

## **Black people working in white institutions: lessons from personal experience**

**Suman Fernando**

In popular language, 'race' is synonymous with colour and 'we speak casually of Africans (or African-Caribbeans) as one race, Asians as another, Europeans or whites as a third.' (Malik, 1996). These everyday perceptions, rather than any scientific or biological evidence, form the basis for the term 'black people' as used in this paper. Another way of describing the use of this term (in this paper) is by reference to its 'political sense' — that is indicating people who trace their ancestry to populations that were and/or are subjugated and exploited etc. by people who are known as 'white people'. Thus in Britain, Africans, African-Caribbeans, Arabs, Bangladeshis, Greek and Turkish Cypriots, Indians, Iranians, Palestinians and Sri Lankans, may be seen as black people. However, issues around race and racism are much more complicated than this brief reference to 'black people' indicates and are discussed later in the paper.

Black professionals are becoming increasingly evident in British institutions that deal with health and social services — in other words these institutions are overtly multi-racial. However, few black professionals achieve positions of authority within these institutions and often find themselves involved in a continuous struggle within them to prevent becoming marginalised. Many British institutions now have 'equal opportunities policies' (EOPs), supposed to prevent discrimination on grounds of race, as defined in the Race Relations Act (Home Office and Central Office of Information, 1977). However the experience of many black people working within institutions, including those that deal with health and social services, is that racism is as strong as ever even if overt, easily identifiable discrimination is difficult to find — although of course this is manifested from time to time. Because of this, and for various historic reasons, British institutions dealing with health and social services are generally envisaged (at least among most black people) as 'white institutions' — that is a part of what they perceive as an oppressive racist society we all live in.

Institutions are composed of individuals and, as in a family, each person involved in a particular institution has his or her own degree of dependency on others within it and dependency on the institution itself — both for financial and/or emotional reasons or for reasons of status or occupational need. But 'dependency' in such a situation is different to 'dependency' (on one another) in a family — even a large family. In an institution — at least in most British institutions — individuals within it are not generally linked by ties of 'kith and kin' or ancestry as such, although tradition may play a part in its ethos, its 'culture'. Again, membership of an institution is neither involuntary nor lifelong, unlike the membership of a family which is generally on a like-it-or-not basis *for life*. One can always resign from an institution but not from a family.

Individuals within an institution influence the policies and ways of working of the institution in various ways and to varying degrees, depending on the positions they occupy, the power they wield and their own particular agendas. Naturally, the power they wield would depend on knowledge and understanding of the particular field in which the institution functions as well as (and perhaps more importantly) on personal factors such as the ability and willingness of the individual to wield effective power, his/her self confidence, perseverance, sense of mission — and indeed having a mission' at all — and so on. At one extreme, an individual may be a passive player (almost a 'sleeping partner') working according to the rules — both explicit and implicit — without asking any questions, careful not to rock the boat. At the other extreme an individual member, perhaps working in conjunction with others, may influence his/her institution to such an extent that the institutional rules appear to reflect the person's views completely. Finally, although most institutions are hierarchical with an identified head (who has significant scope for wielding power), members of the institution lower down in the hierarchy may influence the workings of the institution as much as, or more than, the designated institutional 'head' does.

Each person, (player) within an institution, comes to his or her institution from a particular background and, whether aware of it or not, with sets of ideologies on various matters, including race. In a setting where either the institution is overtly multi-racial or the purpose of the institution is concerned with issues of race, in either case, the politics of race become a significant process within that institution, sooner or later.

'Institutional racism' may be described as 'systemic inequality which results from institutional processes which are racially discriminatory' (Ben-Tovim et al., 1986); its difference from personal (racial) prejudice has been discussed at length elsewhere (Fernando, 1991) and briefly referred to later in this paper. The extent to which black professionals working in white institutions are aware of institutional racism varies. Some think that they are immune from racism (within their institutions), usually because they feel that they are treated colour-blind as honorary whites. However, it is the experience of others (perhaps the majority) that racism strikes in the professional field too — sometimes in the most unexpected ways — so much so that black professionals who wish to confront racism in institutions that deal with social services and health often wonder whether they could ever get very far doing so *from within*. For example, it is not uncommon for a black person who raises issues about racism to be depicted as someone with a 'chip on one's shoulder' or 'a bee in one's bonnet'. Again, most institutions expect loyalty from its members and a black person, who feels accepted by the institution as an 'honorary white', may find it difficult to argue against the majority who voice liberal sentiments without understanding the strength of institutional racism.

