globally by black people, against racism and colonialism. She was also determined to stand up against racism herself

"There were certain things I picked up on that they mentioned, sort of struggles. And then, of course, we had a lot of the South African stuff on TV. I had a racist English teacher at my school and then we had a supply teacher and I remember writing a story about South Africa. I remember writing a story about a golliwog as well. Because at that time, there were golliwogs about and I wrote it to my racist English teacher. I wrote this story about a golliwog who got fed up and then decided to go to Africa. So I did equate the golliwog with being black. In the Enid Blyton stories they got read to us, the golliwog was always the naughty one. You know, the mischievous one."

Glynis moved to London where she trained as a nurse. During this time, she also became involved with community activist groups

"There's racism in London. There are bigger groups of people to fight it as well. I joined Brixton Black Women's Group. And I joined all sorts of things while I was training because I was in South London... So in the end, I almost had a double life. So in the hospital, I was this student. And outside there were feminist politics and health politics as well. We went to lectures at the London hospital on various topics. And that was fascinating because they had lectures on all sorts, abortion, for instance."



'We Are Here' Black Feminist Newsletter



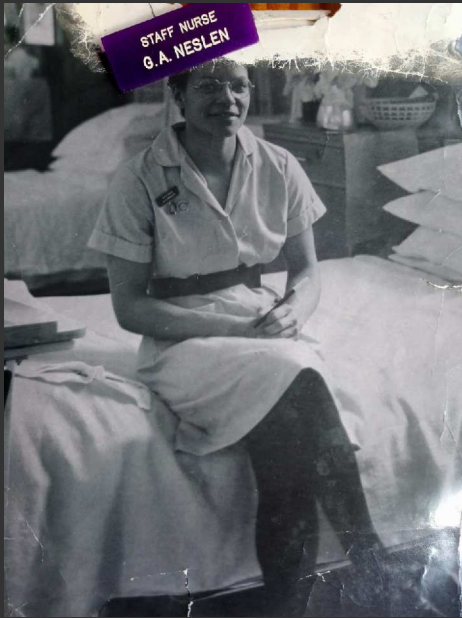
'Speak Out' Brixton Black Women's Group newsletter

Glynis resided in London between 1979 and 1992. She was involved in political movements for both black people's rights and women's rights.

"It's quite a lot of work, you've [got to] understand how to produce things, how to produce a newsletter, and it was a getting together of quite a few of us, mainly women. A lot of the things I did get involved in were to do with women because I was a feminist. So I knew that I had to fight for the rights of women. And then that came first in the sense. But there was always this thing that you had to choose if you want to be in the black struggle. And I think that's why the Brixton Black Women's Group formed to actually have a voice for women, because it was all the men's voices. Because the men were targeted more, they were stopped and searched, they were beaten up. They were killed by the police as well. Although, Cherry Groce was a woman who was shot during the Brixton riots. It was clear that black women were being shot as well and beaten. So most of the time in London, I was in a political mode, because there was so much going on in the '80s. So in that time, you've got Thatcher and you've got the poll tax and you've got all sorts. So a lot of things were connected together, the anti-racist sort of marches and there was a lot of music gigs, in parks like Brockwell Park, and in Finsbury Park, as well, that was another big venue"

Later in her life, Glynis became more intrigued to know about her birth parents

"I did become interested in it later, I guess [I thought to] get myself independent and then actually start searching for my birth parents, which I did when I was about 32. I found my birth mother. I did try finding my father as well. But I couldn't. It was very difficult because, he went back to Nigeria, and I didn't know his full name. It's been very difficult to find out who he is exactly. But I think it's really important... I don't know, there's always a loss if you don't know where you've come from. I think that it's just how desperate you get about it, you have to sort of find ways to mitigate the pain of not knowing and not belonging anywhere. I think that's the difficult thing. And then also the circumstances upon which you actually came into being, what was the story? How did you get here? So that's the sort of questions I had to have with my birth mother. And that was a very difficult period, even though I was 32, but I had support"



Glynis in her nursing uniform, on a hospital ward



Nigerian Udu pot created by Glynis

In her healthcare work, Glynis was particularly interested in helping people to live a healthy lifestyle as prevention against developing a disease or illness

"I wanted to be a health visitor. Because I was interested in the idea of promoting good health or preventing disease. It's all about prevention. And that was the area of nursing that seemed to be involved in that. But the health service hasn't always necessarily promoted that, it's more you go in when you're seriously ill. But, you know, when people came in, it's very noticeable that some people were living on diets of jam sandwiches or especially older people, or cat food sometimes, they didn't have a very good diet, some people. I was starting to think holistically. Although I wasn't particularly living a healthy lifestyle necessarily, I thought that health services should be about helping people to get better but also to keep well. I think that keeping well thing has been the bit that they haven't really [achieved]. The food is notoriously bad in hospitals. So they haven't really thought about the whole system of how you keep well, you get better, you combat being ill"

In the late 1990s, Glynis relocated to Hull where she works in the Arts. She is a photographer and artist and has had her work showcased at exhibitions

QUESTIONS:

1. How did Glynis find out that she was Nigerian?
2. Can you describe one of the racist experiences that Glynis experienced during her childhood?
3. Why did Glynis decide to become a health visitor?



Hala Abusin



Hala at work in a pharmacy

Hala Abusin

Hala Abusin works as a Pharmacist. She was born in Sudan and migrated to the UK with her family as a teenager in the 1990s.

"Sudan is a mixture of people who came from the Middle East, and from Egypt who migrated down to Sudan, as well as the indigenous population of Sudan. So my mom and my dad are a mixture of Arab and indigenous African Sudanese, who were there in the land before.

My dad was involved in the University of Khartoum. He was part of the Arabic department, and he specialises in a very niche area in the Arabic language and traditional studies so he was...in today's language you'd say he was headhunted. He was approached by an organisation in London... and so he took up the post and we moved with him with the family.

My immediate first thought was leaving family and friends. I'm part of a big family network with cousins and aunts and uncles, so I guess leaving them behind and the thought of not seeing them everyday. [B]ut also at the time, where I was studying was somewhere I really loved and enjoyed and so there was the fear of the non-familiarity of my new school/college where I would be studying."

When she first arrived to the UK aged 16, she found parts of daily life in London difficult, and it took her a while to adjust to her new routine.

"The things that I didn't really find easy to adapt to were the daily commute, so getting up early in the morning and getting on the Underground and then going to school and I had to navigate the banks system and the supermarket. [T]hese are the things you would not have had to get used to when you're on holiday but then becomes part of your lifestyle. And I had to grow up very quickly and become independent so my fears were really around sort of day to day commuting and I guess making friends, being the girl [from] Sudan who's just come here."



Hala at her interview with YHP, 2019



Hala and 'I love NHS' street art

During her childhood, Hala became fascinated by the world of Medicine which led to her pursuing it as a career later on.

"I was about 11 or 12, I had an uncle - who's sadly not with us anymore - who was a pharmacist... There's more to pharmacy than just learning about the drugs themselves and what they do. It's more about when you actually take the medicine, how does it know where to go to treat the illness. So if you have a painful toe how does the tablet know to go to the toe? If you had a headache how does the tablet know... obviously that's not how it works but at that age I took a very avid interest in how medication works when you take it, because most of the time you just swallow it. And the career at the time that most people were choosing to do if you were going into Healthcare was to be a doctor, [but] I wanted to know more about the medication rather than diagnosing the illnesses."

When Hala began working as a Pharmacist, she was glad to see that there were other women of colour also working as Pharmacists. However, she thinks more could be done to encourage women and people of colour in senior positions.

"At the time when I qualified, pharmacy as a profession was actually well represented in terms of women, in terms of people of colour, black and ethnic minorities. So I would feel that we were represented, not in positions of management, the decision makers, not so much, but in High Street pharmacies and hospital pharmacies I would say fairly well represented. But I think we can do with more women and more ethnic groups in positions of power in this time rather than being the ones who are owning the pharmacies and selling the meds."

Since Hala first migrated to the UK, she has seen the Sudanese community networks flourish and support each other in various ways.

"Over the years the community has grown, the Sudanese presence has grown and there are several organisations that are operating on the grounds of West London and a lot of my sisters live in Manchester and again the community is very active there. People have a common goal and with social media nowadays there is more of a good way of connecting. There are some organisations, women based organisations in London that my mum is part of and I'll try and attend. When we had the sad events that happened in Grenfell tower several years ago we had a global Sudanese meeting, as sadly there was a Sudanese resident who passed away and a group of people got together and really supported the family and extended members of the family in Sudan and so on. I personally went on the trot to see anyone, not only Sudanese, but anyone who was part of the building who survived and was in need of medication, lost any medication in the fire."



Hala enjoying the outdoors

"I went to talk to them about where the nearest pharmacy was and spoke to the pharmacist directly so I can get them their medicine supply and take one area out of their hair and help in that way. I think it's nice to stay Sudanese that way, between being a British resident/national living in London and still maintaining being Sudanese and true to who I am. There is no conflict. I found through educating others who might just not know is the best way. In a very calm, serene way."

Hala had some advice to share with the young people of today.

"One of the things I'm really, really trying to stay true to and advise younger people now is: you have to really master the art of being yourself. Because you can not be anybody else. Everybody else has their own blueprint, and if you look at what other people think about you, there are many opinions about you as there are people. So you've really got to hone in on being yourself and working out what that looks like for you. Because you are born with certain talents and one of the things that I would really recommend people do is to find out - it's not the whole passion-purpose - find out what your talent is and put it into the service of, not the job that you choose to do, but the job that you're doing, the studies that you're doing. Put that talent into the service of what you're doing right now."

QUESTIONS:

1. What were some things that Hala had to get used to when she arrived to London?
2. How does Hala describe her family's heritage?
3. What inspired Hala to explore a career in medicine?



Hala (second in from far left) with YHP members, Charing Cross hospital staff and mural artist Michele Curtis (fourth in from far left). Hala is one of seven women featured in YHP's mural at Charing Cross hospital. The mural is a part of a series of murals entitled 'African women in British healthcare'.



Helen Boateng



A photo of nurses from a magazine article entitled Black Angels .

Helen Boateng

Helen Boateng was born in Ghana and had a happy childhood there.

"I was born in Cape Coast, Ghana central region. And I had a very happy childhood there [with] nice siblings. And [we] all went to schools and we enjoyed school. So as a child, I was very happy because I had my twin sister, then I had all my siblings, and my mother. My mum and dad really took great care of us. I remember my mother teaching the school's seven songs and hymns and rhymes. And my siblings, we played a lot. My dad also likes Greek mythology, believe it or not Jason and the Argonaut, we read the books. So my father would come with these great stories and analysis of these stories. So we had a lovely childhood."

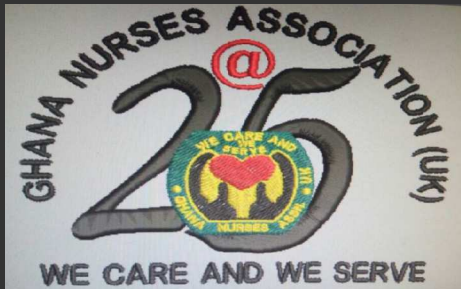
When she came to the Uk to study in 1971 she was initially surprised by her environment.

"I arrived in the UK on 26th of August in 1971. And I came straight from, well it goes to Accra then from Kotoka airport straight to Heathrow Airport. I was met by my cousin who travelled all the way from Nottingham to meet me. I remember when I got down I didn't know what to expect. It was August, so the weather was still very bright and hot. I was wearing a green frock. I remember very well [that I was wearing] sandals and I said, "Oh it's not too bad" [because] it wasn't the winter. It's okay. Anyway, my cousin met me. Happily, you know, we travelled to Nottingham the same day. So that was nice. And of course, my sister in-law was there. So, she met me. I had the same food, jollof rice, and we had orange juice and her children were very happy to see me. I was very happy to be there.

I was so curious, because I kept looking through the window to see that the buildings were all different from Ghana. And the streets were quieter from Ghana. And I was I don't know; I was expecting huge mansions. I as expecting a lot more."



The Ghanaian flag and the Ghana Nurses Association logo.



Emblem of the Ghana Nurses Association



A photo of the GNA Thanksgiving .

She came to the UK to train as a nurse.

"Well, when I decided I want to train to become a nurse and I want to come to England to do that, I asked my cousin to send me one of the journals, because in the journals there would be a lot of schools, and [...] they were putting adverts in there for people to apply. I had no idea of the geography of the UK or where they were situated. So I just selected the first one that I saw. And I saw that the starting date was in September. And so that was good for me. Because at that time I think it was in June or July. So if everything goes through quickly, September I could start. So that was the reason why I selected Bury, because it seemed as if the advert [had the] closest [start date] . So I selected that, and then [I] [had] to get [my] passport ready. I know it's a bit easier now online. But in those days you physically [had] to go to the Ministries, you physically [had] to fill the forms, and [there were long] queues of people. And I was 21, so all this is new, very new to me".

The highlight of Helen's medical career was winning a medical award.

"That was really the highlights of my experience of the health professional. Then I got this letter ... that stated that I had won this medical prize. And the whole county, they combined all the hospitals and nursing colleges together, and they do every this every three years [they] have a speech [alongside] prize giving day. There's this gold prize, silver, bronze and then there is medical, surgical , pediatric so forth for the whole country, imagine how many hospitals have been combined . I had this British Medical Prize, and I was training to be a mid-wife and that was a ... pleasant surprise . I must have really done very well. So we had to go Manchester to attend the prize giving day. So that was really one of the happy experiences, really happy experiences, I thoroughly enjoyed myself."

Helen is a member of many community groups.

"I think you can see the emergence of community groups, you know, early on in the 70s, or when we came, there were hardly any committee groups. But as more and more and more Afro Caribbean and Africans arrived in the UK especially down south in the southeast, people began to find and form groups to get them in touch with their heritage with the ancestry. So you can find that that there are student and professional groups, village groups, ethnic groups, and for some kind of reason I belong to quite a few. I find that it just keeps me in touch with my culture, as you have the same shared history, you have the same identity, you do a lot of things together.



A photo of the GNA Thanksgiving

So because of that, then it reduces the isolation and reduce the loneliness, because you've got the same people, likeminded people from the same area who understand you, and who understand where you are coming from. And also, they keep you in touch with Ghana, or wherever Nigeria, or the West Indies . The formation of local ethnic associations emerged in the 70s keeps us together as a community. It [...] keep us together and make us feel at home"

QUESTIONS:

1. *What surprised Helen about England when she first arrived here from Ghana?*
2. *What was the highlight of Helen's medical career?*
3. *Why is Helen a member of many community groups?*



Iyamide Thomas



Iyamide at the Annual Sickle Cell Disease and Conference from the Sickle Cell Society

Iyamide Thomas

Iyamide was born in Sierra Leone she had a very happy childhood there .

"I was born in Freetown, Sierra Leone, West Africa. So my formative years were spent there. I was age fifteen when I did my 'O' levels. And in those days, some people were sent from Sierra Leone as it was a British colony, those who could afford it at the time would send their children to boarding school to maybe do Sixth Form.

My childhood in Africa was very happy. I really enjoyed school, some people don't, but I really enjoyed it, especially secondary school. I left in '75, the infrastructure was quite good. There were roads and there was running water. There was electricity. And I remember that growing up when you're young, if the lights went out, you'd squeal with delight because that was such a rarity. Then when you grow older, you squeal when the lights came on, because there were so many power cuts, unless you had a generator, so the infrastructure changed."

Iyamide migrated to the UK in 1975 and attended a Sixth Form in the West Midlands.

"Well, Great Malvern is a small town in Worcestershire in the Midlands, and I was at boarding school there. So obviously, even though it was Sixth Form, there were still, you know, restrictions, , you have to sign out if you're going down to the town... you did have a lights out. I think might've been 10 o'clock for seniors.

I grew up with a dad who was a doctor, so the house was medical. And at school I liked science. Initially at secondary school, History was my favourite subject or my strongest subject, but then I sort of geared towards the sciences and I liked science and 'A' Level Biology, Chemistry, Physics. We had to do biology and dissect a rat, and I wasn't too keen on that. And then I started thinking, what else would I have to dissect if I ended up doing that, so I really didn't think I could go down that road. I was strong in chemistry anyway, so my degrees were in chemistry. But it didn't sort of totally take away my interest in health, so I ended up doing... things that were relevant, like health, education, health research, that sort of thing."



Lyamide raising awareness about Sick Cell at an Afro Hair and Beauty show



A photo of Lyamide being interviewed on Africa Speaks Omega Live TV about Sick Cell

Lyamide feels that studying chemistry at University helps her in her career.

I did degrees in chemistry. I have that scientific background, even though I didn't go into medicine, it's really made me understand scientific terminology and all that. For instance even within sickle cell there's the terminology like polymerisation, where the cells form long chains, amino acid. So it just helped in that sense. But if you have a scientific background, you can better understand when you're reading research papers or what the terms mean. So that's how it helps me.

Throughout her career, Lyamide has found creative ways to engage different communities about their health.

"The communities targeted would mainly be BAME communities, and one of the highlights, certainly for the Sick Cell screening was that I was able to develop really innovative ways of health promotion that the NHS hadn't used before. This specifically involved places and venues because it's always good to meet people in venues that they're comfortable in. And so we did innovative presentations in barbershops, in restaurants, in people's homes, film, festivals, TV - a big range, and that was one of the highlights of my career because that whole project has been used as a teaching tool for outreach. The other thing is also combining health promotion with heritage talks, because sometimes you have to know how you can bring people in to listen to what you have to say, and it's not always that people want to go listen to a health talk. What if you combine it with some sort of heritage aspect that they might be interested in? And food. That's another thing we have provided. That was a new thing for the NHS to provide that sort of food, jollof, rice, and the barber shops. Men go to barber shops not just to cut their hair, they go there for camaraderie. So the combination of history and heritage and health, you can get more people coming in - and I was able to do that with sickle cell."

Lyamide has been working with the Sick Cell Society for the last 15 years.

"The last 15 years I've been doing work with the Sick Cell Society. My role initially was working directly on a one-to-one basis with people who have the condition and families affected by the condition. That was when I was the regional care advisor for South London. And that involved trying to provide non statutory support - that is support that wasn't provided by places like the council. It involves, say for instance, if somebody was having problems with their child's school, or rather they wanted the school to understand their child's condition. We could accompany people who were claiming Disability Living Allowance. If they'd been rejected before and they wanted an appeal, I would go as their advocate. So I did a lot of advocacy. In addition to raising awareness and educational talks on sickle cell, then my role then changed and I started working for the sickle cell society on the commission from the NHS sickle cell and Thalassaemia screening program that kind of came in 2000."



Iyamide at the museum of London



Iyamide at The Krios of Sierra Leone exhibit

Iyamide feels that it is very important to celebrate and promote one's identity.

"Oh, well, you know, the community groups are to do with my African and national identity. And... it's very important to celebrate it... and promote, you know, your history or your heritage - and with mine in particular it's linked to Britain... quite a bit, and to even promote that mainstream, you know, as you know as well, I have an exhibition at the Museum of London Docklands, which is exactly doing that called the Krios of Sierra Leoneans, promoting my particular heritage and linking it to British history."

Iyamide is mainly a member of Sierra Leonean community groups.

"Mainly within Sierra Leonean ones, the more recent ones anyways. So, and what they tend to be... my alumni, my old girls' school in Sierra Leone has an association here. A lot of the schools have, and it's not just unique to Sierra Leone - Nigeria, Ghana, they have old pupils associations here, so you're more or less part of it by default, although you, you really have to take up membership. So I was quite involved in that, but not as much now. And then... two heritage groups that I, you know, which had to do with my Sierra Leonean heritage. And I have one of my costumes on right now, I am involved with [many] community groups."

QUESTIONS:

1. What was one of the highlights of Iyamide's career?
2. What methods has Iyamide used to educate people about health issues?
3. How does Iyamide celebrate her identity?



A recent selfie of Jacqueline, 2020
'Feeling good'

Jacqueline Alby

Jacqueline tells us about arriving and settling in the Britain.

"I arrived in the UK in '89, I was here for a few months and then I went back home [to Sierra Leone] and I went back in 91. My father passed away and then I had to come back and I haven't been back [to Sierra Leone] since... when I first came out the first thing that hit me was the - "I mean, OK, I have to go back to where I come from". Sierra Leone is a British colony, so we were very used to a western way of living, but then coming here was completely different."

"Sierra Leone being an English speaking country - in school we speak English - so it was easier for myself. Surprisingly, I didn't think I had any fears at that time. I guess I was young. It was exciting that I was living and coming here. But again I wasn't too sure what I was going to do. So even though I wasn't too clear as to what would happen when I came here, I didn't have any fear at all. And I guess probably because my eldest sister was here and she had settled and I knew whatever happened she'd be able to support me. I didn't realise that I was going to be doing nursing so I came with an open mind wanting to explore and see what opportunities were available to myself."

Jacqueline explains the differences between Sierra Leone and Britain.

"One of the things I miss is... that support network, and I feel in my perspective from living here in the UK that has been missing for myself and I grew up in - it was a small knit family... it was just my mum, my dad and 5 siblings. We had extended families, but we were not living together but we always knew that if there was any issue, you need to play. We had lots of people to play along with. The culture is completely different, the expectation is completely different, and obviously there are more job opportunities here. There is less in Sierra Leone."



Jacqueline picking up her MSc with Merit on Clinical Leadership from Kingston University. Ceremony held in January 2019 @ The Royal Festival Hall Waterloo.

Jacqueline tells us about living as a Black person in Britain.

“In fact, a lot of times when we travel, when I come back, I really look forward to coming back to England, you know? Because I know it’s a place that I feel... I call home and I feel very comfortable being here. But I feel very comfortable in England, I feel very comfortable within this area and, yeah, I’ve never had any issues even within my area, being a Black person. My next-door neighbour is Chinese, we invite each other to each other’s houses. My next-door neighbour is British and, actually, we’re the only Blacks here and I don’t feel black at all if you know what I mean! It does – yeah – I feel very comfortable and safe here.

I don’t see myself a lesser person because of my colour. I’m very confident, I can afford anything, so I talk the talk and I walk the walk. Yeah, so I don’t make anybody make me feel little, but it’s about mind-over-matter, it’s about being very confident to address those issues.”

Jacqueline describes being inspired to seek out a career in medicine.

“I’ve got an aunt in Sierra Leone, she’s still alive. She’s in her 90s. And I remember a lot of times when she’ll finish work and she’ll come home and we’d sit on the balcony after work and she’ll tell me all of these nursing stories, and [at the time I was] making my mind up that it’s something I’d like to do.

When I finished school, I didn’t immediately go into nursing. I went into teaching, so I went to teaching training college in Sierra Leone and then after that I taught for a few months - but then I had to leave and go to England, and when I came to England, that is when I decided to go into nursing.

I would say when I was training I think for me the difficulty was the difference in academic styles in learning and teaching because you’re coming from a different way of academics and a different way of learning is done – it’s completely different. For me that was my big challenge – it wasn’t because I was a Black person. It was just where I was coming from.

I am a learning disability nurse and why I went into learning disability because whilst being in Sierra Leone I was very open and accustomed to all the other branches of nursing and the one element of nursing that we didn’t have in Sierra Leone, that wasn’t recognised was people with learning difficulties and disabilities.”



Jacqueline at her graduation achieving an MSc with Merit on Clinical Leadership from Kingston University. Ceremony held in January 2019 @ The Royal Festival Hall Waterloo.

What it means to Jacqueline to work in medicine.

“My highlights of working as a nurse was for me having the ability to change – to add value to other people’s lives... we build long-lasting relationships with people with learning disabilities and somebody might not know how to tie a shoelace. It’s just the little things you do for a person that makes a difference in their lives. For me that was very important and still is very important to me.”

On teaching her children about their African heritage.

“I’ve failed in that aspect... I haven’t embedded my culture in the kids at all. I don’t even speak the language to them. They don’t understand it and I don’t cook the food. I think what happened as well is that both my parents are not Sierra Leoneans so were not brought up as - we’re not brought up within Sierra Leonean culture - That was not embedded in us. My dad is Ghanaian and my mother is Liberian and they met in Sierra Leone...we all have Ghanaian names and that’s it - after he moved to Sierra Leone he never went back together so he died in Sierra Leone and we buried him in Sierra Leone and my mum. [S]o it was a mixture of everything... my family was very small so we didn’t go to a lot of cultural events, traditional events, you know that kind of thing. So we had ordinary parties and stuff like that so that’s all I know.”

On the importance of celebrating heritage.

“In terms of celebrating my heritage I think it is important because it’s about who you are. You take that with you wherever you go, and for me the times when I feel that I tried to - I’ve had a lot of time especially now the kids not being around. I’ve had a lot of time to reflect on my journey and to see myself how did I get to where I am and there’s a lot of gaps that I need to fill... I’ve always been in a mixed cultural environment and it’s about just taking what was best for me and managing it.”

Jacqueline reflects on motherhood and provides some advice for young people.

“How I’ve raised [my children] is for them to appreciate who they are. They need to love them – they have to love themselves, and I’ve raised my kids not to want for anything, so it’s about – it’s about themselves as a person.

So, it's about being positive, it's about how you wake up in the mornings, see yourself – little things help to shape you into young adult, and it's about you don't have to fit within a norm, you can just be yourself – and I think if young people have these attributes, it will lead them a long way.”

QUESTIONS:

1. *What was one of the cultural differences Jacqueline noticed between Sierra Leone and Britain?*
2. *What did Jacqueline find difficult about her training as a nurse?*
3. *What did Jacqueline say was her highlight of being a nurse?*



Comic illustration of Joyce's journey to London Euston, by Joella Lawes

Joyce Anderson

Joyce migrated to England from Sierra Leone to train as a nurse

"I came specifically to England to do nursing, to do my general and midwifery. And my aim was generals, three years, and maybe midwifery one year. And I was going to go back, work for one year, and go back for five – go back on my fifth year I work for one year and then the next year I'm home. But here I am now, 60 years in England."

Joyce recalls her earliest memories of the UK. At 19 years old, she travelled to meet her father who had been studying in the UK.

"It was in winter; it was cold very dark and we arrived in Liverpool. And all the chimneys were going, were in operation. I wasn't very happy because I thought what am I getting myself into? We took a boat train- they call it the boat train I dunno why- from Liverpool to Euston. But because it was, it was a boat you had loads of other lots of other people travelling and most of us were from the West African coast. Either from Nigeria, Sierra Leone, Liberia, Ghana, you know so you had different people. I had known friends, I have met people from Nigeria. Nigerians that went to school, attended the school I attended in Sierra Leone. And we had Nigerians, Ghanaians, a few but not you know so it wasn't like a strange atmosphere for me. And good thing we all spoke English. So that's the only medium we could communicate apart from the few Sierra Leoneans that speak what we call creole which is like a broken English."

About her training, she stated all the different wards she worked in before settling on her favourite- Surgical nursing.

"I trained at Bethnal Green Hospital Cambridge's road. London E2. I did my general nursing there and I did my paediatrics. Because then, when you do state registered nurse you had to do general paediatrics, nursing, surgery. Sometimes you are lucky those disciplines are all in the same hospital. I didn't like the TB ward obviously. Because whilst I was on the TB ward I was very apprehensive just praying for my time because we had to do three months there. I preferred the surgical ward. Surgical ward. ... if you work in theatre you don't only have to be quick, witty, you've got to know which surgeons you're scrubbing for because every surgeon is different. If they're left handed the way you might have curved scissors but the scissors is a different curved scissors. So, you got to be very alert and know what."

When asked what inspired her to work in the health sector, Joyce recalls memories of nurses in Sierra Leone in their uniforms which were held in high esteem

“Since I was in school, I decided I was going to be a nurse, because I wanted to help other people and... it’s a profession that I liked since school... when you come to England it’s not now that everybody wears anything and you don’t know they are nurses. When I started – when you are in the first year, proper uniform, aprons, caps, we were not allowed to have nail varnish, lipstick, you know,”

In discussing the challenges of her training, Joyce recalls the ignorance of some patients

“Once there was a patient – my maiden name was Wilson – and these two patients were arguing, and said, one said: “Oh you see Nurse Wilson, she’s black. When she—if she has a cut on her hand, it’s black blood.” You know, this is a patient of 50, supposed to be an intelligent patient. And the other one said, “No, it would be blue blood – you know, [correcting herself] it would be red, you know, the blood would be red.” And they had this argument, so this one that was sensible called me and said to me – I was passing, I pretended as if I was deaf, I didn’t hear them”

“So the name, because then again, they wanted to know if I’m from Africa and everything. I say well, it’s the slave trade, William Wilberforce. I go on and explain to them, I say, and we were given the slave master’s name, our ancestors.”

Joyce contextualises these stories within her experience of discrimination in the health service; she recalls Black nurses were often given the worse jobs.

“When we first came to England in 1958, there were not many coloured nurses, so you suffered that discrimination, ... some of the discrimination we suffered was, they thought, that we are surprised to see- to hear you talk English, speak English, they were- you know, that was a big surprise for them... if you are in the sluice, God help you, because you’ve got to do all the bedpans, empty all the denture marks, and you have to clean the special dentures.

Joyce believed her thick skin and commitment to her career got her through the adversity.

“ Say there are 4 nurses on the ward at a time, they’ll wait until you – the coloured nurse – appear on the ward, and then they ask for a bedpan, you know.”



Joyce during her interview with YHP

"In every situation, you find a way of dealing with things and say enough is enough, you know, as long as you don't do it in an awkward position, because they report you to matron and you know, there's lot of discrimination...they only have respect for you when you start having better grades than their own"

"it came to a point that I didn't- it didn't bother me anymore. I just realised well, I says that if you want to get on and get your exam, you've got to play by their rules, because when once you are qualified and you've got your certificate, that's it, you know."

In this Joyce noted the discrimination of African nurses by Caribbean nurses within the NHS. Joyce commented that this might be why African people were rarely mentioned within the Windrush generation of nurses.

"It was harder for Africans. Because they believed we jumped from tree to tree, you know, all this notion that you hear is quite true, it's when you walk with them that you realise that they still believe you've got a tail, they still believe you live on trees. So you suffer discrimination from the Caribbean nurses as well as, you know, the English nurses. They [Caribbean nurses] think Africans we are below them, that's another battle you have to fight with the Caribbeans... among your own blacks as well you suffer discrimination if you not from the same continent as them, you know."

Joyce emphasises the importance of celebrating ones African identity, but advises that this should be done with consideration of other people and perspectives within the Black community.

"I think it's important to celebrate [African identity] but again it depends on the way you do it. You know because some people go overboard...For example, if I'm in a community where you've got mixed congregation, I'll want to portray my African ideas. But I will do that in a way I will take your own view into consideration, and I will take the other persons view. No two people are the same not even if your identical twins you can be the same."

Despite these challenges, Joyce recalls her return home to Sierra Leone and beloved African food as among some of her fondest memories during this time.

"You look forward to your holiday, go home and eat your own African food, you know? When you first come here, you're not used to all this, you know, roast beef, and Yorkshire pudding, and fish and chips done in batter, and so thick, and you know you're not used to all that, so when it's your day off, you usually look forward to go to a friend, or you know somewhere you'll go and eat some good food, I usually say some sensible food, and come back for the week."



YHP and Joyce during her interview

After four decades in the health service, Joyce comments on how much has changed since her time in service.

"I worked in the National Health for forty years. (Wow, that's impressive.) Yeah from '58 to... It has changed a lot! And I feel sorry for the nurses working there now... they've got too many managers who are not nurses. They don't have a clue about nurses. And so therefore they don't feel the pain, they don't feel your empathy... we've got to back years of a circle, and have a matron who knows what nursing is about, who knows what patient care is about, who knows what's the patients' needs are, you know, and have the empathy for the job.

She notes some progress in the treatment of Black nurses in the health service.

"People are more accommodating... people used to think oh well she has no ground, so they can just do and speak to you as they like. That doesn't happen much. Because they know if it does happen, you stand your ground and you can get some redress if your spoken to in any uncomfortable manner."

Joyce's final words of wisdom to the youth is the importance of respecting the law.

"My advice would be to any young person coming into Britain is to be abide by the law. You know in every situation you've got to abide by the law. Even if you don't agree with something you sit and discuss it you don't go and do something, retaliate because somebody's offended you."

QUESTIONS:

1. How old was Joyce when she first arrived to the UK?
2. What characteristics did Joyce say is good for a surgical nurse?
3. What does Joyce refer to as 'sensible food'?
4. According to Joyce, is the NHS better or worse now than it was in her time in service? Give an explanation why



Dr Lola Oni

Dr Lola Oni

Lola was born in Nigeria, and migrated to Britain as a child to join her mother who was a nurse

"I arrived in England in the mid '60s. I came from Lagos, Nigeria. I was nine years old at the time, I came to join my mother with two of my siblings. I came to join my mother who was doing nursing at the time. She thought it best for us to come join her, since my father had died a few years before. We came by ship because we were quite poor at the time. As I had said my father had died a few years before - so my mother couldn't afford for us to fly because flights were quite expensive then. And we came by a ship called "Orielle". And it travelled for fourteen days by sea, we came in a third class cabin, just to show you how poor we were, and I remember coming over with sea sickness, all of that was awful, and then arriving at the port in Liverpool. I remember the smells. And the environment, what I hated most was the cold, because we arrived in November, so it was quite cold then"

Lola recalled a funny memory when she was preparing to greet her mother off the ship

"I remember coming off the ship with this lovely coat - what I thought was a coat but it was a dressing gown, and you can envision my mother standing in the port looking at this little girl with this dressing gown on. Because she'd sent two things- one was a coat, but the dressing gown was pretty, it was red and had a motif on it and I thought that looked much better than the dull looking coat. So my mother was horrified to stand there waving to this little girl wearing a dressing gown"

Lola found the sudden change in culture and environment quite a shock to the system

“For months I cried, I wanted to go home. My mother was quite worried, everyone was worried, they thought ‘Oh God, maybe we should send her back because she’s so miserable’. But then, they probably thought ‘she’s just got to get used to it’. So they left it at that, but all I remember was the cold – and I remember my first smell of oranges. When I first went to the market, I was just overwhelmed by the smell of oranges and today I hate the smell of oranges. Because the oranges in Africa don’t really have a smell per se whereas the oranges here have a distinct smell – and it’s that smell that I decided I hated from childhood”.

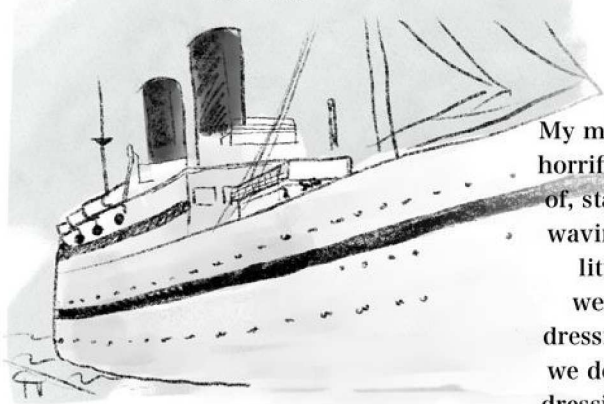
There were many things about everyday life in England which puzzled Lola as a child, including people’s treatment toward dogs, which was very different from back home in Nigeria

“[In Nigeria] dogs are supported to run around and go about their business. But, there were people with dogs on leashes and they were feeding them. I found that really quite strange as a child, especially when you go to a friend’s house as you do, a family would be kissing dogs, and playing with dogs. And I found that really weird because in Africa dogs are there for security and for looking after the house. They live in the yard and they definitely don’t come in the house. So those are the sort of things I used to find very odd when I came to England”.

Like many West African children living in England at the time, Lola was fostered for a short period of time, while her mother was training as a nurse

“Because my mother was in training at the time, in those days you couldn’t be a nurse with a family... Most nurses in those days were single young women, very rarely would you find older women going into nursing. It wasn’t perceived as an acceptable thing to have a family, that you were looking after at the same time as doing your nursing training... So she couldn’t tell them that she’d brought [her kids] from Nigeria. Like a lot of parents did in the ‘60s, we had to go live with a foster parent that she’d paid for, for us to live with this woman in Watford. So my first experience of school was in Watford, and I remember that experience very vaguely, not very much, except that I was very miserable there. Because they didn’t believe in heating for some reason”.

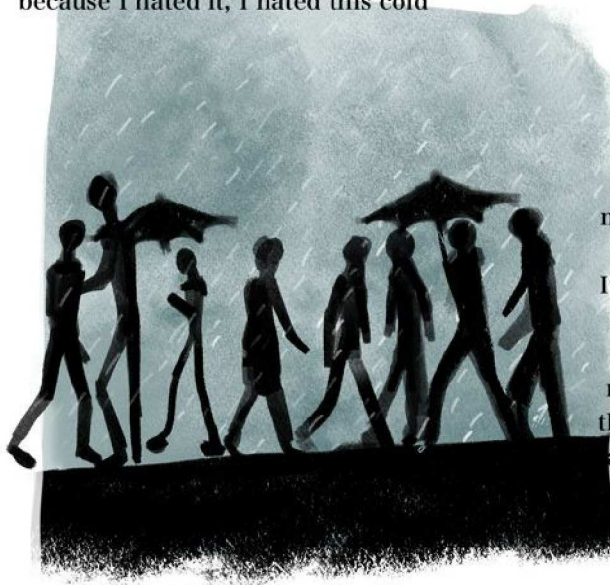
We came by ship in a third class cabin because we were quite poor at the time, I remember the sea sickness



My mother was horrified to, sort of, stand there waving to this little girl wearing a dressing gown, we don't wear dressing gowns in Africa



All I remember was the most severe cold, I was chilled to the bone. I was crying because I hated it, I hated this cold



I remember my first smell of oranges. It's that smell I decided to hate even now. I found things strange and peculiar

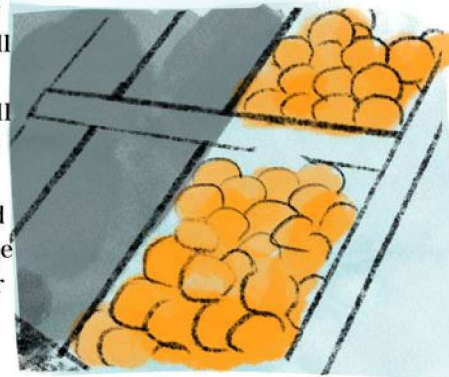


Illustration of Lola Oni's journey to England, by YHP's Aimee Baruwa



Dr Lola Oni being awarded the Fellow of the Royal College of Nursing for her outstanding contribution to nursing, October 2021



Kent and Canterbury Hospital

Because she felt so unsettled with her foster family, Lola was brought back to London to live with her Aunt, where she attended Primary school with many Caribbean children

"I had to fight my corner, I was this African child, there were so few Africans in those days, it was just solely Caribbean children, and a lot of rift between the Africans and Caribbeans in those days, the Caribbean children used to take the mickey out of me and mock me. Singing songs around me in playgrounds, calling me "African boo boo" and things like this. So that's where I learnt to fight, to find myself, I always ended up in squabbles, I was always fighting. I had to show these guys what I was made of. Before I left school, you go for the counselling when you're in fifth form about 'what do you want to become, what do you want to do', and I said 'well I'd like to be a nurse'. I remember the person that counselled me saying, 'oh no you can't manage nursing because I don't think you'll be able to cope with the studies and cope with the academic work or the discipline. And since you like meeting people and you enjoy that, what you can do is nursery nursing and become a very good nanny.' I came home and I told my mother this, that I was told I could become a very good nanny and she was horrified. You know what African parents are like, aspirations are very high".