This paper describes some personal experiences of the author in his association with a prestigious institution, namely the Mental Health Act Commission (MHAC). It illustrates some of the difficulties that black people have in confronting racism within institutions but, at the same time, shows how black people within the 'system' (however

racist it might be) *can* effect changes — however limited. Although describing true experiences, it is not intended to blame any particular persons individually for the racism of the institution concerned, nor suggest that the MHAC, as an institution, is any more racist than most other public bodies in the health field.

The MHAC has a remit to protect the interest of people compulsorily detained under the Mental Health Act (Mental Health Act Commission, 1985). Its members, usually called Commissioners are appointed by the Secretary of State for Health and include both black and white people. Since black people are disproportionately over-represented among detained patients (Department of Health/Home Office, 1994) — a fact well known for several years (Fernando, 1988; 1991) — the Commission was inevitably involved from its inauguration (in 1983) with issues of race. The author was a member of the Commission from 1 October 1986 until October 31 October 1995. As one of ninety-two ordinary members, he started off with little influence. But, as time went on he became influential through membership of working parties and later, national standing committees (NSCs) of the Commission, and finally, the policy-making Central Policy Committee (CPC). Two series of events (experiences) in which he was involved are described and appropriate lessons are then drawn.

### **Race and Racism**

The ideologies about race prevalent in West European society can be explored by considering its historical context. The classifications of races, devised in Europe in the eighteenth and nineteenth centuries and largely based on skin colour, were constructed by biologists, physicians and anthropologists, later influenced by Darwinian ideas of evolution. They occurred in a context where the words black and white had been associated in the English language with heavily charged notions of good and bad and went hand in glove with prejudice from the very beginning. Then came slavery and colonialism which fed into racial prejudice and vice versa consolidating the dogma of racism.

The concept of race, meaning some biologically determined entity recognisable by external appearance (or rarely by nominal religious affiliation or language), has been dismissed in scientific circles as a basis for dividing up the human race (Jones, 1981). In the book *Not in Our Genes*, Rose et al. (1984) state: "Human racial differentiation is indeed only skin deep. Any use of racial categories must take its justification from some other source than biology." However, the tendency to think of people in terms of their race, referred to by Barzun (1965) as "race thinking", persists; it is prevalent in many societies, underlying ideologies such as anti-semitism, orientalism (Said, 1978), and, of course skin-colour racism which is the ideology generally referred to as racism. All too often, people are perceived, classified, discriminated against or favoured, and even destroyed on the basis of what is seen as their race. In short, race, as we generally conceptualise it, is a biological myth but a social and political reality and, as such, a very powerful determinant of individual and group behaviour and of socio-cultural systems and institutions.

Race prejudice is basically a psychological state, a feeling or attitude of mind, felt and/or expressed as "an antipathy based upon a faulty and inflexible generalisation" (Allport, 1954); at a deeper level it may be likened to a superstition (Fryer, 1984). Racism, however, is a doctrine or ideology — or dogma. As Wellman (1977) argues in *Portraits of White Racism*, once racial prejudice is embedded within the structures of society, individual prejudice is no longer the problem. "prejudiced people are not the only racists". When implemented and practised through the institutions of society, racism is called 'institutional racism'.

### Experience 1

When I was appointed to the MHAC in 1986, I realised, straight away, that I was one of the very few black members of that body and it soon became evident that I was one of very few commissioners to be sufficiently independent of the institution (in, for instance not needing to be a member for financial reasons) to raise issues of race and culture in the mental health field openly and with some persistence. Within a short period of time, I formed the view that the MHAC was open to change towards becoming an institution that addresses issues of racism. I did so for the following reasons: (1) although the Commission had a relatively small number of members who wished to face up to injustices of the psychiatric system, many were prepared to see themselves as promoting good practice within the established psychiatric system; (2) the majority of commissioners were liberal minded and were afraid of being considered racist; and (3) the Commission's structure was such that active campaigning within the Commission would pay dividends if pursued tactfully.