Despite being doubted by her school careers counsellor, Lola went on to pursue nursing

"I trained in Kent, in Canterbury. I had a wonderful time there. Unlike some people I really didn't experience an awful lot of negative things in training. Most of my training experience was positive, apart from one or two things like you're always the one that does the sluice duties, cleaning up the bedpans and things instead of doing procedures where you get your book signed. I was a feisty person anyway that I wouldn't have none of that, I quickly let people realise that I'm not going to be pushed into not getting my experience".

After qualifying as a nurse, Lola gravitated to midwifery

"The main reason I wanted to do midwifery, I had in my mind at the time that I'm going to go abroad and work. And for you to go and work abroad, if you're going to work in Africa or anywhere like that, you're going to need to be dual trained, you're going to need to have your general nursing as well as midwifery, because a lot of those working in that environment do both.



Lola at the NHS at 70 Excellence Awards, 2019

After qualifying as a nurse, Lola gravitated to midwifery

"The main reason I wanted to do midwifery, I had in my mind at the time that I'm going to go abroad and work. And for you to go and work abroad, if you're going to work in Africa or anywhere like that, you're going to need to be dual trained, you're going to need to have your general nursing as well as midwifery, because a lot of those working in that environment do both. After about nine months of general nursing I went into midwifery and went to Royal Berkshire Hospital and did my midwifery there. And then once I qualified as a midwife I came back to the family home in London... I went and applied for a job at Guy's Hospital and got a job as a staff midwife, and worked at Guy's Hospital for a little while.

During her time at Guys Hospital, Lola was discriminated against by her Nursing Officer

"This nursing officer decided to take a total dislike to me. And therefore totally undermined everything I did, the whole thing got very messy to a point where we had to end up in front of the Senior Boss and the whole thing was really quite traumatic. For about 6-9 months, she had a period where she was undermining everything I did, telling me I was useless, I wasn't any good, I don't know what I'm doing, I should go back and retrain, and things like this. You know everybody was horrified, including consultants, who would say, 'Sister Oni's a very good midwife, what are you talking about?', so anyway, to cut a long story short I did win my case so to speak and then I decided I [didn't] want to stay. Then I decided I'd go and do health visiting, because I thought health visiting would be an interesting arena because it's preventive".

During this time, Lola developed a passion for supporting patients with Sickle Cell disease and Thalassaemia

"I thought it would be interesting because I've always been interested in Sickle Cell. My first experience with Sickle Cell was when I was a Sister at Guy's Hospital and I remember they brought in a woman who was in labour but because of her Sickle Cell disease she was quite sick. And I remember knowing absolutely nothing about Sickle Cell, going around the department asking"



Dr Lola Oni

"people, 'Do you know anything about Sickle? What do we do for this woman? What are we supposed to do for her?'. Nobody knew anything about Sickle Cell. And through the grace of God we managed to get her through her labour and she survived, but that terrified me".

Lola is hopeful that the healthcare sector will provide a more equal environment for its workers in the future

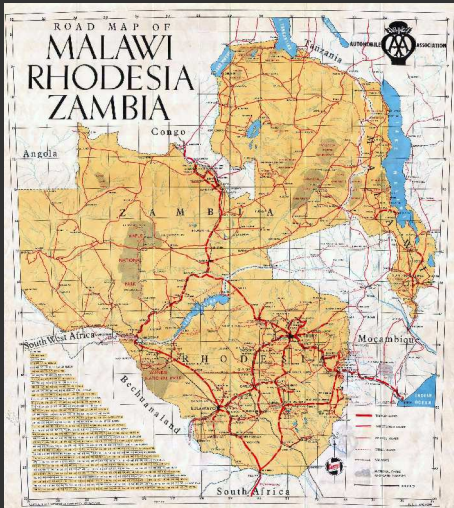
"My dream, as Martin Luther King would say, [is that] people will be given a level playing field. A level playing field in which individuals coming to the profession are encouraged to reach their full potential, they are given an equal opportunity, to be able to aspire to whatever level they want to get to"

QUESTIONS:

1. *Can you identify some of the reasons that Lola found it difficult to adjust to England as a child?*
2. *According to Lola, what were some of the differences between life in Nigeria and life in England?*
3. *What experience made Lola gain an interest in understanding more about Sickle Cell disease?*
4. *Lola mentioned that her dream is for people to be given a level playing field. How do you think this could happen?*



Lucia at her interview with Young Historians Project



Map of Rhodesia in 1966

Lucia Msika

Lucia Msika arrived in the UK in 1972 at 20 years old. She moved from Zimbabwe, which was then known as Rhodesia. She was brought to the UK by Amnesty International to complete her midwifery training. In her interview, Lucia discusses the political unrest in Zimbabwe, having a father as a political activist, training in Bexley Hospital, and working within Psychiatry.

Lucia migrated to the UK from Zimbabwe due to civil and political unrest, as well as the high level of danger posed towards her family.

"I came to this country in 1972, but my story really starts before I came to this country because I was brought up in Zimbabwe, which was then Rhodesia, and my father was a political activist. So he was equivalent to Mandela in South Africa, so he was in and out of prison in Rhodesia. I was one of six children. So a lot of the time there was a lot of hostility to the family of my father, who's name is Joseph Mskika. So there was a lot of hostility to us, the children and my mother and a very, very unstable situation, constant harassment, where every Friday night our house will be raided by white policemen. So I came from that background. So I was brought here by Amnesty International. Somehow, Amnesty got to find out about my family and I came and then, like three months later, my sister came. So, when we, when we came to this country, really, it was like, we felt like having been rescued."

Lucia discusses her reasons for going into healthcare:

"It's actually almost like I was trying to prove myself, that I can do it. When you come from Africa, you're coming from a background where you have to excel. So that was also part of it. And yet, the reason why my sister and I did nursing was that in Rhodesia at that time, that's what girls did – nursing or teaching, or secretarial work. So there wasn't much else that was going on there because of the political climate."



Student nurses at the University of Middlesex in the 1960s



Our Young Historians at the interview with Lucia

After completing her general healthcare training in Bexley, Lucia moved to Farnborough in 1975 to complete her midwifery training. She also completed a social science degree at Middlesex University London.

“Farnborough was a bit challenging because there were not many blacks in that area and I remember there was one time I went, I was working on this ward and this New Zealand charge nurse did not – I can't say she didn't like me.”

“We were supposed to be exposed to different aspects of having, after the baby is born, helping the mother and baby to bond, helping mother and baby to bath and all that. And being supervised - how to do that. So I, I hardly did those things because she would just sort of say to me, give me the task for, I'd be allocated to this sluice room and this sluice room was really where the bedpans were and the commodes, and that was really very painful for me.”

“I did a degree in social science. I think really what was happening to me by then, I had now got confidence, my self esteem was up. I now was beginning to believe in myself – that I can do more than this. So I thought, ‘Ok, I want to do business studies’. So I went and did social science. And then went and did human resources, but I couldn't get a job, because they were saying to me “You are a nurse, you are just a nurse. You've done all...” this and that. So I went back to psychiatry, and just worked as a psychiatric nurse.”

Lucia discusses her experiences working within psychiatry and the benefits she gained from the field:

“I went to work as a psychiatric nurse in a private hospital which was an American hospital. And I could work there and go and do my social science degree. The flexibility was there, so I enjoyed that very much.”

“It was a blessing in disguise that I, when I came to this country I went into psychiatry. Because in psychiatry, at the time, we went into group therapies a lot with our patients. And that was, those group therapies were actually healing me – in an indirect kind of way.”

QUESTIONS:

1. Describe in your own words what life was like in Rhodesia for Lucia and her family.
2. How did Lucia's cultural background impact her career choices?
3. How did working in psychiatry change Lucia?



Margaret in her nursing uniform



Young Joanna playing dress-up

Margaret Iyatunde Williams

Margaret Williams was born in 1938 in Sierra Leone. She moved to the UK in 1960 and settled in London. We interviewed her daughter, Joanna, to learn more about Margaret's personal life and career. Joanna explains how her mother Margaret trained as a nurse, the positive relationships she had with colleagues and patients, her experience with Sickle cell anaemia, as well as their own relationship with each other

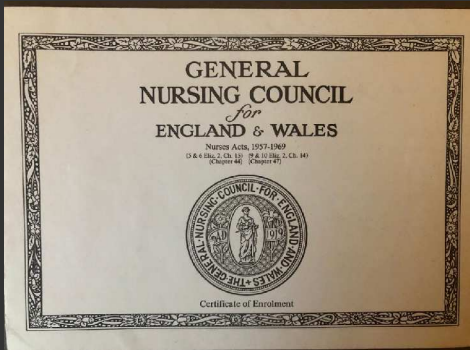
Margaret grew up in Sierra Leone. Joanna shares stories about her early life and childhood

"Whenever my mother spoke about Sierra Leone she always referred to it as "home". She kind of gave me fragments of memories of her life there, but always spoke about it with a great deal of pride. She told me very fondly about being brought up by her grandmother. She was actually brought up by her grandparents and she lived with her grandmother, her grandfather, an uncle, and some cousins in a house in Goderich street in Freetown."

Margaret traveled to the UK from Sierra Leone in 1960. Joanna recounts the details of her mother's journey

"So my mother travelled to the UK in 1960. I believe she travelled on her own. She was just 22 years old. And I discovered quite recently that she came here on a ship called 'The Accra' which docked at Liverpool and from there she travelled to South London where she made her home."

"She did not really speak about the journey, interestingly. When I think about her travelling by boat and the conversations I remember about it, I do remember her saying that she was unable to fly because of her Sickle cell anaemia and that was also another reason that she gave for staying here once she was here. So once she arrived in the UK, she stayed here and never travelled back to Sierra Leone again."



General Nursing Council certificate



Margaret with a friend

Margaret pursued a career in the health sector as a result of her desire to care for people

“When my mum spoke to me about what she wanted to do as a child, for example when she grew up, she had said that initially, she had wanted to be a teacher. Her grandmother fell ill and my mother took on a role as looking after her and caring for her. She said that it was during that process and during that time that she realised that perhaps what she wanted to really be was to become a nurse”.

“So after finishing her studies at Fourah Bay College in Freetown, she travelled to England and she trained to be a nurse with the NHS here, and she worked as a nurse up until the end of her life. She had to give up work early due to her illness but nursing was very much a life-long profession for her.”

Margaret qualified as a nurse at Langthorne Hospital. Joanna shares details about her mother’s nursing journey

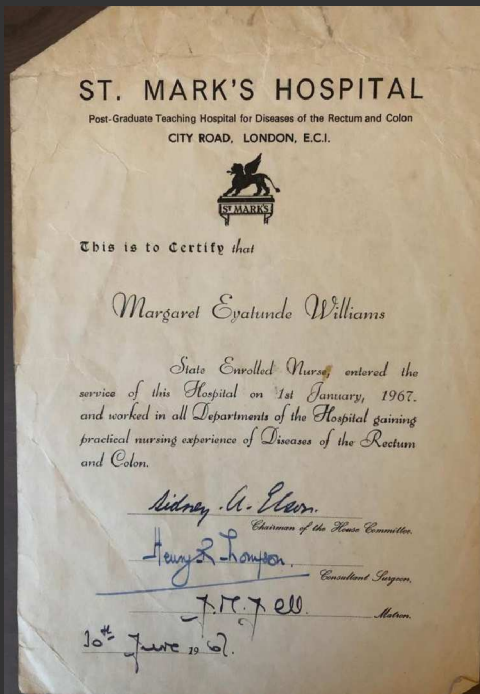
“So the documentation I managed to find shows that she qualified or registered at Langthorne Hospital in east London, which I think was perhaps part of the Whipps Cross Trust. She worked in several trusts in her lifetime, but for the longest time she worked at the Whittington and the Royal Northern hospital in north London. So by the time she met my father – who was an Englishman from east London – they moved to north London together, which is where I was born. Most of her working life she worked at the Whittington hospital in Archway, which has kind of been the hospital of my life. It’s the hospital where I was born, it’s the hospital where my children were born. So yes, once she sort of arrived there in Archway, that became very much the kind of centre of the health of our life as it were.”

Margaret became dedicated to her work and built many close relationships whilst working in London hospitals throughout the 1970s

“She loved being a nurse, she had a really kind of positive experience of being a nurse. She was extremely proud to work in that profession. She took it very, very seriously – she worked very very hard. She worked night duty a lot of the time which is a very particular way of working. It means that you have to sacrifice on other levels. [She] spent a lot of her time working and felt very, very close to her working colleagues who really were her community of friends and also felt very close to her patients. [She] felt a very strong sense of commitment to her patients.”



Margaret at work



Margaret's State Enrolled Nursing Certificate

Joanna recounts fond memories of her mother's personality and sense of humour

"I felt so proud to be honest. It was funny because she had a real sort of routine of getting ready for work. [She would] iron her cap and iron her uniform and pin on her badge and pin on her watch and I used to be really fascinated kind of watching her just put her nursing self together as it were before she left the house to go out to work. She had a huge laugh, very big sense of humour, quite a naughty sense of humour. I think there's something about – certainly the nurses I've met – I think often they do have this sense of humour. I think it's something that allows you to cope with the fact that you're dealing with illness and death a lot of time. But seeing her in that other mode at work being really very serious, seeing the extent to which people rely on nurses and nursing care, it does create a sense of awe."

Margaret became ill as a result of Sickle cell anaemia. Joanna shares the impact this had

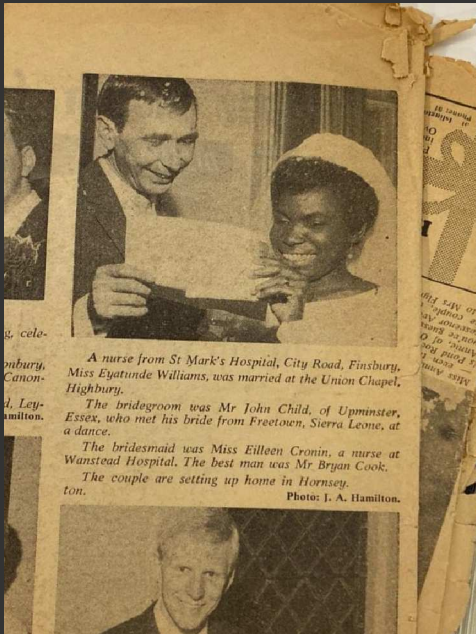
"One of the hardest things for her about being ill, on top of the physical difficulty of living with constant pain and reduced mobility, was this kind of sense of a lack of identity – or loss, I should say. A loss of identity in terms of losing her role as a nurse. She drew a lot of her sense of her own value from her work and it was very, very hard for her when that was no longer in her life."

Margaret was a victim of racism whilst working for the NHS. Joanna describes the challenges her mother faced during her career

"Working in Britain as an African nurse, inevitably you're also going to have these kind of experiences of racism as well. She certainly encountered those kind of individual experiences of people insulting her, or not wanting to be touched by her. It's something that I felt she kind of brushed off to be honest. I think she was kind of, sort of, dismissive of those kinds of experiences because in her mind her duty was to all of her patients. I get the impression from the way in which she talked about their experiences that she somehow found a way of cutting through that kind of prejudice and dismissing it to the extent that she could still treat those people with intention and commitment and care as anybody else which is interesting think."

Joanna discusses her mother's identity as an African woman as well as her own connection to her Sierra Leonean heritage

"She spoke about home with a sort of great sense of pride and a certain amount of nostalgia as well. But there was also a real extent to which, once she was here, she was quite cut off from her Sierra Leonean community and... she never really talked to me about how she felt about that. You know, whether she felt isolated, or whether she felt she was sort of missing out so it's really hard for me to know."



Joanna shares the advice her mum gave her when she was younger:

"So, I've been thinking about, you know, how my mum sort of advised me as a mother, like the ways in which she felt it was important to guide me. And I think the thing that stands out the most, again, is about this work ethic. And when I say work, I don't even necessarily mean... I don't mean purely like in the sense of professional work, or the work that you do to earn money. I think I mean, effort, you know, giving something your best, but being able to come away from that experience, or work and say that you did your best, basically, no matter what your circumstances were."

QUESTIONS:

1. How do you think working in healthcare might shape a person's personality or identity?
2. Describe Margaret's relationship with her nursing colleagues and patients.
3. Explain in your own words why Margaret chose to work in healthcare.





Mariama during her graduation from University



Mariama's mother, who worked as a nurse during the 1950s, with her colleagues

Mariama Seray-Wurie

Mariama was born in Sierra Leone, and first migrated to the UK as a child, with her parents

"I was born in 1968, Freetown, Sierra Leone in West Africa. I've had two arrivals [to the UK] because I came first at the age of 2 and then I returned to Sierra Leone at the age of 8. And I came back to the UK at the age of 17. My parents returned here to study because my dad was a doctor so he came here to specialise. My mum was also a nurse and a midwife and she obviously just came with him, but in her time here she did carry on working."

"I think the intention was that we would have gone back home anyway once my dad had finished his studies, but unfortunately my dad died after he had just qualified to be a surgeon. And my mum then made the decision for us to go back because there was better family support, but it was kind of like the norm in Sierra Leone, same with people of my age group. When you finished your education or schooling you would either go to university in Sierra Leone and either come here and do post-graduate studies, or if you had the opportunity to come after school.

So that's the reason why I came back when I was 17, was to continue along with my education. And that again was my parents' choice so I didn't kind of like have a choice in that matter, and it was a matter of 'well when you finish your studies you can choose what you want to do and if you want to come back home then you can do, and if you want to carry on living in the UK you can do'."



Mariama standing in front of a wall mural by artist Lauren Jones, in the Middlesex University 'Nursing and Midwifery' Department.



"When I came with my parents as a child, we were living in Stockport which is just outside of Manchester. When I came as an adult, I lived in London, but I did actually move back to Manchester maybe because I just felt it was more comfortable."

Mariama describes her childhood and reflects on the experience of being one of the few people of colour in her area:

"Growing up in the '70s, we were the only black family in the street that I lived. Myself and my brother were the only black children at school that we went to, it was just myself and my brother and two other children that were Indian in the school, so it was very different. But then I think as a child growing up you don't really think of things like that, I was aware that sometimes people would call you names, and you'd know that you were different. But all in all, it wasn't really that bad. It wasn't that bad where we lived apart from being the only black family, but I suppose I would say it was because of our social status, because of the background and where my family were from, we were sort of well-respected. So, we just kind of integrated into the neighbourhood."

Mariama recalls that despite being small in number, there has always been a significant Sierra Leonean community in Manchester

"There's always been a Sierra Leone community, even though we were up in Manchester. I think this was from the fact that a lot of my parents' generation when they came over here to study they were all in the same area. They had actually built up their community, and not all of them had returned back home. So a lot of them still lived here and had children here so there was always sort of a sense of community amongst Sierra Leoneans in Manchester."

"I'd say [in Sierra Leone] there's more social support, and support from your family that you get. Having lived there from the age of 8 to 17 you really get to know your family, and it's a bit different when I came here. Because it was mainly people I'd gone to school with, so in terms of support from other members of my family [it] wasn't there and even though I'm still here, I see there as home. But it's a little bit different now because there's a lot of things that have gone on. So I kind of feel like I have two homes."



Further sections of the wall mural, taken by YHP members during their visit to Middlesex University to interview Mariama.



As a teenager, Mariama wasn't set on what career she wanted to pursue, but found her way into nursing after being recommended to look into it by a relative:

"In all honesty, I left school when I finished my O Levels - as they were at the time in Sierra Leone - I didn't really have the intention to do nursing because I didn't actually do anything of a scientific background at school and I was studying languages, and when I came here initially I started college, well, I just didn't feel settled.

So I was staying with my cousin who'd actually lived with us as a child, and obviously when we went back she stayed because by that time she was an adult and at that time she was dual trained. She was already a registered nurse and mental health nurse and I was just talking to her for some direction and she said 'you know what, why don't you do nursing, you can do it and if you don't like it at least you'll have it and there's lots of things that you can do with it'.

So that's why I thought 'ok', and I spoke to my mum who was in Sierra Leone and she said 'well you know, fair enough there's nothing wrong with having a career as there is lots of things you can do with it, whilst you decide what it is that you want to do'. So that's how I ended up being a nurse. And I had just turned 18 when I actually started my training.