The Commission was (at the time of my appointment) divided into three geographically based regions. In the region I worked in, a liberal white member had already formed a working party to consider 'black and ethnic minority issues'. I joined this group but, in spite of pressure to do so, did not take its chair, for two reasons. First, the chairperson at the time, being well established within the Commission, had the contacts through which influence could be brought to bear, and (most importantly, as I then saw it) had the ear of the Chairman of the Commission; and secondly, I did not wish to get labelled as pushy so early in my career as a commissioner. This working party acted as a pressure group or lobby within the MHAC. As a result, the first public conference of MHAC was around ethnic issues in mental health. Subsequent biennial reports (MHAC, 1987, 1989) highlighted issues of race and culture. Having convinced the then chairman (a barrister, white man, and hereditary peer) of the need for much higher numbers of commissioners from black and minority ethnic groups, we noted that the Department of Health specified the need for more persons from these communities in its circular letter to professional bodies asking for nominations. By 1988 at least 10 % of commissioners were identifiable as being from ethnic minorities, although many were lukewarm in becoming involved in issues of race.

In 1989, a new chairman was appointed to the Commission — a white Jewish barrister with a reputation for radical politics and forthright approach. The regional

structure was replaced with a central office and national standing committees (NSCs) were instituted, some replacing working parties and committees already in existence. However, the Central Policy Committee (CPC) of the Commission, consisting of commissioners directly appointed by the Secretary of State, continued. The Working Party on Black and Ethnic Minorities was replaced by the NSC on Race and Culture. The stage seemed to be set for further progress towards an anti-racist and culturally sensitive commission. I agreed to take on the chair of the NSC on Race and Culture and several new members joined this group, all identifying fairly strongly as being from black and ethnic minorities. My Chairmanship was confirmed by the members of the NSC. We considered thinking of the NSC as a black group (using black in a political sense) but decided against this as we felt that a black section would be counter-productive. Instead, we made efforts to recruit white members to the NSC with some success. We started discussing specific policies, such as asking for all complaints to the Commission with a racial or cultural component to be referred to our group, planning training for commissioners, etc.

In October 1989, all commissioners had a memorandum from the Commission Chairman stating that all NSCs would in future be chaired by commissioners appointed by him, and, a few days later, the names of the appointed chairpersons was listed. Whenever they were available, named nominees were commissioners who were already sitting as chairpersons of the respective groups, except in the case of the NSC on Race and Culture, for which I was not nominated. I questioned this action. In a telephone call to me, the (white, Jewish) Commission Chairman told me that he did not think that a black person should chair this committee, giving as his main reason: "If a black person chairs this committee, the issues will get marginalised ... the best way of carrying forward the issues is by having a white chairman." When I related this conversation to other members of the Commission, several white members considered that the reasons given were sound although others recognised a flaw in the argument. All the black members I spoke to recognised immediately the reasons given as camouflage for a racist action but mostly they were against my making a fuss, in case we lost the gains we had made — for example in having an NSC on Race and Culture. I was in a dilemma as to what action to take. With strong support from the secretariat, I wrote to the Secretary of the Commission, to get the matter discussed at the CPC — and the item was included on the agenda. However, the papers that I sent were not circulated to members of the CPC. I then realised that I had to carry out background work if the CPC was to exert its authority in my favour. I lobbied several individual members of the (all-white) CPC and also, spoke privately to individuals at the DOH. My case was taken up by a Jewish woman member of the CPC and I circulated letters to each member of the CPC giving my case. Also, I obtained legal advice on applicability of the Race Relations Act in appointments and made this fact known within the Commission.