I didn't really know what to expect so I kind of went in very blindly, but also with an open mind. There was nothing I could compare it to, because I hadn't had any sort of healthcare experience before. But it's very different to how things are now. I would say for the '80s, and Manchester, there were four other students who were black. Two of us were African born and the other two students were British born of Caribbean heritage so in a way I didn't feel out of place like I was the only black person there and it made it very odd although within the hospital you could tell most of the staff were white and you could count how many black staff there were in the whole hospital."



Backstage at Mariama's interview with YHP



Mariama has experienced instances of racism and discrimination during her career in nursing and describes how she learned to overcome these issues:

"I did feel that, in some of our clinical placements, we were treated unfairly or got a little bit of a raw deal compared to someone who was white English. But then I thought 'you know what, I'm not going to let that deter me' and I always used to think that I'm only going to be on this placement for 9 weeks so it's only 9 weeks out of my life once it's finished you know you move onto the next one so you know that was my coping strategy. I would say it was tough for black nurses to secure a post. I personally believe that luck was on my side in terms of getting a job, but as I have progressed and then I went for other jobs, I did sometimes think 'then why didn't I actually get the post', or 'why was I passed over'.on't you go back to your country?' I've had those. I've had those comments. Really tends to be in terms of how people have described you, as 'the coloured nurse', and I've never really been taken to being called coloured before. Because I like to say to people, 'I don't have various colours on me, I'm one colour', and [I've experienced] patients being just abusive, in general. As a student, and as well as a registered nurse, I've experienced [it in] both positions, it's not nice, but you just find a way of getting on with the job. And I'd say as a student there really wasn't much on things like race equality and laws to protect you".

Mariama shared advice for young people, specifically young people considering a career in nursing:

"Pick your battles (laughs). In the university that I teach now, the majority of our students are from black backgrounds. There is still unfairness. And I say to students, you really need to pick your battles, in terms of what it is, as in if it's not going to kill you. Because at the end of the day, you need to think about where you want to be, and what you want to do, and where you want to go with your career. And I always say, you shouldn't let anybody prevent you from getting that far or telling you that you can't do it."

QUESTIONS:

1. What inspired Mariama to pursue a career in nursing?
2. Describe the various ways that Mariama has experienced racism in her nursing career, and how did she deal with it?
3. Mariama has spent time living in both Sierra Leone and England during her lifetime, how does she describe her relationship with both of these nations?



Mary Adi at her granddaughter's wedding, 2013

Dr Mary Adi

Mary migrated to Britain from Nigeria in the early 1960s with her family

I don't remember whether it was in the end of 1959 or beginning of 1960 that I went to England but I remember that my husband and I, and our little daughter, returned at the end of 1962. For even though my husband's head of department (a professor who was an authority on liver diseases) tried to persuade him to stay and work longer in England, he insisted that he was going home to help in Nigeria. I had my baby in Hammersmith Hospital, London.

Mary began her training as University College Hospital, Ibadan, back in Nigeria but completed her training in Britain

...the University College Hospital, Ibadan, was affiliated to the University College, London. We started our training as student nurses in Ibadan (a 3 and a half year course) but took the State Registered Nurse exam of England.

Mary lost much of her property and belongings during the Nigerian Civil War of 1967-1970. Despite the war being over, she remains unsure of when she will return home

We fought a civil war in Nigeria and we had to run from town to town and lost most of our property. But when I get home, I will see if I can find any other records or photos... But I am not sure of when I'll go home.

When Mary arrived in Britain, she chose to immediately go to Oxford

When I came, immediately I went to Oxford because my husband's friend was a surgeon. And the wife was a midwife. She was, in fact, in charge of the School of Medicine. So she was in Oxford at the time.



Mary Adi at Christmas, 2018

Mary remembers some of the racial discrimination she experienced living in Britain

...you could experience discrimination in those days, because what they--when they advertise for houses, some will say "no dogs", some will say, not everybody. Some will tell you, "no dogs, no blacks, no Irish. So if you now went for an interview and they found that you are black they say, "Oh I'm sorry, all the [houses] have been taken, I mean the flat has been taken yesterday or this morning" - they just tell you a lie because they don't want you to live in their houses.

Mary's unique experience in a Jewish hospital provided her with an insight into the faith

I think it was when I went to Jerusalem, when I studied the Jewish tradition, when I went - You know for pilgrimage, that I really understood what was happening, but when I was in the hospital once I remember we had a separate kitchen for meat, a separate kitchen for fish but apart from that we had a good time there. Had a little milk, milk used to be put in a pot and at night, you have, you know, have as much as you like. Just drink anytime, anything you wanted to drink. Any beverage you wanted to drink.

On the advice of a friend, Mary switched her specialisation from midwifery to general nursing

...she told me I had better prospects, you know, rising if I went back to general nursing - that's in Nigeria, when we came back to University College hospital in Ibadan, I went back to general nursing and then much later on I went onto study medicine.

During the Nigerian Civil War, Mary and her family would visit their village each month to provide aid to their fellow villagers

...we used to go to the village every month, my husband and I, then some of our children, you know to help the people there, treat, to help them medically. The people wouldn't have time, wouldn't have the means to go to the hospital.. Every month we would go to the village. My husband and I, and kids who are in the medical field - to help.

Limited employment opportunities for women led to Mary pursuing her career in teaching, then nursing



Mary at her 80th birthday celebration

The options for women were not very many. When you finished your senior examination, the options were either teaching or nursing. If you went to a good school like I did, the nursing would be in the hospital that I told you about, the University College Hospital, Ibadan, that was affiliated to University College Hospital, London. So I had a very good friend and she wanted to do nursing then I chose teaching. [My uncle] said, have you considered being a nurse? At most I said I didn't consider it. But once he said it and he started explaining it, explaining the work to me. I was interested.

QUESTIONS:

1. *What event in Nigeria meant that Mary had to leave behind many of her belongings?*
2. *What did Mary specialise in before going into general nursing?*
3. *Which career did Mary consider before going into Nursing?*

Midah Mamile

Midah arrived in the UK from South Africa in the summer of 1999 in order to work as a nurse, initially taking a two-year contract. She found the job being advertised in the South African Nursing Journal but had to wait until apartheid was over until she could freely leave and come to the UK. She recalls her major fear of the unknown after leaving her life in South Africa to work in a foreign country:

"I'm coming to a new country and I don't know their culture, I don't know their expectations or - I was just really afraid of the unknown."

What inspired her primarily was the uniforms nurses wore:

"You know at home in South Africa, the nurses, they really have to wear their uniform, and the uniforms they have to be really clean and tidy and everything. So when I saw a nurse walking - you know there's a certain way of walking when you're a nurse there - so now when I saw them walking, I said, "I want to be just like them one day." So, and I did."

Back in South Africa, the uniforms had a further stated purpose:

"At home, they teach us that you have to be... like... really clean and beautiful, presentable because that makes - the patient gets - they say the environment and the nurses have to be therapeutic in themselves so that the patient can be healed".



A young Midah having just finished her training back in South Africa



Midah with a friend

Although Midah had lived under apartheid, she also remembers her experiences with racism in the workplace:

“As an African person, you really have to do things double, so that people can try to accept you. It was very, very difficult for me - I remember one day I was crying thinking, “I’m done with this place,” because if my colleague, who’s not African, comes and does something, she does it wrong, I come and do it a little wrong then I’ll be persecuted. So, you have to really work hard for you to earn your place in this job. “

One incident, in particular, was memorable for her:

“So [a doctor] said, “You know, this place is full of black, everything, see I cannot operate here, it’s so black, and then here, the lead nurse here is black, you go into the office, the in-charge is black.” I said, “So, what do you want me to do about it?” He said to me, “Oh, I’m afraid there’s nothing that you can do.” I said, “I’m afraid, Mr so-and-so, if you don’t want to work with me, you can write an email, or whatever, and let my manager know that you don’t want to work with me.” By then I was really angry, so I just left the theatre and then I went to write, send an email to the manager and then that problem was dealt with. It took two years to sort it out, but at the end it was sorted.”

Midah compared racism in the UK to racism in South Africa:

“In the UK, discrimination is too much. So, we have a lot of discrimination, it’s just that it’s not like in South Africa because, here you can’t speak about it, but it’s there; they claim to say that this is a free country, but there is a lot of discrimination. Unlike in South Africa - I know, if a white man doesn’t want me or I don’t want them, I’ll keep him at arm’s length so we won’t [claps]. But here, they will laugh with you and what, and yet they’ll do things to you every day. For an example, I’m a team leader in my theatre, and I’m working with all these Europeans. You know, you can see that sometimes you tell them to do something, they think, “No, this one cannot be serious”, or they don’t want to do what I’m telling them, only because, I have to work hard, I have to really work hard for them”.



Midah's first visit back home to South Africa

to be able to understand me or to do whatever I want to do. So it's difficult, you have to prove yourself everyday, every minute at my workplace. In nursing, it's really, really - I don't know about other fields - but nursing, it's really, really tough, you have to be thick-skinned for you to be able to survive."

Midah has noticed how Caribbean and African nurses are treated differently in the workplace

"They're more over here, we just came here late. They've been here too long. So they know the culture here, they know the life here. So they're being seen as, if there's a level of Blacks, we are here (gestures down) and they are here (gestures up)."

In Midah's workplace, Africans were significantly represented in senior management positions and among the general staff.

"You go to [the] main theaters... our manager is from [the] Caribbean. You go to Riverside, our manager is from Zimbabwe. When you go to orthopedic[s], [the] team leader is from South Africa. You go to everywhere... we are spreading - you go to St. Mary's also. Most of the departments, they are being held by the black nurses and their AP. I don't know about other... disciplines, but as for nursing, we are really, really moving forward as black nurses."

Midah on forming a community with fellow African nurses:

"When I came here, they came to recruit us nurses in South Africa. So we were a lot, maybe the best that came with me... we were about 15 nurses from South Africa. And then maybe other nurses from other places. So we were a lot. Then we found nurses that came before us, then we formed a group of supporting each other. Because we were staying here in the same place. So we were like a group of people from South Africa... coming from many problems, but you were just as one."



Midah with YHP members during her interview

[When] The new group [of African nurses] come, then they will give us their names. That these people [are] here to welcome you or to make you feel at home. And then they will know that we have these people and then they will give them tour names. And the rooms, where we are. So they will be coming to us. And then we will come together. Maybe we'll have a meal. They will have organised a meal for us. So that we get to know each other and then we give each other our details."

"And then we were going to church together, you know, everything. They took us to the shops to show us where everything is. So it was kind of a very nice, good - so the other ones, when they come, we are already there. We know then we do the same for the others as a whole group."

QUESTIONS:

1. *What inspired Midah to become a nurse?*
2. *Did Midah have any reservations about coming to the UK? What were they?*
3. *Why would coming from South Africa give Midah a unique perspective on the racism she faced in the UK?*
4. *Was Midah's workplace particularly diverse?*
5. *How was Midah able to contribute to strengthening the links between African nurses who had just entered the country?*

Monica

Monica's parents migrated to the UK from Nigeria in the 1970s. She was born in the UK

"My mom and dad actually came to study in the UK, so that would have been.

My parents came from Nigeria, and they came to the UK in the late 70s.

Growing up, I was born in South London - and in Clapham - I think, some hospital that used to be in Clapham. I grew up in East London, and I somehow found myself around the city in my teens. I've been around sort of the square mile since then"

Monica trained to be a nurse at King's College. She initially worked in psychiatric nursing however now works in Psychotherapy.

"I began my training in 2004. And I trained at King's College. And I yeah, so I started in 2004. I completed my training in 2007. I currently work as a Psychotherapist and I moved away from psychiatric nursing about 10 years ago. So, I've always worked with the same work in Psychiatry. And certainly, one of the things that's brought me on to training as a Psychotherapist was just the idea that I wanted to give more. So, I found that working as a nurse meant I was constantly meeting people at the acute phase - you know - in presentation in terms of mental health problems. I really enjoyed that work because I felt like I brought in a lot of skills, I helped people to manage the immediate sort of a key presentation, but I also didn't feel fulfilled because I felt like I never saw people at the recovery and all I did was just, I was constantly faced with crisis. And so I was always keen to train in Psychotherapy to perhaps focus more on helping people with recovery, or certainly maintaining better well-being through Psychotherapy".



Monica during her interview with YHP



Monica's Florence Nightingale School of Nursing Badge

Monica provides psychotherapy to BME groups who she says have not always had access to such treatments

"I think certainly one of the most significant highlights is the opportunity to work with BME groups. Psychotherapy has usually been something that hasn't been easily accessible. And so I think working within a service that was very much focused on improving access to Psychological Therapies and really trying to get as many people accessing therapy was felt very inspiring for me. Historically, only certain people access therapy and, and so it just felt like I was part of a bigger vision really working as a therapist. Certainly as a nurse. It was very important to see that we all know about some of the challenges and stigma as a black person in the mental health field. I'm very much aware about diagnosis and problems around understanding presentations of a black person or black male particularly. And so it was really important for me to feel like my presence was, I guess, important in understanding some of the cultural nuances and some of the cultural aspects of a person's presentation, but also just being there - being seen. I think one of the, one of the things that I heard a lot of throughout my career as a nurse was just BME groups feeling alone and feeling misunderstood".

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Monica faced the challenges of stereotypes and people's preconceived perceptions while at work.

"Challenges? Plenty of. Challenges as an African woman or somebody of African background, I guess around breaking perceptions and stereotypes. I guess facing discrimination in many ways, biases, and really working to challenge people's unconscious biases that they'd have. But also my presentation as a second generation Nigerian, in itself was suffering, but I experienced as a challenging thing for people who probably would expect, you know, for instance, a black woman to have this much education or colleagues who wouldn't expect you to have as much credentials as they had just because of unconscious biases they held about me as a black woman. And people who would be quite surprised I speak a certain way and just in general, really working with people or with colleagues who weren't aware of some of the unconscious bias they held. And through our work together, I was faced with challenges because I'm, I'm aware of the challenges that I go through every day as a black woman. And I guess, I think to come into the playing field or to come into the nursing profession and assume it's all equal for everybody is very naive, because it isn't. And so I'm always proactive, talking about my experiences, talking about the experiences of many because I think, certainly my experience - from my experience, one thing that I'm very much aware of is people just not talking.

Monica describes being taken back to Nigeria frequently when she was a youngster, although she has not visited Nigeria as an adult.

As a youngster, we were taken back quite often. Certainly not in my adult life. I haven't been back to Nigeria. And reason being there's a sense that everybody's around me now. And so there's a sense that actually going back - I'm not going back to see family as such. We've lost a certain generation - my grandparents - people that I would have been familiar with. And so yes, so certainly not in my adult life. But growing up, Yes, mom took us back, back and forth. As many times - as much as I think 8 times between two and 12. I certainly look forward to a lot of things. I looked forward to the sense of being stable. And I looked forward to meeting all sorts of family, particularly extended family. I looked forward to food. I looked forward to what felt like a vibrant environment where everybody just seemed happy. And that was one of my earliest memories of Nigeria - just happiness - and people just sense of, you know, community. People cared about you, you know, neighbours looked forward to you coming and so just random people that you probably didn't know but knew of you and that felt special.

QUESTIONS:

1. *When and why did Monica's parents migrate to the UK?*
2. *Can you identify when Monica's role in the NHS changed and what her current role is*
3. *How many times has Monica been back to Nigeria and what does she enjoy most about visiting?*



Mukai during her interview with Young Historians Project in 2019



Image of Mukai in her uniform with her family in Zimbabwe

Mukai Moyo

Mukai reflects on training to be a nurse:

"We trained at the hospital. We never used to go to university. We had to do two months in the School of Nursing which was up at the hospital. Then we went to the wards – we were assigned different wards and spent maybe four months in each ward. That's how you learn so you can do all the different types of nursing. After a certain time, you go back to school to learn other skills before you can go put them into practice. Each time we had to do tests at the School of Nursing, and you must pass that block before you finish. That's how we trained."

"I was working in the Mission Hospital's pharmacy. I had my firstborn at the time. Yes, he's a big boy now, but nice to me. After working in that Mission Hospital, I also went and did midwifery in Zimbabwe. That was '91 when I was doing my midwifery – it was before the birth of my second baby. When I was working at the Mission Hospital, I was the Sister in charge. I was in charge of looking after wards."

Mukai discusses parts of British culture that were new to her and how she adjusted:

"When I came to England, I couldn't eat the food and I didn't know where to shop, I didn't even know where the bus stop was. All those things I had to learn as I went. When I went to parents' evening and they told me how my children were doing, some of the things I didn't even understand honestly. They spoke about the children's progress. But I felt like I needed a third person to help me understand what they meant. But I didn't have that. So sometimes I felt guilty. I would say 'Oh God, the first two boys, maybe I should have supported them more but unfortunately, I didn't understand the way of the education system here'. I couldn't even help with their homework."

"I wasn't driving when I came here, so I had to rush for buses. It was a nightmare trying to get to where I needed to be. Sometimes I would miss it and rush to another bus stop. And the bus doesn't even stop there, but I didn't know. Those things. Those silly things that you look at yourself and say 'Oh God, why did you think that bus was going to stop there?', but I thought that every bus should stop at every bus stop."



Mukai takes great pride in her nursing uniform

But back home [in Zimbabwe], if you are at a bus stop, every bus would stop for you. At the start, I didn't know bus stops had timetables so I would stand there in the cold and wonder when it would come. All those things I had to learn, and it was a lot. Those 'simple things' are not simple when you are in a foreign country. Even when you go to the shops and look at a tin of beans, you say, why are the beans this one and the baked beans is that one? Back home you only had one type of thing, but here, twenty different types, so which one shall I take? Which one is better? I didn't know."

Mukai reflects on her favourite memories of being a nurse, such as saving the life of a young boy after doctors had given up

"I [have] loads of happy memories nursing. I remember when I was in Zimbabwe, this incident that happened when I treated someone and I realised this is beyond me. I transferred them to a bigger hospital. But then I got a letter from them saying 'Oh we can't continue sister, Stop all medication. Don't do anything, we have decided the patient is too far gone and is not going to survive, they're terminal'. The patient was brought back to us, and I looked, and it was just a young boy; fourteen. My heart poured out for him. I said to my colleagues, I am in charge of the hospital, and we are not stopping anything. No one will stop any medication for this boy. We will continue until his last breath. It was a hard decision to make because I overruled what the doctors had said.

So, we continued for two days when the terminal patient woke up and started opening his eyes. My colleague said, 'Sister, the boy is opening his eyes. He is trying to talk.' I said oh what am I going to do? I quickly decided. I again referred this boy, but this time to a different hospital for a second opinion. They treated this gentleman, what he had was like TB meningitis. When the boy was treated, the doctors wrote me a letter saying 'Thank you so much for referring this boy. He is healed, we treated him, and he is now recovered fully, everything's back to normal'.

I was so happy and one day when I was working, I saw this young boy coming to me with his sister. They came to say, 'We are looking for you sister'. I said 'Why? Who is this?'. I didn't remember them. He said 'I am the boy whose life you saved'. I said, 'Oh God, thank you for helping me make that decision and referring him again and continuing with the medication'. Seeing lives being saved is a highlight in my life. There are so many instances where people came back just to say thank you, especially in Zimbabwe. It is a really rewarding job when you see people getting better and are able to help them out of their pain. I am happy I am a nurse."



Mukai with her family



Mukai celebrating her graduation to become a Clinical Nurse Specialist, BSc

Mukai discusses her family and identity as Zimbabwean people living in England

"I am an African, a Zimbabwean, and my children are Zimbabwean. We have been in this country quite a long time, especially my youngest. But they know their roots and where they come from. They know their mother's language and they speak it. They also know English very well, which is good. We are proud to be Zimbabweans. Not everyone in my community shares these views as some people have lost their language. Which makes it hard to fit in when they visit home [Zimbabwe] because back home, most people don't speak English; they speak our own mother language. That is why we encourage our children to continue speaking the mother language, so when they go to Zimbabwe they aren't a misfit. They have quite a lot of friends there now; they have mates everywhere. But it's not always easy. Because they have to mix both cultures and understandings. They must know their boundaries. Where they belong and what sort of things they want to do. There wasn't any work done to integrate us into British society where I worked. But in the community where I lived, there were some programmes that would help us to fit in. We used to go there and have a cup of tea, talk, and engage with others. They also helped our children; by inviting them to play games or go to schemes or church activities."

Mukai has at times felt excluded and has experienced racism in the workplace

"I felt excluded. I felt it because sometimes they talk about their stories [and] their lives. But I couldn't relate because I didn't know what it was like. For instance, they [would] talk about their dogs, but I didn't look after any dogs. Yeah, sometimes I felt excluded, but thank God that sometimes somebody [will] come to you, help you, and also guide and teach you. I also faced instances of racism in the workplace, and at the start, I would report this. I remember one time when I approached my manager with an issue and they said 'Ah!' and they didn't believe [that] what I was trying to say was a racist act. They said 'Oh no I don't think so', so I pulled myself back and started to question myself".

"When it happened again, I didn't go anywhere, I just said 'God give me the strength, please give me the strength'. Most of those things I overcame with my faith, because nobody helped me. I don't report things anymore. It doesn't matter anymore. Many things, many challenges; sometimes they really break your heart. I also faced discrimination from patients. I remember that sometimes when I was busy working and would say hello to a patient, they immediately would want to know how much experience I have and know that they are in safe hands. They ask you 'How long have you been here?'. That's their question. 'How long?'. I've been here for many years, maybe five, or ten years. That makes them comfortable. If I ask a patient a question and a white colleague is there, they will look and turn and give the answer to them instead. Though, I do have a clever colleague who notices when this is happening to me, so she turns her back on the patient. So that now they are not answering her, they are answering me, who is asking them."



Mukai proudly wearing her uniform whilst working for the NHS

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"I am an African, a Zimbabwean, and my children are Zimbabwean. We have been in this country quite a long time, especially my youngest. But they know their roots and where they come from. They know their mother's language and they speak it. They also know English very well, which is good. We are proud to be Zimbabweans. Not everyone in my community shares these views as some people have lost their language. Which makes it hard to fit in when they visit home [Zimbabwe] because back home, most people don't speak English; they speak our own mother language. That is why we encourage our children to continue speaking the mother language, so when they go to Zimbabwe they aren't a misfit. They have quite a lot of friends there now; they have mates everywhere. But it's not always easy. Because they have to mix both cultures and understandings. They must know their boundaries. Where they belong and what sort of things they want to do. There wasn't any work done to integrate us into British society where I worked. But in the community where I lived, there were some programmes that would help us to fit in. We used to go there and have a cup of tea, talk, and engage with others. They also helped our children; by inviting them to play games or go to schemes or church activities."

Mukai has a piece of advice for young people of African and Caribbean descent, and those interested in pursuing a career in healthcare

"Nursing is a good profession, so I [would] encourage young black people to join the profession. It's a call of duty, a call to save, a call to help people. You must be passionate about it. It's rewarding when you see what you have done. You will find nursing takes perseverance to focus and achieve the goals that you want to achieve in life. Don't be discouraged. Don't be derailed. Just do what you need to do. And go out with people!

Choose the right people. The right mates. People who don't discourage you, who build you up rather than destroy you. You need those people in your life. Every day won't always be the same, but you must wake up every day and ask yourself what are your goals and how will you achieve them? Plan things properly. Time is money and when you lose it you really lose it. You can't rewind, you can't go back in time. But it doesn't matter where you are in life, young people, whatever has happened, things you have failed. You can always start again, you can always do something, and achieve your goals. Start something, do it and achieve it. Stay focused."

QUESTIONS:

1. *Where was Mukai born and raised?*
2. *What Bachelor of Science did Mukai qualify in?*
3. *What were some of the challenges Mukai faced in adapting to life in Britain?*



Ngozika (right) at her YHP interview with Esther Adi (left)

Ngozika Ogundu

Ngozika is a Psychiatrist who was born in Wolverhampton in 1968, before migrating to Nigeria, her country of origin, at the age of 10.

"I did most of my schooling in Nigeria. I did do some schooling here as well. My secondary education was in Nigeria. The first university I went to was in Nigeria, before I came back here. I did a degree here, and before I entered to do a post-graduate in nursing. So [I was] schooled in both countries, in Nigeria and the UK."

In her interview alongside Esther Adi, she talks about her experiences of education in Nigeria and how compared to that of England.

"I did industrial chemistry in Nigeria, before coming over here, I did a pharmacology degree before returning to do a postgrad in nursing. I found that in Nigeria, it's really quite difficult. There are not a lot of books in their libraries. It's quite different from here. But here I found it easier and there were a lot of resources here. So the education system is quite good compared to Nigeria."

"That wasn't the reason [that] I came over. I thought it would just be easier to just get a job straight away or something like that. But because of your degree in Nigeria, it's not quite the same. So I had to retrain or find something else that I liked."

She later returned to the UK later in life to complete degrees in both Pharmacology and Nursing. Her qualifications and the availability of jobs in London led her to a profession in mental health.

"I came into the health service after I did my first degree in pharmacology. That was [the year] 2000. I went to work in the NHS as an administrator after I did my degree. I started working there at the time because of my pharmacology degree. Most of the jobs were outside London. I didn't want to move outside of London. So I thought I'll find something that I can do. And I thought the NHS is a good place to work because of my science background".



Ngozika (second left) with YHP members and Esther Adi (second right)

"Well, I ended up in research or something like that, but I started off as an administrator in an east London trust. From there, I went to do my degree in nursing. After about a year or so, over a year, I went over to do a postgraduate in nursing. So that's how I ended up in nursing. After my training, I became a mental health nurse and worked on the wards before going to work in the community. I worked as an administrator for just over a year. Initially, I didn't want to do nursing given the other degrees [I had], but I couldn't see any other thing available for me to do. It's either that I sat as an administrator, or I could take it a step further. So I made that choice because that's what was on offer. It wasn't really on offer actually, I had to fight to get the training. They don't normally train administrators to become nurses. You have to be a healthcare assistant to be offered the training. So I still had to fight for it before I was allowed to go to the training."

Ngozika shares how her career was impacted by the institutional racism that was common in the NHS at the time

"I came across a lot of obstacles that had to do with my ethnicity. Right from the beginning of coming back to this country, I think there have always been obstacles. But being able to get a job, it doesn't matter what qualifications you've got. It's really difficult for Africans to get a job. Even when you are in that job, you could see someone that you're more qualified than, you could see you've got more experience than the person, but they always end up getting the top jobs. So that's my experience with the way the system works. You could see it in the positions, the ratio of the white managers to the black managers, white colleagues got moved up the ladder quicker than black colleagues."

"Say you qualify as a nurse, you start off with band five. And then after a few years, you can apply for a band six position. And after that, applying for a band seven position. But what the black nurses find is that once they're qualified as a band five, they're stuck, and even to become a band six, you need to do [extra]. Or if they say you need to do a course to get to band six, they're not going to put you on that course because they don't want you to get it. It doesn't matter how many times you apply for that course. They will not give it to you. A white person comes along and applies to go on this course. They'll let the person go on it and they'll give you an excuse. Like 'Oh, there's no funding for you or things like that'. So it's just, there's no progression."

She notes times when patients were racist and mocked the Black nurses that assisted them.

"They got racial abuse from patients a lot. Some patients didn't like black people, even though you were working with them. You could tell. They will say things to you; 'Oh there's a lot of black African nurses on this ward' and things like that. There were always complaints about Africans. Sometimes they even mock the way they speak. Someone will say something because they don't sound British. They get mocked by the patients as well."

"Even with things like therapy, most of the people that get on to therapy are white people. They don't really offer it to black people, very few get therapy. And it takes a longer time to offer a black person therapy. It is changing, but even now that it's changing, it does take a long time to get. A white person would get accepted onto therapy before a black person. Because there are few black therapists as well. It's so difficult for them to get the job as well, isn't it?"

QUESTIONS:

- 1. How does Ngozika describe the differences between Nigerian and British education?*
- 2. What reason does she cite for the low morale amongst the African staff she's worked with?*
- 3. How does Ngozika describe the racism she faced whilst working in health services?*
- 4. Why does Ngozika believe white people are taken more seriously than Black people when it comes to getting help for mental health issues?*



Olu's biological parents



Olu with her foster parents

Dr. Olu Wilkey

Dr. Olu Wilkey is a consultant paediatrician whose parents came to the UK from Nigeria in the 1960s to further their education.

"I think, they arrived probably in the 1960s, or the early 1960s. They both came here to further their education really. So my dad was an engineer. And he came to do post-graduate studies. And my mum worked in marketing and she was also studying as well. But my dad was the one that was studying the most."

Olu was one of the many African children who was fostered by a white family while their parents studied.

"I can't remember them doing that when I was young. But, as I got older they did talk about it, they said it was really difficult. So, particularly regarding childcare. So we had to be fostered out to some lovely English people that looked after us while they were studying."

Olu has fond memories of her time at school.

"I had a really nice teacher who took all of us black children – there weren't many of us – took us to her house and actually cooked. We played in the house and she was just really nice. I don't know whether she felt sorry for us, but she was very nice to me in particular."

"I was very good at biology in secondary school. I remember getting all the prizes in biology. So I said 'Well I'm really good at biology, maybe I should do medicine?'. And I passed the exams to get into first-year [of university] directly. I didn't have to do A levels. Most medical university courses are like 6 years, of course, but the university I went to was seven years. I particularly chose that university as well, because I wanted to be far away from home as possible. The reason being is that my dad died when I was very young. My mum was very over-protective. So I was like, yeah, I need to get out of this house now".



Olu with one of her children



Olu with her biological and foster families

Olu returned to the UK and took her exams to enter the NHS, which she remembers as being extremely difficult.

"So when I came back to the UK and you had to do this exam called Lepla, which is really, really difficult to pass, or [at least] I found it difficult. And I kind of was here with all the questions, papers, preparing myself to do it".

"I passed on the third attempt. And if you didn't pass after the third attempt, you had to wait for two years before you could do it again. But by this time I got married. I was pregnant and I just said, 'Well, I'll just do it. I'm just going to do it and see what happens'. And that's when I passed, so I was really happy. I went all the way to Scotland to do it. So it was a nice thing to pass. But in my head I'm thinking 'Well I'm going to have a baby, what am I going to do?'. 'Who's going to look after my baby? And when am I going to start work?'. So it was difficult. making those decisions, but it's a good thing that I passed."

After giving birth, Olu debated fostering her daughter while she studied, given her memories of her own fostering experience.

"It was very difficult. My mum came over and looked after her for a while, but then she was working so she had to go back. Then there were issues [like] am I going to do exactly the same thing that my parents did when they were here – get a foster carer to look after your child? I thought I didn't really want to do that. Although, I must say my experience in foster care was lovely. I don't know where my foster carers are now because we lost contact. I loved being with them and they really looked after me, but that was not the case for every child that was fostered in England at that particular time."

Olu speaks about her love for her job as a paediatric nurse and working with children with sickle cell.

"I always tell people that even if I died and came back, and was reincarnated (not that I believe in that), but if I was, I would come back and do the same profession and probably still work in paediatrics because I really love my job. And looking after patients with sickle cell disease. I didn't know that there'd be many patients with sickle cell in this country anyway, but it's now one of the most common genetic diseases. And so particularly where we work in London, where lots of people are of African descent, they live in this country, they have been born and bred in this country, they don't know about the gene."



However, Olu still encountered difficulties at work due to the small size of her department's team

"I was really working very hard as a paediatrician, looking after patients with sickle cell. And I needed help. I was just getting on with the job and I was really bogged down by doing it. And I knew it was really busy. But I tried to do the best for my patients that possibly could. And then this went on for a couple of years because I was on my own as the only lead paediatrician. Then I then put my head above the parapet and I could see all the other specialities in the hospital, like diabetes, and where they look after long term conditions, like epilepsy, and asthma. And these services had several people – a consultant, a paediatrician, another consultant, a nurse specialist, a psychologist, a data manager, a dietitian and all these staff working under them. In my department, it was just me and my nurse".

Olu discusses her current career path

"At the moment, what I do is mainly [the] teaching and training paediatric doctors. So that's the main managerial bit and I just feel more comfortable doing that rather than working in a hospital where there was a lot of politics. I think I would rather avoid that. I know my strengths and my weaknesses. For someone like me, I think if I see something [wonrg], or if there's a problem, I will call it out where other people won't. So I'm quite vocal."

QUESTIONS:

1. *Why did Olu's parents foster her out to an English family?*
2. *What was Olu's experience of fostering like?*
3. *Why did Olu choose to go into postgraduate education?*
4. *Does Olu enjoy her work? What difficulties did she face?*



Olu in traditional Nigerian attire



Priscilla in her nurses uniform. Taken by Priscilla from her photo archive for YHP



Priscilla in her graduation robes

Priscilla Dike

Priscilla is a consultant midwife, FGM activist, and educator. Despite facing extreme racial discrimination at work, Priscilla was determined to never be chased out of her profession and continues to take up space in the midwifery profession.

Trigger Warning: Mentions Female Genital Mutilation

"My name is Priscilla Dike. I'm in the NHS as a consultant midwife. I was born in Eastern Nigeria, during the Nigerian Biafran war. I left Nigeria with my husband and a 3-month-old son around September 1985 and settled in London. My interest in healthcare really started in my early teenage years. Initially, my interest was in mass communication and journalism. But that interest was denied me as I married early. So I then considered a more viable career whereby I could engage with people and help people."

"I trained as a registered general nurse at Rodin College of Healthcare, which was then in Whips Cross hospital. I qualified on the 17th of May, 1991. I went into nursing, and halfway through nursing, I thought, 'No, this is not the profession I want to be in'. I applied and got a place for midwifery training. I commenced midwifery training at the Princess Alexandra Nursing and Midwifery school – which is at the Royal London Hospital in Whitechapel – on the 19th of May of the same year that I qualified as a nurse. So two days after qualifying as a nurse, I started midwifery training."

Priscilla explains her love for midwifery and the highlights of her time as a university lecturer:

"Midwifery, in itself, is a very rewarding profession. So, I feel privileged to belong to the profession and throughout my thirty years of experience working as a midwife in different positions and roles, I've had [mostly] positive experiences in this career".



Priscilla in her graduation robes



Priscilla's nursing group, 1988. Taken by Priscilla from her photo archive for YHP.

Serving as a university lecturer for over sixteen years, sharing skills and knowledge with the next generation of midwives, and helping them establish their careers is an honour and a privilege that I cherish. And the miracle of birth for me is the most rewarding of all my experiences in the profession. Being present in people's life experience of bringing another human into the world, supporting them through that, and giving them the best of care is an experience that I will forever cherish.

Priscilla discusses some of the horrific racism she has seen and experienced at work.

"Discrimination is a daily experience within the health care profession, unfortunately. During my training as a registered general nurse, I was in a group of 30 students. I was the only black woman amongst the other students who came from England. I was the only married person in my group, and the only one who had a child. This meant that I stood out amongst my peers and was at times undermined and marginalised by my Irish counterparts. I went on a break with the Irish students, we're just sitting in a park on the grass while we're having lunch. "Oh, there are too many monkeys in London, which you don't see in Ireland".

"Somewhat ignorant of her racism, I asked her 'Where are the monkeys?' Because I haven't seen any monkeys in Britain. At that point, I hadn't even been to the zoo. All 26 of them started laughing. And then I decided to isolate myself from their social gatherings and force my head [towards] my studies. You can understand why then after a year and a half, I thought 'I'm not staying in this profession! I recounted this in my first debut publication because my determination was then I've chosen this profession. I'm not going to be chased out of it. I'm going to pursue my studies and my career with zest. And at some point, I'll be able to stand and talk about my experiences."

"The second incident occurred during my clinical placement as a second-year student nurse. I met a junior ward Sister. She was also sitting with the senior ward manager, who on noticing the wedding ring on my finger asked me "How can you be a student and be married?". To which I responded to the core aspect of the question, "Yes Sister, I am married". She interrogated me; wanting to know who my husband was, what he did for a living, whether I had children and many more questions. She said "I'm going to change the mentor I had previously allocated to you, and take you on as my mentee. Because I want to teach you a lesson about being married and coming into this profession. In fact, I'll make your life a living hell". I burst into tears. Her mistreatment of me continued, to the point that my personal tutor then decided it would be beneficial to move me on from that ward and send me to another ward to continue my placements. That experience is very emotional for me, even on recounting it."



Priscilla in her home
study

Priscilla shares the stories of other women from ethnic minority backgrounds, who have also experienced racism within the NHS, but as patients

"As a consultant midwife, some women, particularly those women from Black, Asian, and Minority ethnic backgrounds, speak to me about neglect in aspects of their care. They give you instances of demeaning responses that they get from healthcare professionals – particularly when they have genuine concerns and ask genuine questions. They talk about childlike responses that they get that make them feel demeaned, the lack of respect, and the manner that they're often spoken to, which they find unacceptable. It is appalling that it still happens in my profession."

Priscilla works to fight for an end to Female Genital Mutilation (FGM)

"My interest in FGM really started because as a feminist, a humanitarian, a healthcare professional, and particularly as a woman, it distressed me a great deal to read about the plight of women who had birth complications because of female genital mutilation – or female genital cutting as I prefer to call it. I, therefore, took a personal interest to explore this subject matter [more] broadly, and to put out publications and make my little contribution towards ending what I call an inhumane act where women are cut as part of tradition."

"So after publishing some of my articles on the subject matter, I did go on to receive an invitation from Her Majesty's Inspectorate Constabulary, to serve alongside the ex-pats on 'Violence Against Women', and this included female genital mutilation. This then opened more avenues for me to do more presentations, like 'Public Policy England' at some other universities. Then I was teaching as a university lecturer obviously, and many other universities have invited me to speak on this subject matter since. It's still an area I'm very much interested in and would like to put out more work around."

As a Nigerian woman living in Britain, and working in healthcare, Priscilla is passionate about having pride in her identity

"It is very important to celebrate our heritage because identity is about who we are. For me as a Black woman working within a British system of healthcare, the first is to acknowledge my own vertical identity, as well as my horizontal identity.

So my vertical identity being those inherited, innate natures in me originating from my background as a Black woman. And my horizontal identity being that [side] of me that has become part and parcel of me through my education, my socialisation, and my career pathways. [Also] through the friends and colleagues I make along the way of my career and through the professionals that I aspire to be like and emulate.

So I celebrate it in many ways. On a Sunday, I like to dress flamboyantly as a Nigerian woman with my reggae head tie, or the flamboyant head ties that we wear. The wrappers and really beautiful traditional clothing. So that when I step out of my door, people know I'm Nigerian. And then in the professional field, yes I'm happy to be in this suit because that's part of the professional requirement. But seriously speaking, the mix of both identities and having a balance within them is what makes us real professionals. When we don't deny any aspect of ourselves, it enriches the service we give."

QUESTIONS:

1. *Priscilla mentioned that early in her career, she did not speak out when she faced racism at work. What might stop someone from calling out discrimination and why is it important to know how to complain about discrimination at school or work?*
2. *Priscilla talks about embracing all aspects of your identity. Why does she think this is important?*
3. *When Priscilla found out about FGM she did research to learn more information and then decided to take action. Why do you think learning is an important part of activism?*



Selfie of Rahma, 2021



Rahma at work, photo from 'Frontline Insights' by Imperial College London

Rahma Elmahdi

Rahma Elmahdi was born in Sudan and moved to the UK in the early 1990s at 5 years old. She reflects on her fears when she first moved to the UK.

"We first came in the early 90s, Sudan had just been subject to the military coup from Omar al-Bahir. At the time, my family was amongst the many Sudanese who were in the firing line with Omar al-Bashir in terms of his politics and his general impression of the educated classes in Sudan. So a lot of people left at that time and my family was among them. My father had been imprisoned by al-Bashir because of his connections to the then ruling party who had the coup happen against them. By the time we had moved, my father had passed away and my mother was by herself looking after us. So I think she had a lot of fears and anxieties about what the future would hold."