I learned later that, at the meeting of the CPC where my letters were discussed, the Chairman agreed that my presentation had been accurate. He had pleaded that (a) he

himself experienced anti-semitism and so cannot possibly be racist, and (b) he firmly believed that issues of race cannot be taken forward unless people from the dominant racial group speak up, quoting his own experience when he faced anti-semitism at school, and, therefore, a white chairperson was needed to speak on race matters. However, at the insistence of CPC, he changed his earlier action by confirming me as chairperson of the NSC on Race and Culture, and apologised to me in writing.

At this point, I decided that the reversal of action carried out in private was not satisfactory since our plans (at the NSC) to progress ethnic issues were unlikely to materialise in a situation where the committee I headed would be marginalised in practice. I decided to expose the whole affair at a general meeting of the Commission (from which information was often leaked to the press) in order to obtain a stronger commitment to ethnic issues within the Commission. When I sounded out the support that I may expect get for this from the (predominantly white) membership of the Commission and from contacts at the Department of Health, I did not get the impression of widespread support emanating and indeed I was strongly advised to "sort it out" privately. The main motivation of many people, both black and white, within the Commission seemed to be a desire not to rock the boat because they had reached some accommodation with the Chairman of the Commission. Essentially, they feared the repercussions of losing his patronage. Meanwhile I had several telephone calls from people whose membership of the Commission had not been renewed (having presumably lost his patronage) advising me to "go public". I then realised that I should not become a pawn in other people's games but think things out for myself, based on my own agenda.

The end result of this episode was a compromise. In negotiating with me through an intermediary, the Chairman of the Commission agreed to my proposition that the Commission as a body should have a "race policy" that would place on record the basis for the prevention of both direct and indirect discrimination on racial grounds. In turn, I agreed not to take the dispute into the public arena and to present the conflict to the general meeting of the Commission as a misunderstanding. The race policy was accepted at a full meeting of the Commission, ratified by CPC in on 1st February 1990, and published in the Commission's biennial report (Mental Health Act Commission, 1991). The NSC on Race and Culture remained active for some considerable time (see below), organised training, and monitored the implementation of the race policy by (for example) getting black membership of CPC.

### *Lessons about racism*

1. Racist action can be camouflaged by overt liberal sentiments, often without the person responsible realising it. In this case, a (liberal) intention of a wish to highlight racism concealed what amounted to actual racist practice.
2. People who have experienced racism may feel that *they* cannot be racist, whatever they may do. This is not true; victims of racism may, and often do, act in a racist fashion.

3. Those who may gain from racism and those who may suffer from it may both collude with racism for what they may perceive as pragmatic reasons — a type of rationalisation that may be open to manipulation by systemic forces in a context where patronage works through 'divide and rule' approaches.
4. If a person deals with racism in a particular way, (s)he may think that *that* is the way to deal with racism in all situations. Since the manifestations of racism changes, strategies to deal with it too must change. When racism is subtle, it requires subtle thinking for its analysis and perhaps subtle strategies of resistance.

### *Lessons about systems*

1. A person caught up as a victim of racism within a powerful system may well have a dilemma about how to confront it. It is always necessary to confront racism; direct confrontation may be satisfying, but careful thought is needed on the most productive approach. Here, a consideration of context becomes crucial — the exploitative tendency of the media, the power structure within which action may be taken, and the weaknesses of individuals when it comes to the 'crunch', must all be taken on board. The outcome is seldom fully satisfying or conclusive. It may merely open up a new stage in developing anti-racist practice within the institution.
2. When resolving an issue of racism, a personal resolution (with an apology for instance) may appear to be adequate. However, unless some systemic change can be initiated, the personal racism is very likely to be repeated. Anti-racist policies incorporated into the workings of the system is one way of making a lasting change. But such a policy must include within it some means of monitoring the implementation of the policy.

### **Experience 2**

A new Chairperson of the MHAC was appointed in 1994 — the first woman to hold that position (although called 'Chairman') and a non-Barrister. She did not come with any particular reputation on 'radicalism' but expressed interest in promoting the increase of black and ethnic minority membership and confronting issues of race in the psychiatric system. A re-structuring of the MHAC had been agreed before her arrival on the scene, including within it a new recruitment process whereby the MHAC itself would advertise and recruit Commissioners although the final decision for appointment rested with the Secretary of State for Health. The new (re-structured) Commission was scheduled to take effect from 1 November 1995.

As a part of the process of re-structuring, NSCs were abolished and the CPC replaced by a Board of Management, apparently without a remit for making policies. A small group (essentially a two-some) called the 'change team', was appointed by the Chief Executive to carry through the reorganisation — and this included re-writing all the

policies of the Commission. The 'change team' appointed a group to re-write the 'Race Policy' in order to widen its scope by addressing the work of the Commission with outside bodies and recruitment to the Commission of new members. As the Chair of the outgoing 'NSC on Race and Culture', I was appointed by the 'change team' to chair a 'Project Group' to consider issues around race and culture, including amending the existing 'Race Policy' to take account of recruitment and training.

This 'Race and Culture Project Team' produced an agreed re-drafted and re-named 'Policy on Race and Culture'. This was considered by the CPC at its meeting on 24 May 1995 and agreed with some amendments. This amended version was included in the training pack for new Commissioners and referred to during the training as representing the agreed policy of the Commission.

While the activities of the 'change team' were progressing, the Commission office had been in the process of preparing the Sixth Biennial Report of the Commission for the period 1993-1995. In mid-October, all Commissioners were sent a draft of this biennial report and asked to comment and/or point out mistakes as necessary. On perusal of this draft, I noticed that some crucial wording in the 'Race and Culture Policy' (to be included as an appendix within the report) was incorrect. This concerned paragraph 2.3 of the policy which had been agreed to read (that the Commission would) 'Work towards establishing an ethnic mix of its membership and staff that reflects the ethnic composition of detained patients visited by the Commission.' In the version within the draft Biennial Report, the words 'detained patients visited by the Commission' had been substituted with the words 'British Society.'

Assuming this change in substance of the policy to have been an error, I wrote to the office asking for the matter to be corrected. I received no assurance that this would be done so, on 22 October 1995, I wrote to the Chairman of the Commission asking that she should make sure that the wrong wording of the policy (as printed in the draft of the Biennial Report) should be rectified so that it adhered to the wording agreed by CPC. The response I had from the Chief Executive about a week later made it clear that the changes had been made deliberately (and were not errors as assumed by me) because (as he wrote) 'the objectives as expressed in the draft Biennial Report were preferable..'. Meanwhile the CPC had been disbanded as a part of the re-organisation! After consulting with other ex-members of ex-CPC, I wrote to the Chief Executive asking for a reversal of the action taken in the office (presumably by the Chairman of the Commission). I had no response and on 31 October 1995 my term of office as a member of the Commission came to an end. In her letter to me thanking me for serving on the Commission, the Chairman stated 'your invaluable work has left us with a firm foundation on which to build', but no mention of the change that had been made in the wording of the Race and Culture Policy. The Sixth Biennial Report of the Mental Health Act Commission 1993-1995 (Mental Health Act Commission, 1995) included the Race and Culture Policy with the wording as altered and not as agreed by the CPC, representing the Commission, and without any statement explaining this change of wording after its approval as MHAC policy.



### *Lessons about racism*

1. People who are unsure about their own feelings on racism, may foster open debate of racial issues and seem to support anti-racist action, but take action behind the scenes that does the opposite. In the last analysis, actions speak louder than words so whilst one may welcome good words one has to wait to see action before closing the book.
2. Racism permeates systems so strongly that one needs to be on guard all the time; gains made over years of hard work may be undone in a very short time.

### *Lessons about systems*

1. Policies are only effective if there are structures to ensure that they are implemented. In the case of the MHAC, the structure until early 1994 included a National Standing Committee (NSC) on Race and Culture with a remit to monitor the Race Policy. This worked so well that some progress was achieved in ensuring the need for training in race and culture and having black people appointed to the CPC. However, once this NSC was disbanded, no structure was put in place to ensure that the new Race and Culture Policy (even with the wording amended in the office) would be implemented.
2. People in authority may well have good intentions but are inevitably influenced by systemic forces that oppose change. 'Good intentions' is a valuable asset but adherence to policies openly discussed must be the basis for successful institutional change.