"[My fears involved] being away from extended family and support networks and things like that. I think my mother's fears were related to very practical [things] like resources, being able to look after [us], feeding and clothing us, and those sorts of things. But also bigger fears about the future and what it would hold. We all sort of internalised it and aspired to do better as well."

Rahma recalls her earliest memories of life in the UK

"A young boy come up to me, he had bright red hair and I remember thinking, 'Oh, he looks interesting'. He was talking to me and pointing his finger and laughing and I didn't understand a word he was saying because I still hadn't learned any English at that point. And I remember feeling very upset because I knew he was making fun of me, but I didn't understand why. I think that was one of my earliest memories of being in the UK or at least going to school here. I also remember learning to read – that was a really really nice experience and I had some really lovely teachers, and learning to write my name and spell my name in English for the first time."



Rahma before her interview with YHP



Rahma with her colleagues, photo by Imperial College London

Rahma shared the one book that inspired her career path. Now Rahma is trained as both a doctor and an academic, completing a medical degree and a Ph.D. in epidemiology.

“When I was younger I really wanted to go into politics. I thought that was definitely what I wanted to do. My family is quite political. . I was dead set on politics until I read a [specific] book actually – it was Bill Bryson’s ‘Short History of Nearly Everything’. It was a book about science and how the world works. [I thought] if I get to do science and work with people, then maybe my mother’s idea of doing medicine isn’t such a bad idea.”

When asked about the competitive medical school environment, Rahma recalled her mother’s advice when dealing with the challenges of being discriminated against because of her gender and race:

“The piece of advice that my mother always had for me was basically like, ‘You’re not an idiot, you’re a very smart girl, you just need to show them you are. You have to try. You just have to prove you are. You have to show them you are’. So there is that feeling of needing to prove yourself, to prove you are good enough to occupy the space that you’re at. You kind of have to push a bit harder than maybe some of your male colleagues and definitely some of your white male colleagues kind of breezed through.”

Rahma states that the discrimination in the NHS is because of the fact that there are few Black medical practitioners:

“Unfortunately, there is still quite a good deal of discrimination based on race between colleagues in the NHS. Part of that comes from the fact that it’s more likely to see a black woman who is a nurse than it is to see a black woman who is a doctor.

“The system is essentially a collection of people and practitioners. And I think the people at the top who make the decisions, who are the movers are not necessarily black people who understand what the issues are for black people. A lot of the time black patients’ voices are probably not heard in the same way that white patients’ voices are.”

Rahma shares similar challenges in her work as a researcher:

“There are even fewer Black faces in academic institutions in research department[s] than there are clinicians working in the NHS. There was no black person who stood up in front of me and gave a lecture. I never had a single tutorial by a black person. I didn’t have a single black lecturer.”



Rahma and colleagues at an event for diversity in STEM, photo by Imperial College London



Rahma for a Black History Month profile, by Imperial College London

"I genuinely do feel that if you do not see enough black people, you're never gonna feel at home there, particularly because those places are not aware of what it means to be black and not black friendly workplaces".

Despite these challenges, Rahma finds her work in public health rewarding because of the ways it can improve people's lives

"It's just so heartwarming to think that you've made that much of a difference for someone that they really want to thank you in that way. Just like helping people and seeing the direct results of it is a really nice thing. But my real interest is always, 'How can we get the biggest movement? How can we change the most with what we've got at hand?' And that's why I think public health really speaks to me in that way."

"I think that's such a nice feeling, to know that the time and work that you've put into getting good in a certain field is actually of use and makes you a part of something bigger and makes you a part of useful problem-solving. It's a bit wider. So I think definitely, that's been my highlights of working in research – finding my place."

When celebrating her successes, Rahma highlights how important it is to celebrate your nationality among other parts of your identity

"It's very important to celebrate your national identity. I think it's important because all too often people are quite keen to take your merits and achievements as a product of being British, and anything that isn't worth merit. Or anytime you make a mistake, it's because you're Black or from somewhere else; you're foreign. So this is why I think it's fundamentally important to always be waving my Sudanese flag wherever I go and whatever I achieve because I'm reminding people that I am Sudanese and this isn't just one for the British team, this is one for the Sudanese team."

"In all our complexity [of the Sudanese identity], it's really nice to not be in any one box and [to] occupy different spaces. As a black east African, as an Arab, as an Arab speaker, as a British person, you can occupy so many places and spaces, and I can choose which one I'm willing to occupy that works the best for me."

When asked what advice she had for young people, Rahma explained that she had little to give as she was happy with the progress they have already made

“ I sincerely hope young people keep going in this direction. And keep knowing, like sincerely, that this idea of this world we would like to achieve I think essentially where that is true sort of equality and an understanding of one individual for what they are and who they are as opposed to anything else is a fundamental right, not something we should be grateful for or thankful for

QUESTIONS:

1. *Why did Rahma and her family leave Sudan?*
2. *What career field did Rahma want to work in before deciding on medicine?*
3. *What book changed Rahma's choice of career?*
4. *How did Rahma overcome adversity in her career?*
5. *What advice does Rahma have for the youth?*



Dr Remi Odejinmi discussing the importance of getting the Covid-19 vaccine in February 2021. Source: NHS BHRUT

Dr. Remi Odejinmi

Dr Remi Odejinmi is Nigerian, but she was born in the UK. She grew up in Nigeria and returned to Britain as a qualified doctor in 1990, and works as a Consultant Anaesthetist

"My parents came over here to study. My father studied in Germany. My mother studied to be a nurse here in England, although she didn't finish her training and once they were qualified, they went back to Nigeria."

Remi describes how she went into medicine.

"It all boiled down to exclusions. So, I had my primary and secondary schooling in Nigeria and when it came to making choices at university level, I actually didn't want to teach, I was no good at Maths, I didn't want to do law. I come from a family of engineers, I didn't want to do that either and so I was left with, 'Oh, maybe I'll do medicine', and I was fortunate. Passed the exams and when they went in, I just studied medicine and I have no regrets whatsoever, but that's how I got to study medicine"

She remembers her early time in Britain as an 'adventure'

"I was a grown-up when I came back to the United Kingdom to settle, although that was my original plan. It was tough. It was different from living in Nigeria, in your own home with your parents – I was now on my own. I was married and had to stay with an aunt of my husband's. So it was a bit overcrowded. But that wasn't permanent. We knew it was temporary. I got a job fairly quickly, but not as a doctor because we had to do a special exam called PLAB. It was fun, I was young, rather flexible, and adaptable in that first year. So yes it wasn't too bad. It's different from being back home, but it was an adventure at the time."



Dr. Remi was announced NHS BHRUT's first Director for Equality, Diversity and Inclusion in 2021

Similar to Dr. Olu Wilkey, Remi had to complete a difficult test in order to work in the UK.

"It's called the PLAB. Professional linguistics association board, something like that. I think it's a long time ago now, it's a regulatory body to ensure that doctors who are trained abroad have the same qualifications as those who are trained here in the United Kingdom. [It was] expensive if you were a young migrant. It was tough and I think it consisted of just a written exam. I can't remember such a long time ago – 30 years ago – and fortunately, I passed the first time around which wasn't common."

During this time, she remembers having to work many jobs before she could begin practicing professionally.

"I think I was quite fortunate; I came in and we lived with an aunt and she was a supervisor of cleaners. So I took a cleaning job for two weeks and gave that up fairly quickly. I ended up working as an administrative clerk for the ILIA, which was an education board for the local authority. And from there, I moved on to work with CPS, and I also worked with the benefits offices. I actually in that one year did a lot. I also worked for the army or the navy as a – I don't know what they call them now – a shop assistant? Once PLAB was done, I was able to get a job. So I then started working in a hospital"

"For the first year, it was okay - I worked in a very good hospital and got very good training. It was a new area of medicine, which I hadn't originally thought I would do. But because my husband had opted to go in and do obstetrics and gynaecology, I then decided not to do that and to do something else, so that we wouldn't have conflict in terms of the impact that will have on our work-life balance, [as] we also had a young child to look after. So my first year was okay, I didn't really have many expectations. I had my own home by now, I had a son, and a husband and I was young and flexible. I was getting the training I wanted, [so] it was okay. I worked in Kent and there was not a lot of diversity. I was probably the only black girl or black person in the department. But there were I think [some] French and Italians and so it was [somewhat] a diverse group of junior doctors."



Dr. Remi at work, 2017

Remi remembers balancing her training, work and family life as being particularly challenging.

"Professionally getting through the exams, those were challenging. Especially balancing doing exams with already having the first child, then ending up with a second child, which was planned. The way abroad, it's different to the way we train here, so it's being able to learn the techniques required to be able to pass an exam here in the United Kingdom. So, the challenge was passing the exam, getting over it was learning how to present yourself and to be understood. I have to point out that when I started doing my professional exams, it was as an anaesthetist, rather than the PLAB and being the medical doctor."

"Initially the exams were unstructured, particularly the 'Viva' exam - so the face-to-face ones, so that could be difficult because there was always going to be a decent amount of subjectivity, between the interviewer and the person being interviewed. And as such, if you didn't come across properly, you could scupper your chances of getting through the past line."

While there were challenges, Remi still has fond memories of the work she did and believes it built her character.

"We have a great opportunity to look after people who are pretty vulnerable, and it brings out the best of humankind. You have to be kind, you have to be gracious, even when you're tired, because people are dependent on your decision-making, your interactions with them, for their hope. So, it does give you that emotional set of characteristics. It also allows you to value the opportunity to make a difference and we spend most of our time at work so you know you're making a difference. It can also make you quite determined."

"Medicine is a tough call and there are lots of exams. There's a lot of hard work involved in it you know, the hours are just not enough in the day to do what you have to do. You do have to become quite disciplined, and if you're not careful you can become too disciplined. You may lose that emotional context because you become quite task-oriented; you've just got to complete certain tasks so the emotional bit can get lost. I think this season of Covid-19 has made a difference to a lot of us because you need to have the grace to be able to look after your patients [who are] looking at you for hope. It really does humble you because people are there at the lowest points right now in this season. So, it brings up the best of who you are. It's character-building."



Remi (centre right) with her colleagues, June 2022. Source: Remi Odejinmi

Remi discusses the racial and gendered discrimination she experienced throughout her career.

"There are always going to be cultural differences. If people didn't understand your culture, you could come across as 'the angry black woman'. There wasn't equality, diversity, and inclusion in those days. People did not understand you. They didn't ask what was going on. You could do well, or you couldn't do well. And you wouldn't know because you didn't get feedback."

"I think discrimination still happens quite a bit. I think for me personally I wasn't aware of it coming from Nigeria so I didn't think about it. But as the years have gone by, you begin to look back and think, 'Oh, Hmm...'

"I did an MBA and graduated last year. My research was on career progression for BME nurses in my hospital and in my trust, and this wasn't information that was readily available. Most BMEs were in the lower grades rather than the higher grades and the higher you went up the ladder the less diverse it was. So, if you looked at our board, you look at our executive team, you could see that we weren't really diverse. Now, why is that? I can't answer that question, but it's not uncommon to see that. If you look at big organisations and you look at their boards, considering the workforce that they have, they're not always reflecting [it]. So there is still some degree of discrimination being intentionally or unintentionally practiced. It exists."

As a result of the discrimination she experienced, Remi has made a point of encouraging junior colleagues from Black or Minority Ethnic backgrounds to apply for higher posts.

"I don't see many chief executives who are from a BME background, I don't see many executives who are from a BME background. As such, I have a desire to encourage colleagues and most of the juniors to get involved with aspects that are not just their medical aspects. So, if they've got a talent for management, then I encourage them more for teaching or for leading certain things. I would want to encourage them to do that because I believe that they then become role models for generations that are behind us, and they can also use the influence to improve things for everyone. So, it's not just about BMEs, it's also about the whole workforce."

"As the years have passed, I've become more and more aware of some unfairness in the system and I think that it's hardened my resolve to push against that. That is a pressure that I have chosen myself – bearing in mind I have another [minority] characteristic; being female. So there's gender discrimination and then there's the racial discrimination that one has to deal with. And so yes, when I go to places, I feel that I don't just represent myself, but I also represent my group as a BME."

"I will highlight that as a woman of faith, an older woman, I look at what my purpose is in life here on the earth and I use the opportunities that I have for more than myself. That's the way I see it. I think at 25, that wasn't on my radar. And through the years I was bringing up a family, but now I have the time to sit and think about what's going on and what does life mean for me? And what am I doing?"

Now I had a coaching session once where someone said to me, sometimes you need to open a door to be able to get through and climb up that mountain. So you could start one level and you can talk about discrimination and you could talk about fairness, but sometimes you need to go through to the next round to be able to influence that group, because they may have no understanding of it."

QUESTIONS:

1. *What exam did Dr. Remi take to work in the UK?*
2. *Can you list Dr. Remi's first jobs in the UK?*
3. *What was Dr. Remi's MBA research topic?*
4. *Did Remi experience discrimination? What kind of discrimination?*



Sarah at the BAME Health and Care Awards in October 2019



Map of Malawi, in Southeastern Africa

Sarah Amani

Sarah Amani arrived in the UK to study in 1996 from Malawi. She stayed with her sister who was living in London at the time. In her interview, Sarah describes her upbringing in Malawi, institutional racism in health care, being African in Britain, and being a daughter of a nurse who trained in the UK in the 1960s.

"I was born in Malawi in 1981 and went to public schools until I was 10 years old. My parents had always spoken very highly of the UK. My dad was an engineer and my mom was a State Registered Nurse (SRN) they met in London whilst they were studying and moved back to Malawi after 10 years. Due to their high praise of the education that they received; I was happy to move to the UK at the age of 15. The context of me coming here was I had previously been at a boarding school in South Africa and I didn't really like boarding school. So I was given a choice, and I opted to come and finish my education in the UK. I came and stayed with my sister who was living in London at the time"

Sarah described her memories of growing up in Malawi

"Malawi is a very small country, with roughly the same population as London (13 million) so what I remember is that everyone is like your parent because it's such a small close-knit community and everybody knows about each other so it can be quite good on the one hand because you always have somebody to depend on. On the other hand, everybody is in everybody's business so it's like a crazy beehive of gossip, and privacy can be an issue. I went to boarding school in South Africa at the age of 10 after my older siblings moved to the UK for college and University. That was scary, I just remember thinking "where are my parents going?" "Why aren't they coming to pick me up?" They had explained to me what was happening but at that age, I think I was too young to appreciate that suddenly I was going to live and study in this new environment. I do remember it being a very prestigious school and I would say a lot of what I have achieved today is probably due to the education I received at that very young age in South Africa - so as hard as it was to adjust I'm pretty lucky that I had that opportunity."

Sarah was initially inspired to enter the healthcare profession after hearing about the mental health struggles of a colleague



Surgical tools being processed and sterilised

"My decision to pursue a career in nursing was sparked by a conversation with a co-worker during my gap year. I was working in a hospital equipment sterilizing department where they prepared the trays used in surgeries and operations. My job was to assemble surgical tools into trays so they could be sterilized and there was a young man who used to work with me. We used to do shifts from like 5pm till 11 pm. One night, we were waiting for a bus and I remember him saying he hadn't been feeling well and I said I was sorry to hear that and asked him what was wrong and he said, 'Oh I have really bad depression', and he explained to me what depression was. And in my mother tongue there was no word for depression that I could think of, so I was just totally blown away that there was this illness or disease that I didn't have a word for. As we were working in a hospital, I started noticing how proud the nurses and doctors were, how fulfilled they seemed by their career and the difference they made, so that kind of helped me decide and a couple of months later I applied to study nursing at Surrey University."

Sarah specialised in mental health during her nursing training

"The first year of nurse training was generic, after which you were required to pick a specialty in either general, child, learning disability or mental health nursing. I decided to pick mental health nursing which was a good course that taught me a lot. I think the hard part of mental health nursing training is, unlike physical illnesses, there isn't a blood test to determine mental illness. It requires great skill to develop the kind of rapport that will enable dialogue to piece together what someone has been through and what's most likely to help - almost like a detective trying to find out not only what someone is going through but trying to dig into what led to them feeling the way they are or behaving the way they are which isn't always easy because at first encounter people may not trust you or they may not know why you're asking those questions because they may be confused and disorientated - so one of the key things for mental health nurses is to have a lot of compassion and empathy."

Within her work in dealing with mental health, Sarah finds watching people's journeys to getting better especially rewarding

"I moved into management about 10 years ago, so my direct clinical work is limited. But when I did do clinical work, seeing people overcome their issues and get better is one of the most rewarding things in the world. The work I used to do and the specialism I ended up in is psychosis and that's a disorder that typically happens when people are young (average age of



Sarah with a friend on holiday



Sarah outside 10 Downing Street



Only **7 per cent** of very senior managers in the NHS are from a black or minority ethnic background

NHS England Workforce Race Equality Implementation Team 2019

onset is about 22) and at that time of life most young people are looking forward to starting their higher education or careers so this disease can really rock the foundation from right under them but to see them and their families come through that and have hope again is yeah – it's really rewarding."

Early on in her career, Sarah noticed that as a black nurse, her capability was underestimated. She made sure to challenge this. Although calling out discrimination in the workplace involved risking her employment, she was not afraid to do so.

"I remember my first nursing job was on an acute ward for working age adults and one of the challenges as a black female nurse; sometimes people assumed that your capacity to undertake tasks is very limited so they would task you with menial tasks and wouldn't necessarily ask your opinion about what's going on with your patients. This would typically manifest as asking you to make teas and coffees and limiting Black nurses to that as [their] role in meetings. So I had to kind of change that by showing I was capable of more sophisticated tasks like helping to complete assessments, devise a care plan, talking to parents and families who were worried. But I have to say I didn't experience huge discrimination, so I'm probably lucky in that regard. I actually whistle blew in the first year of my career. Whistleblowing is when you notice unsafe practice and you basically alert senior management. At the time I was on a work visa and people used to ask me 'aren't you scared that maybe your employer might revoke your work visa?'. Because a lot of the time, whistleblowers can be seen as troublemakers, and at the time I just thought that there was something wrong and it was my duty to call it out. I didn't really worry about the repercussion and I feel pretty lucky that my career wasn't cut short as a result."

Sarah reflected on the kind of people who usually work in NHS management roles

"The majority of senior managers in the NHS (roughly 97%) are white and usually from middle or high-class backgrounds. In areas where the population is diverse; for example when I worked in North East Hampshire in a town called Aldershot, we had a high population of people from Nepal, and sometimes what happened wasn't intentional discrimination but we as a service and as an organisation didn't consider the cultural norms of certain minority groups. And by not considering their norms we made ourselves harder to access for certain groups. So unless we have someone on the team who kind of says, 'I wonder why we are not seeing these group come through our doors, I wonder what we are doing that maybe is discouraging or putting them off', then you can discriminate unintentionally by making your services less accessible to a minority group."



"It's been a running theme of my time in the UK that I am typically the only black person in many settings whether that be in a predominantly South Asian High School in Greenford, London, or in Oxford and in many work meetings that I attend – 99% chance is I am the only black person in attendance, which is not good. When I moved to London, even though London as a whole is very diverse, the high school I attended had a majority of South Asian students and white teachers, I was typically the only black kid in my classes. But it was fun to be quite honest because I hadn't been exposed to that group before and they embraced me with both arms, and there was a bit of a perk in that I ate a lot of Indian and Bangladeshi food as a result. It was difficult sometimes; sometimes the teachers would look at me like I am an expert on African history which is ridiculous given how many countries are in Africa. So things like that were a bit embarrassing more than anything. But nothing too difficult to handle."

Sarah is Malawian, but has lived in Britain for much of her life, and identifies with both cultures

"I would say I see myself as both Malawian and British. It also depends on the context actually. For example, if I go to a Malawian gathering, I feel more Malawian than British, because I am surrounded by all things Malawian. Whether that's food, the clothes we are wearing, the language we are speaking, the things that are acceptable or not, and the music. And If I am surrounded by all British people, I may feel more British as I have to assimilate to their norms, it's almost like having a dual identity and having to code-switch.

One of the most inspiring figures for Sarah is her mother, Gloria, who worked as a nurse in the UK and Malawi



"My mother has inspired me because she's a very strong character - in that she has overcome a lot of challenges in her life. She was very young when she arrived in the UK, at a time when there were hardly any Africans here. She made a success of that and then after 10 years she went back to Malawi at a time when it was very patriarchal. She [then] worked as a nurse in Malawi until she discovered that the doctors, who were mostly white males, were being abusive to pregnant women, to the extent of slapping some pregnant women whilst they were in labour for screaming too loud. So, she reported those incidents and they made her working life difficult, and [she] resigned. They almost wrote her off. [They would] say she was 'just a housewife' as it were. "

Sarah describes how her mother overcame this and later moved on to bigger life and career goals

"But she had bigger dreams, and she wasn't going to condone that kind of bad practice anyway. So she started a day-minder for working mothers to support them to pursue careers. [It] was so good that the mums would come and [ask] "Can you open a nursery school? Because our child is ready for that stage now". And then they came and [asked] "Can you open a primary school? Because our kids are that age now". And before we knew it, she had a whole stream of schools all the way to secondary school. She made a real big success of that, and it was one of the best schools in Malawi at the time."

QUESTIONS:

1. *What pushed Sarah towards moving to the UK at such a young age?*
2. *What inspired Sarah to go into healthcare work?*
3. *What challenges did Sarah face at the beginning of her career?*
4. *How was Sarah's mother able to use her time in the UK to great effect when she returned to Malawi?*



A selfie of Shuvai Foley



Shuvai with a nursing colleague

Shuvai Foley

Shuvai was born in December 1962 in Zimbabwe. She trained as a nurse before moving to a career in marketing

“When I was doing my primary education, it was either I was going to be a nurse or I was going to be a flight attendant. So when I finished my O-Levels, I just applied and I got the place straight away, which I was in 6 months – [it] was really brilliant as I was quite young. And when I trained as a nurse in Zimbabwe, a British colony, everything was just the same as here, [in Britain]. And I loved it.”

Shuvai has noticed differences between nursing practices in Zimbabwe and Britain

“Back home, obviously, you get exposed to more things. You do more. You are more hands-on from what I’ve found. Back home in your training, you’re taught how to do everything. You look after babies in adult nursing. You’re exposed to so many things, [but what] you find here is a bit limited.”

“Nursing in Zimbabwe was much more exciting than here definitely. Because there you’re looking after patients who you see get better. You advise them. You find it in Zimbabwe that patients have more respect for the nurses, and whatever the nurse says, the patient will tend to agree. Here, it’s like they will say “Why?”. They don’t trust what we are saying, so you find that the patients back home statistically recover far better. Not everyone is [the] same in the UK, some are different – they appreciate you as a nurse. But some of them, they look at you they think “Does she know what she’s doing?!” or whatever, so it’s more fulfilling to be a nurse back in Zimbabwe more than here.”



Shuvai at home in Leicester for her interview, 2019



Shuvai working as a nurse during the COVID-19 pandemic

"I finished my training [in Zimbabwe] in September 1983 and I went to [work in a] general hospital in January 1985. Then I went for training as a midwife for a year and [once qualified] I stayed working there. Then I went for training to do other courses, like child's health, which I really enjoyed. [There were] obviously other courses in the meantime – just because I was still young and very interested in so many things. That's when I started to get into marketing."

Shuvai moved to Britain in March 2002 from Zimbabwe, on the recommendation of a close friend.

"I came over in 2002 and I came on my own. When I came over it was an experiment really, I used to work in a good job back home in Zimbabwe, but my friend was here and kept saying "You need to come over to the UK".

"She's a GP, my friend. She's a doctor, consultant – she's done everything. With the way that things were going back home, and my standard of living, she knew I was affected by the economy. So she said you should come over and try it for a bit. I came on the recommendation of my friend initially. I was a bit excited. Obviously trying to move to a new country, which was an experiment, you just got all those fears as well. What's going to happen? Am I [going to] settle? Is it going to be the same as back home? It was like an adventure to me because I love travelling, so I didn't mind really."

"When I came over, I thought maybe I'll give it 3, 4, years and see how it goes. But then when I came over I met a very good man and got married." "I'm still here. Almost 20 years of my life."

Shuvai didn't have to re-train in nursing when she came to Britain but instead had to do a three-month "conversion adaption course".

"When I arrived, I stayed with my uncle and my aunt in London. After about a month, that's when I decided 'No, London is not for me'. The air was a bit too polluted for me and I needed a little bit more freedom, space, [and] fresh air, really. I had a friend here in Loughborough, so I moved over to Loughborough."

Shuvai in her nursing uniform



Shuvai has witnessed racism within nursing during her time in the profession

“[You get it] from all angles to be honest with you. You do get it. I can give you a very good example. If you have got like a student, sometimes they’d go and ask an assistant for information when you’re looking after them. Or a doctor will come and assist when you are qualified. It is there. It’s subtle but it’s there, unfortunately.”

“I think it’s because you sometimes still find there aren’t many black people in the higher posts. I’ve never tried to apply for a higher post, to be honest with you. Even though one of my managers [said] ‘Why don’t you apply for it?’, I said no because sometimes if you look at the challenges that you get, you say to yourself, ‘Is it worth it?’. Especially when you get near to my age, there is some stress that you don’t need in life – so you just say ‘I’m too old, I will leave it for the young people’.

“I mean, there are some young people, young black women, that [“we are ready for the challenges” and they go for it! Yeah. I think now there- you find there a few blacks rising up the ladder, but still, if- it’s just like if you go in an NHS hospital, if you look at their board and everything, and then you will see how many blacks people are there or other minority are represented there.”

Reflecting on how things have developed in recent years, Shuvai noted that Black women today are prepared for more challenging roles

“I think because they’ve been exposed to the culture they know how to deal with the cultures and they can stand up for their rights more. That’s what I can say, really. They can stand the stress. They are more, maybe- I don’t know what I can say- is (inaudible) going that way if you’re born with the management skills in you, go for it. It’s just like going in business, isn’t it? If you have got the business acumen you’ll go for it, whatever challenge you face, but if you don’t have a business acumen like me- nope! I’d rather go to the allotment!



Shuvai enjoying her spare time at the beach

“All I can say is I still love my nursing. It’s a pity it’s more paper-orientated now than being hands-on nursing, unfortunately, but I still love my job, I think if I didn’t like it, I would have resigned ages back because if you look at it, even salary-wise, the salary’s really gone down for nurses. You can get a better pay out there than being a nurse, really, to be honest. If I didn’t love it I would have left it but, I’m in it because I love nursing.”

There are lots of African women in the Leicester healthcare staff, who provide a source of friendship and community. Shuvai also socialises through church and her allotment:

“When I came at here in Loughborough, and obviously you got one party then you meet other. I was shocked I met other old classmates as well and obviously I go to church quite a lot so yeah, that helped. I made a lot more friends from church as well and yeah then after I moved over to Leicester after about a year from Loughborough. It’s church [for a community group], and then, funny enough at my age I love the allotment as well so I’ve got a few friends at the allotment society.

“I would say nursing is a job which you don’t have to go in for money- especially these days. You’ve got to go in because you love nursing and that you love patients because you do get a lot of challenges- I can’t lie about that. Yes, like I said, nursing here is different from nursing back home. Back home we had all the respect and people trusted you with the job but here it’s like people who research on whatever concern they have got and everything, so it is more challenging here. So you really have got to be a nurse at heart for you to do nursing in the UK”.

QUESTIONS:

1. According to Shuvai what were some of the main differences between nursing in Zimbabwe and in Britain?
2. Why did Shuvai decide to move to Britain?
3. What does Shuvai say are the most important reasons to remain connected to your culture?
4. What do you think are some important reasons to connect with your culture and heritage?



Sylvia during her interview with YHP



A Photo of Nottingham in the 1970s from Nottingham Live.

Sylvia Owusu Nepaul

Sylvia was born in the UK, her parents came from Ghana.

"I was born in the UK, so I am second generation African, my parents are Ghanaian, West African, and they came to England, originally, I think around 1961-62. My parents came here in the early sixties. They [first] came to London, but [then] they moved up to Nottingham in the early 60s,"

Sylvia experienced racism during her childhood in Nottingham.

"I was born and bred in Nottingham, when we went to school, well in the area where we actually lived, we were the only black people on the whole of the street - so that was unusual. Well it is for today's standards. When we went to school, myself and my brother were the only black children there. Going to school, was difficult. I think we came from a generation where our parents were taught to do as they were told and so they were kind of trying to instill that into us. So even if we felt that we were being hard done by, by the teachers and all the children, we just 'put up and shut up' so to speak".

When Sylvia was in primary school one of her classmates wore a Nazi uniform to school.

"Yes, [fascism] was commonplace. It was a time of Margaret Thatcher and higher employment and I think people were always looking for somebody to blame - pretty much like it is now. It was a very scary time because people were very impressionable. People [would go to] football matches and they'd be recruited into the National Front. I remember when I was at school and there was a young lad by the name of Vincent, I won't say his last name, and he came to school dressed up in the Nazi suit and I was at primary school at this time and I said to him,



A photo of Dudley Hospital.

"why, why are you dressed like that?" and he said, "because hail Hitler and the Nazis are the best" and I said "but I thought you were my friend" he says "I am your friend but Nazis are the best and we need to get rid of everybody else" so yeah that was when I was at primary school but again when I was a teenager, you would be walking through town and there'd be the National Front marching and you'd have the Anti-Fascists- it was very volatile times it was not very nice."

Sylvia explains what she wanted to be when she was younger.

Originally, I wanted to be a musician [but] I had to assimilate into an educational society where you must make sure that you have got a good career before you do anything that you really want to do so to speak. So, my parents encouraged me to do something academic. My mother was a nurse and a midwife, she trained here in England. She kind of encouraged me to go into the health field. I did several things before I submitted myself to the health field. I did a sports course because I wanted to be a sports teacher.

Sylvia explains her training and experiences working in hospital.

When I moved to Birmingham I was enlightened because there was a lot more black people. Where I went to do my training was Dudley, which is on the outskirts of the West Midlands, Birmingham really, and again when I got there I was the only black person in the class. But we were all of a young age, we were 18, 19 and everyone was adaptable, so it was absolutely fine. When I did go out on the ward to work, I did find that people were a little bit off with me because people in hospital and certainly the wards I worked on were of the older generation and they had a little bit of difficulty adapting to the fact that they were being looked after by black nurses. It was okay I just took it in my stride.

Sylvia explains some of the difficulties she faced during her career in the NHS.

So I've been in the NHS since 1988. The hardest part has been in my midwifery career which I started in 1991. And women in general because they are in pain, they are in a situation they can't control, they are sometimes very volatile. I think sometimes their pain exacerbates how they really are in person. Some of the things that they might curb as an individual because its not politically correct because they're in pain, or they're using Entonox, 'gas and air', they think that gives them the right to say the things that they wouldn't normally say. I've had people say that they don't want to be looked after by black midwives, "don't want you in here", "don't like black people", "don't want your hands on my wife's whatever". Yeah that's hard. And to a degree. I will accept that because you are in pain.



Women in the NHS



A charity that aims to support black women in pregnancy and with childbirth.

Sylvia discusses racism in healthcare and how it impacts people of Black and ethnic minority backgrounds.

"I think across the board they're getting an absolutely raw deal and you can speak to- I got many colleagues who can vouch for that. There are even papers that have been put out that as a Black and ethnic minority, and especially an African and Caribbean, woman you are more likely -I think its 4 times more likely- to die in labour, childbirth than the average white counterpart. It's in America, it's in England, it's all over the world; it's phenomenal, it's phenomenal"

Sylvia first visited Ghana at the age of six as an adult since then she has visited regularly.

"I went to Ghana at the age of 6 years old and stayed there for quite a substantial amount of time and I always go back and forth to Ghana and I taken my children there. My experiences of going to Ghana have been wonderful. Obviously when I was 6 years old, everything is different when you go on holiday. When I've been back since, I found that things had changed dramatically. I went back last year and found, I would say a little bit to my disappointment, the fact that everybody had become a little more westernised. When I went back a few years ago, it was very noticeable that I was "the outsider". But now I go in my jeans and everybody is wearing exactly the same clothes and it's a little bit disappointing really."

QUESTIONS:

- 1. When and why did Sylvia's parents arrive in the UK?*
- 2. Why did Sylvia choose to do nursing?*
- 3. What are some of the challenges Sylvia experienced during her career ?*



Teresa Emelle during her YHP interview.



Teresa at a Psychiatry conference

Teresa Emelle

Teresa is a psychiatrist dedicated to helping victims of trauma through EMDR therapy. Her father was one of the first ever West Africans to study at the University of Liverpool

Trigger Warning: Mentions suicide

"I am a consultant psychiatrist, and an Eye Movement Desensitization and Reprocessing (EMDR) therapist, registered with the General Medical Council (GMC). So I'm registered at the GMC and adult general psychiatry. My background is Nigerian, West African, my parents were immigrants in the sixties, but incidentally, my dad actually came into the UK in the fifties to study medicine. He was one of the first West Africans who came in here and studied medicine at the University of Liverpool.[M]y dad was an extremely high performer. He was always top of his class. Like a visionary, like a pioneer type person. He finished in 1959 and he went back to the country. Got married. Had two children, my older brother, my oldest sister. And then at some point he came back, I think it wasn't perhaps around 1964 to the UK to do his specialist training .. I then got born in 1966".

"But then around about that time, there was a war in West Africa, the Biafran war, because we're from the South Eastern part of Nigeria which is the place that was called Biafra at that time that went to war with Nigeria. So roundabout the end of that war, ... he being an orthopaedic surgeon, he felt that he could add more value by going back to help, because there were a lot of amputees and war injuries. We relocated essentially back so that he could take a job. He actually went and took a job in a rural area where most of the casualties were. And that's how we left the UK, but I always knew that at some point I'd come back and work here."

Teresa didn't initially want to be a psychiatrist, but started to grow a passion for it

"I didn't originally want to do psychiatry, I wanted to do neurology. Just the brain, I found the brain very fascinating so I wanted to just be a neurologist and just look at diseases of the nervous system such as seizures, epilepsy, strokes, those sorts of things. That was my intention. But somewhere along the line, in medical school, psychiatric patients seemed to be drawn to me. So my other classmates started saying maybe you're meant to do psychiatry, maybe there's something about you that these patients, they like you. There's something about you".



Teresa (top row, third left) with colleagues at a work-related event

"I feel like I can be the best at whatever I choose to do. I feel that I can be the best. And I aim and aspire to be the best. So that's what drives me. I was able to have a celebration in terms of taking my exams, because for psychiatry, you have to do quite a number of exams. In fact, historically, they're one of the hardest Royal colleges to pass the exams, if not the hardest. I had applied when I first came to both medicine and psychiatric positions. But when I got both and I said, you know, just do what it is you really want to do, which is a psychiatry. I went to ... the Cygnet and hospital. I was particularly interested in working with them because they had specialist units that focused on helping people with significant traumatic history ... people who really would kill themselves if they didn't get the help that they needed. So whilst I was there, I completed EMDR training.

This is a very specialist type of psychological therapy. the full meaning is Eye Movement, Desensitization and Reprocessing. [I]t's a therapy that you use for people who have suffered trauma ... I wanted to do this particular therapy because I'm not sure the impatience, I like things done quickly. A lot of people benefited and literally came and said, look, it feels like magic. I can't believe it. That I feel so much better that I can put this trauma behind me and getting on with my life. So that was hugely rewarding. My highlights as a health professional really, are my successes. Because my successes are predominantly, for the most part, just seeing people recover, seeing people get better, seeing people get their lives back. Because for some people, you can help one individual and you've actually helped a generation of individuals not just that one person. So those sorts of things are the most rewarding."

Teresa shares some of the racism she has seen at work.

"When I was a medical doctor there was people that came to me to say "we feel we have been discriminated against because..." These were usually nurses. So the nurses would come and say "there was an incident". They're not denying there was an incident. They're saying "there was an incident where perhaps I was involved in a case that wasn't managed to the best of how it could have been managed". But there has been a similar incident where the other person was of a different, Caucasian background, and they weren't even pulled up on it. For example, somebody had a serious medication error. No consequences to that, they weren't suspended, nothing. But this other person said "what I've done is not even to that level, and I've been suspended!". So I've seen that. And had to sometimes support people to get equity, because you need to make sure that you are enabling that equity and preventing people from continuing to perpetrate those sorts of injustices. Within psychiatry we have the Mental Health Act. The statistics show that the act is used more on people of ethnic minority backgrounds, they would be detained more so than offered a formal admission. So for example if you go out to assess somebody to see if they need to be in hospital, if the assessing team arrive and see that this is a Black person, they're more likely to decide to detain the person.

"The other area where you can see a bit of that stigma, which people can resonate with, if they are of a Black background is the medication within psychiatry. I've frequently had to reduce people's doses of medications. Because again, if you are Black or of an ethnic minority, ... [with a] Caucasian physician treating you, [they] will often give you more medication than you need. My unit which was a top performing unit, we predominantly had 98% Black and ethnic minority staff. Our service users were predominantly 99% Caucasian. We were the highest performing and had not been recognised. I thought it might have been because we were a Black team. I don't think they wanted the team, if we had been photographed, if they had taken pictures we would have all been Black. So I think they really didn't want that. There is a social worker who is also African. This person we've gone to assess immediately targets and looks at her and says, "I don't want to speak to you because you're a witch. I'm not going to speak to you." And I see this could be colourism."

Teresa tells us that health care in West Africa is different to the NHS.

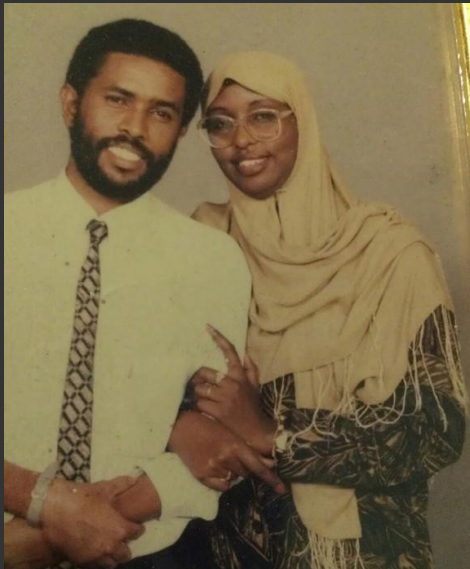
"Here we have a free health service. In most west African countries, certainly in Nigeria we don't. There used to be a time, as I understand it, health services were free in certain states, government-run hospitals. But my understanding is that now it's not, because when you come in, you're asked to pay for this and that. So again given the inequalities in the system, we probably do need a free health service, properly run. Because there are a lot of inequalities, a lot of people die just because they couldn't pay for health care, a lot of people die. In African countries, you have this inequality in wealth. You have the wealthy; you have the people who just don't have. I've seen signs when I've gone into hospitals "check the immigration status", and if the person doesn't have the right paperwork they must pay. I've gone to some hospitals where I've seen a sign like that in the reception. I'm not an immigration officer, it's not my role to say that this person doesn't have paperwork. If there are other people whose job it is to sort out their finances they should do their work. But my work is to treat the patient in front of me. And I've sometimes thought to myself, Western countries say that they're giving aid. Well maybe they need to just make sure that you give the aid in your own country, because if you're giving aid and you're giving X amount of money to a certain country's government, but you don't want to pay for the pregnant woman who urgently needs a caesarean section and you're telling her to pay before you give her the treatment then I see a disconnect. Give aid for wherever that person might be."

QUESTIONS:

1. *Teresa mentions seeing discrimination in mental health care and standing up for her Black patients. What are some ways you can help someone who is facing discrimination?*
2. *There was a stigma about psychiatry when Teresa was studying, but despite this she stuck with her passion and became a psychiatrist. What lessons can we learn about following our dreams from Teresa's story?*
3. *Teresa has worked really hard to become a doctor. She mentions that she celebrated her exam successes. How do you celebrate your successes? Why is this important?*



Zahra prior to her migration to Britain.



Zahra and her husband

Zahra Ali

Zahra's initial intention was to immigrate to Canada, however because she was heavily pregnant she was made to stay in the UK when the flight stopped in transit.

"I arrived in the UK in 1991. The circumstances were - we had a civil war, back home. I went before the civil war to Yemen. [...] There was the first Gulf War, and I wasn't working after that. So, we decided to go to Canada and we stopped here as a transit. I was nine months pregnant, and the security found out that I was fully pregnant, and they didn't let me go to Canada."

Zahra had no expectations on arriving in the UK, as her main concerns were that she would have her child somewhere safe.

"As I remember, I didn't expect anything. The important thing was not to have the baby in India. Also, to go where I could work and study and be a family. My expectation was somewhere safe, that was the first initial thing. I was having my first child and I wanted somewhere where it was safe, and there was no war – that was the important bit."

Zahra and her husband found looking after their first child very difficult because they did not have their family around them.

"It was very very hard. Especially thinking of where I came from - if somebody has a baby, not even has a baby, but becomes pregnant, basically they don't do anything. Being served, being looked after. And here I am, a brand-new mum, I didn't even know anything. I didn't know what to do. It was a struggle, it was hard. I was even afraid to go downstairs to make the baby's milk in the night. We were in a hotel and the kitchen was downstairs, and I remember waking my husband up and we would go together downstairs with the baby, make the milk and then come upstairs to our home. The practicality was not there."



Zahra prior to their migration to Britain



Zahra on a moped before her migration to Britain

Zahra and her husband found their first year in the UK challenging however they worked hard and overcame these challenges.

"Although we were both graduates, we couldn't do anything because they didn't recognise [our qualifications] from our Universities back home. And my husband, who had a Master's degree in chemistry in India, he started delivering pizza. That was hard as well. And the first year I had to accept and learn everything as a mum. So, we worked hard and we both went back to Universities – with children and no support whatsoever. We actually did well. And now I have three graduates and one 15-year-old who's in Year 10. My husband just retired, early retirement due to ill health – and I am a nurse. It wasn't easy. It was hard work. But I'm glad we did it."

In Zahra's family service in health care was a tradition ; her father was a doctor.

"I came from a background of health [workers]. My father was a doctor, we had a big chemist and at the back of the chemist there was a surgery – sort of like a GP, with a few doctors – and my dad was the general doctor. But not only that, our home was a mini hospital. Neighbours, family, my mum's family, my dad's family, anybody who was sick – they never paid money, they would come to our house."

After an initial induction into medicine she decided she wanted a career in health.

"My dad was about to go to a funeral, his brother had died. And as he was going out, a neighbour brought his relative who was from outside of the capital – from a small village – very ill. My dad was like: 'Okay, what should I do? I have to go to the funeral', but he actually put him on the settee and said 'Okay, he has a lot of fluid in his stomach. I'm going to drain that but you need to finish it off', and I was 15. He just connected it to him and everything, he measured a tin and he said when it [reaches] there, take it off and put a plaster on. This gentleman had a huge belly. He couldn't even communicate. He was in a lot of discomfort with his lungs and everything. And when the water came out he was actually asking for a cup of tea, he was chatting with me, and I thought: 'Wow! That is something'.... But for me, as a 20-something with a baby and then I had another baby within 15 months. I knew I couldn't do it, being a doctor so I thought the next best thing is becoming a nurse. And I'm glad I did because nurses are better than doctors (laughs)".



Zahra with her children at Graduation



Zahra with a colleague during her hospital nursing days

Zahra explains what university she studied at and why she choose to study there.

"Initially I wanted to do biomedical science. I applied, I had unconditional offer. I had interviews in Kingston University. And I didn't like the look of it. It was 98, there was no cultural University kind of different people. So I thought, I'm not going to be happy here. So I tried clearance for nursing in Southbank. It was a university like any other, you have different cultures, different colours, people everywhere. And I thought that that's okay with me. So, I used to travel all the way to South Bank, which is two trains and two buses. And I was trained in Chelsea and Westminster hospital. Also that was tough because of the patients and the nurses there, back then it was not very welcoming to somebody with long skirts and uniform. They would ask questions all the time".

Zahra explains what it was like training to be a nurse alongside her family commitments.

I was trained at Chelsea and Westminster Hospital. It wasn't easy, with children and a three-year course. There are a lot of things against you – the language, the hours, no support from family and friends. And when you come home you don't dare to open a book and do your assessments or anything. Automatically you become a mum and [have to help your children] do homework, cook and clean – my husband went to work in the afternoon – it wasn't easy. There was a time when I was reading books until three o'clock in the morning, falling asleep as I'm reading or writing something. A few times actually I decided to stop, because it was getting too much."

Zahra faced many challenges during studying and training to be nurse however she persevered.

"It wasn't easy the third year – it was hard. When you have a big belly – almost giving birth – to do a placement at five o'clock in the morning, it's not very easy. And doing all of your essays, and you have three children that need your support. My first child was in year 6, she was going through a SATs test as well, and a few times I stopped and I said 'I'm not doing it. This is too much, I'm not going to kill myself just to become a nurse'. I'd had it. My husband said 'Nope. You've invested too much. You did a lot of courses, you did a lot of colleges – English classes'. But I was crying every night thinking: what should I do? Should I just keep going or just stop it? Because it was affecting me and the family."

After finishing her training, Zahra came across a lot of challenges in a hospital environment relating to her culture.



Zahra and a nursing colleague



Zahra (second row, far left) and her family

"There were a lot of challenges working in the NHS, especially when you wear a scarf and a skirt. The uniform was a bit challenging. For infection control you have to wear short sleeves and that is the reason that I went into community [nursing] – it was not my choice. Because the hospital was very strict with infection control and uniform and I wasn't [considered or factored in] to that, so I went into community [nursing] where it was a little bit relaxed, visiting patient homes here and there. It was easier."

When Zahra and her husband first moved to England, they settled in London and then moved to Manchester in 1994. Although there was a small community of people from Somalia in Manchester, Zahra didn't find it easy to make friends.

"We moved to Manchester in '94. In Manchester the Somali community was very small – you could count how many, that's how small it was. For me to go to Wythenshawe college which is near the airport, it was far [from our home]. People didn't like that, especially my community. And a few times my husband was stopped in the Mosque and men would say 'Why don't you talk to your wife to [convince her] stay at home? Why does she need to go to college? My wife is at home looking after my kids'. He didn't like that. For me, I didn't have a lot of friends per-se in Manchester. People were coming from small cities and I came from the capital. And people who came from the capital were blamed for the war somehow – I was blamed. 'You come from the capital, you studied at university, you finished high school', people didn't relate to me.

Since moving back to London with her family in Roehampton, Zahra feels much more at home. Alongside her health work, Zahra is passionate about community work, and supporting the Muslim community in Roehampton.

"In Roehampton, we have almost 2,000 Muslims from all sorts of different countries. We don't have a Mosque – the nearest is Fulham or Wimbledon. So people who live in Roehampton travel to pray, especially the compulsory prayer like Friday's. So, because of my background in the community and as a voluntary worker, we rented a hall where children study in a supplementary school on Saturdays. Then we made it bigger to pray on Fridays – we bought mats and everything. The funding came from parents, people in the community who put all their resources together. We found 7 teachers. The men pray Fridays, children have Saturday – half a day – and now we've added two evening prayers and it's going well. Every Ramadan we have all people coming – feeding and eating at the weekend and we pray every night."

QUESTIONS:

1. What challenges did Zahra and her husband face during their first years of living in Britain?
2. Why did Zahra move from nursing in a hospital environment to community nursing?
3. What were some of the challenges Zahra faced due to her race and religion working in the NHS?



Zainab's mother with her little sister

Zainab Abbas

Zainab is a political activist. Her mum, who was a nurse and entrepreneur, taught her to be strong, successful, and political. Zainab briefly worked as an admin at Birmingham Children's Hospital during the early '70s, where she helped to stage strike action to fight for better pay and conditions for auxiliary workers

"My name is Zainab Abbas. I was born on 23rd of March 1950 a long time ago and I was born in the North of England in what was the poorest town in the UK, and I believe is still is which is Middlesbrough. Both my parents were Egyptian of Nubian descent. My father was Muslim, my mother was Coptic but neither of them gave much a damn about religion. I lost my father when I was very young, and my mother raised five out of six of us because my sister died as a single parent in the North of England. It's a complicated story but an interesting one in the sense that um she was very inventive. I've always had a great deal of respect all my life for my mother because she was the most amazing woman when you consider the time and she rented a house and opened a restaurant in what would have been our living and it proved and I'm mitigating success because English people then their food was so bland almost sickening and mummy's food was spicy and interesting and that wasn't a mitigating success so she managed to open a proper restaurant cafe which again was successful but then that brought out the bad part of those times and that area as she ended up having to pay protection money to the police. She didn't need protecting but they decided that was their way of making a quick buck and it gave us a level of notoriety because mummy wasn't the type of woman to lay down and just starve. She got up and fought back."

Life was in these days... was very dramatic if you were a person of colour, just very dramatic and very unhealthy. Mother's background was that she was raised in an orphanage in Egypt and probably the only good thing about being raised in an orphanage was she got an education and so she was able to go to University and qualify as a nurse now she could have been – there is no question about it – she could have been a doctor but in those days women didn't get the opportunity. It was the same in England women – if there were one or two women who did get the opportunity there were very few and far between.



Four Generations of Zainab's Family



Zainab with Black Panthers Worldwide Revisited Sign

"She went to Palestine and had a whole interesting life in Palestine and had to leave Palestine in a fairly big hurry and she was brought to the UK by a major in the British army and his family and as soon as they landed she left the family. They were nice and just wanted to get her into Britain and she went down to London and it's there where she met my dad. And then I know she worked in the health service as a nurse. I don't know where sadly. And it's funny but mother is of that generation that doesn't tell you what happened to them and getting information out of my mother was like pulling teeth. It was really hard and really difficult and I think a lot of that is to do – because I recognise it in myself – a lot of it is to do with the sadness's she faced".

From Middlesbrough, Zainab made her way down to Birmingham

"A girl that I was at school with had joined this theatre group and said to me "oh come down in the summer and come and visit me" and so I went down to Birmingham. And because where we were in Birmingham, there was the white side (Harbourne) and I knew there was a whole black community there and I needed to see them. It was just for my sanity. I needed to see them and I got to see them when I took this job at the Infant development unit. I was the only black admin staff I remember. I don't remember any other at that time... I can't remember seeing other [black] admin staff, that's the honest truth".

Dr Linley was the consultant paediatrician and Professor Edwards was a geneticist. And they were dealing with genetic diseases which are in the Jewish community. There was Professor Boyo from Nigeria, who was particularly focussed on sickle cell anaemia and he was a visiting Professor to the unit so Professors would come in from all over the world... it was very advanced for its time and I was working there in administration".

"It was among the auxiliary staff [that] there were people of colour so when I walked in the morning it was "hey sis, hey brother, how are you doing", things like that. Because that was the time and you were very conscious of meeting other people of colour. I mean I was very happy when I met Professor Boyo I was the one who volunteered to take him up to Cambridge ... simply because he was an African Professor. There was this hierarchal structure. Very hierarchal."

Zainab talks about her active role in the Supplementary School Movement in Birmingham

"At the same time my nightlife was completely different from my daily life because I would go straight over to Handsworth and hang out with the Afro-Caribbean Self Help Organisation and the Panthers. And then I'd work in a Saturday school which was wonderful and we were really getting the kids – history and English. It was all black focused history but they needed math, they needed English, they needed geography, they needed everything. The aim of it was to bring them up to speed and it was very successful in that regard. And we made ourselves available to the kids from the school at any time.



Zainab with Kathleen Cleaver. Kathleen was a leading figure in the Black Panther Party during the Black Power era

In 1973, Zainab played a leading role in organising strike action in a hospital where she worked

"In 1973 a representative of the union National Union of Public Employees came up to the hospital because I think because they were calling for strike action, but only wanted limited strike action. The reason they were telling everybody was that they had no funds to sustain strike action. People were quite angry at the meeting, and one guy said "I've been paying in for 15 years, where is all the money? Where is this money going to? Is it's not to sustain strike action?".

They were saying "we want limited strike action you can't to go on strike unless we give you permission", so big mouth at the back of the hall says "you can't say that" – this is me. "You can't say that, you're here to represent these people, these people want to go on strike it's your job to support them" and of course, I didn't expect this but suddenly I was the flavour of the month. People saying "yes girl! You talk girl" and stuff like that. And the union rep said "well you have to have a vote" and somebody said "all of those in favour of going on strike" and virtually every hand in the place shot up".

"Well, suddenly after the union rep leaves, people turn to me and say "what do you think we should do" and I said, "I don't know but I think if you want to go on strike you should go on strike". They made me the shop steward and suddenly I ended up having to give a call to the union about the strike and the union was totally unsupportive. I mean – I didn't know how in those days they got away with calling themselves a union you know but they did – they were totally unsupportive and finally they came around when they realised that strike action was inevitable and they paid the absolute minimum strike pay – and I believe actually was £5 a week. And I ended up having to pay that with obviously 1 or 2 people helping me – to pay it out weekly to those on strike and we were picketing. We were picketing the Vauxhall car plant, we were picketing".

"There was a trade union meeting. I think it was the PUC meeting in Birmingham about the second or third week of the strike and I went there and I was told to wait at the side and then this guy, whoever he was, gave me this incredible introduction which resulted in me in getting a standing ovation without me speaking by saying "and straight from the picket line" and he introduced me and I just said "Look we have no money, we're desperate. I'm single but all of the others are married with kids. If you can help we will be really grateful." All of them did – we sent round buckets and we raised hundreds and hundreds of pounds which to those people were a lot. We gave it out you know through the weekly pay we just added further onto it and that's what we were doing. We were trying to get further support throughout the strike, but the strike was a total failure. It was and it wasn't. It was a failure in a sense they achieved nothing via the management in the NHS".



Zainab at home in 2022

"But people suddenly realised the value of auxiliary workers ... and knew that they couldn't sustain long term without them. You can't have filthy wards in a hospital. You can't have people not cleaning the toilets in a hospital. You lose your auxiliary staff and your hospital doesn't function so I think in that sense it was a success but in a material sense it wasn't. I think the auxiliary workers came out from the strike with their heads held high".

"As soon as I went back to the infants' development unit it was made clear that I wasn't welcome. Which I didn't mind at all. [I]t's not as if people could say anything to me because that would be against the law. It's a perfectly legitimate strike. It was just that you know I wasn't the acceptable face of unionism. I was a troublemaker. So it was quite soon after that I left to London."

Zainab speaks about having pride in her African Identity

"I didn't come from a background where our ancestors were forcibly removed to the Caribbean or the Americas on slave ships. We just need to teach each other, because there's this view perpetuated by European colonialism and Imperialism that Egypt is not in Africa which is the most ridiculous thing that anyone has come up with and worse still its perpetuated by our own people. You know, Egypt is an African country. Egypt is African culture. They are trying to take it away because they can't entertain the fact that black skinned people have one of the most advanced cultures on the planet. That's what they can't handle but we have it not only in Egypt, we have it in the Kingdom of Benin, we have it in Zimbabwe. We had it all over the continent".

"My kids are very confident of their background. My son knows he's Egyptian. My daughter knows she's Egyptian and Namibian. My granddaughters are very confident of their background. They know who they are and what they are ... and are proud of what they are and who they are."

QUESTIONS:

1. Zainab found time to be active in her community and teach young Black kids even before phones! Can you think of 3 things that you could do to help your community?
2. Even though the strike didn't change the NHS, what important lesson did auxiliary staff learn from the experience?
3. Zainab says that she is proud of her Egyptian and Nubian heritage. Why do you think it's important for people of African descent to be proud of their heritage?

Poetic Closing Remarks



YHP members and public historian Kelly Foster outside the Black Cultural Archives, 2020

To conclude our book, this section presents two poems from two very talented poets, Simbiat Ogunleye and Kaitlene Koranteng. Both of these poets have been involved in YHP's project on African women and Britain's healthcare system in one way or another

Simbiat, herself an African woman health worker, presented her poem during YHP's series of launch events in the Summer of 2021. Simbiat has been working as an Associate Practitioner in a Molecular Lab during the Covid-19 pandemic

Kaitlene is one of YHP's longest standing members, and as such was heavily involved in shaping this project, conducting extensive research and participating in oral history interviews

We hope you have found this book to be a useful resource, and that you might consider supporting the work of the Young Historians Project. To find out how to support or get involved, visit: www.younghistoriansproject.org/get-involved

Each one, teach one

Tribute



By Simbiat Ogunleye

Today I speak,
hoping my voice will be heard
and welcomed.

And I speak with such boldness,
what it means to be black.

Peek into our ancestry time,
to read on true perseverance
of the courage of Kings and Queens,
That was soaked in hope and laughter,
screaming with power,
soaring and limitless,
to fight for the freedom
knowing the troubles coming thereafter.

Peek into our ancestry time,
where art and stories,
speeches and videos
revealed that the colour of my skin
was the greatest tragedy.

Peek into our ancestry time
where scars and beatings,
showing our worst wounds
revealed
the lack of humanity.

Where
struggle and pain,
defeat and anger
revealed
an unfortunate reality.
Turned to
strange normality.

Yet.
The beauty of our diversity
is how we rise.
High above the place in which we once lived.
Acknowledging our history and embracing
our culture.
Watching us overcome and swaying
with resilience and innovation,
singing we are here and we are alive.

So you see why we celebrate, and honour our
past
because
to be black is to be beautiful,
to be fearless
so don't fear us,
cheer us
because just like you matter
we matter too
- And that's the honest truth.



Simbiat Ogunleye



Simbiat as a child

Simbiat Ogunleye

Simbiat was born in Nigeria in 1996, she is one of four daughters in her family. Simby lived several years in Nigeria before migrating to Ireland, where her family still resides. From Ireland, Simby moved to Cardiff, Wales, to study her undergraduate and Masters degrees. After graduating, she moved to Bath to work at Royal United Hospital as a medical assistant.

Then, Simby moved to Ipswich in April 2021 to work as an Associate Practitioner in a Molecular Lab, analysing Covid-19 tests. For Simby and other frontline healthcare workers, the Covid-19 pandemic has only increased the intensity of an already fast-paced and high-stakes work environment. During the pandemic, Simby has not been able to visit her family, and she misses them very much. Alongside her healthcare work, Simby is also a talented poet and writer, and uses her art as a way to celebrate and commemorate the experiences and resilience of Black people, especially Black women. She is aiming to expand her work in poetry and writing in the future.

QUESTIONS:

1. *How did Simbiat Ogunleye's Tribute make you feel about the history of African women in Britain?*
2. *Why is poetry, and other art forms, important in celebrating the history of Black people in Britain?*

They Call Her Aunty



They call her aunty,
call they call her sister
They call her 'Nurse! I need
you'

She knows the night

She's the 3am shift

The stars like road map to
ward corridors

She knows John down the road
who called round for Sunday
lunch

Who calls her family

She knows the stars that are
the same ones from back home

They whisper 'work hard,
learn well, come home
when you're done'

They call her aunty, call they
call her sister

They call her 'Doctor! Do
better'

'Doctor not as good as your
white counterparts'

But she knows it is a lie

She's what they don't see

The pain that colours outside
of the lines

Beyond the view of the
everyday

And white skin

Beyond the view of the
everyday

And white skin

Africa's ladies with lamps
leading
those who come after with
wise words
and healing hands
When they called she came
And found tin streets
That tried to dim her shine
But you can see in her mouth
and eyes
When you go in for a check up
A familiar face
Who looks like she could be
your aunty
Your mother's sister

She came from the West
A mission on her mind
And a calling on her chest
She came from the North
And found herself on picket
lines
For better pay
and Black Liberation
She came from the East
To represent
Show the world what she had
to offer
She came from the South
To learn and go back home to
teach
Inspire the next generation...



By Kaitlene Koranteng