### **Conclusion**

Since black people are over-represented among people detained compulsorily under the Mental Health Act, it is reasonable to expect the MHAC to (1) place considerable emphasis on informing itself (through training of its members etc.) about issues of race and culture in connection with compulsory detention and mental health; (2) to focus on these issues in the course of its visits to institutions and bodies involved in detaining people under the Mental Health Act; (3) aim to include within its membership a large number of black people; and (4) report on issues of race and culture in its Biennial Reports to Parliament.

My experience is that, by working within the system, I (together with other black members) was able to promote progress within the MHAC on all the items listed to varying degrees. The most successful area was in ensuring the consistent reporting of racial issues in successive Biennial Reports, especially the ones issued in 1991 and 1993 (Mental Health Act Commission, 1991, 1993), reflecting to some extent the extent to which these issues were addressed by Commissioners in their day to day work. However, my experience taught me that it was not just a matter of persuading Commissioners and getting policies accepted through the normal

processes, but the work involved constant attention to details of activities within the MHAC, in order to prevent slipping back after progress, and persistent vigilance to prevent, and if possible expose, actions taken behind the scenes. In other words, it was not a matter of pushing open doors that gave way but of constant pushing against doors that were being pushed shut — and were firmly shut given any drop in vigilance. In the case of the MHAC as an institution, the way in which changes were made involved persistent attention to what ever was going on, using circumstances as they arose but aware of the personalities involved in the institution. To the question 'was it worthwhile?', I would give the answer 'yes, the achievement was very little but more than I could have achieved from outside the system.'

So, in analysing the personal experiences of a particular black professional in a particular white institution, the general conclusion is that, in spite of embedded institutional racism, black people who wish to fight racism must become involved in British institutions, pushing their way forward if necessary, but once they are involved, they must (in order of priority):

- a. be constantly vigilant and not mistake words for action;
- b. push the frontiers of anti-racism as far as possible, making alliances with anyone who wishes to co-operate; and
- c. be prepared to confront racism thoughtfully and realistically.

### Personal epilogue

A black person in Britain who strives to fight racism will seldom, if ever, become top dog in an influential 'white institution', but achieving a senior position in such an institution is not unlikely. That is what I achieved as a senior influential person in a organisation of some importance in the field of mental health. At first, I was viewed with some suspicion by most of the colleagues on the Mental Health Act Commission. But gradually I achieved a position of some trust and influence having proved myself as reasonably reliable and consistent — a 'proof' of worthiness that most white colleagues did not have to show in order to achieve equivalent or even higher positions. Looking back on my experience in this particular institution, I would name the following strategies that worked *for me* in bringing about change:

- Forming alliances with carefully selected individuals, especially white people.
- Developing a strong pressure group that was clearly identified as 'pro-black', but including within it a minority of white people.
- Selecting a few areas to focus on and persevering until change was effected in these areas
- Threatening to 'go public' when confronted by overt racist practice but being willing to compromise in order to achieve tangible gains.

Strategies that did not work *for me* are as follows:

- Developing a direct link with the head of the institution, even when the person concerned had a reputation of liberal-mindedness.

- Seeking to display loyalty to the institution by abiding to a majority view, *when such a view was racist* or may have colluded with racism.
- Taking a submissive stance in order to maintain the 'honorary white' status.

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## Commentary

*Brian Wolfson in conversation with Alan Cooklin*

BW: I think Suman Fernando comes in the end to an essentially pragmatic conclusion about how racial equality issues should be handled in an institution such as the one he was describing and I support his conclusion; but I must admit to not being totally

comfortable about how he got there. I think given the skills and sensitivity he had, he might, at the very outset, have gone to the key people involved and said this is the problem; let's agree our perception of the issues and let's agree how we are going to work together to do it.

**AC:** And if he couldn't agree his perception of the issue, if the other people said well actually we don't agree that.

**BW:** Well then he would have had to say "If we don't agree then I wish you to understand that this is the position from which I am coming and will continue to come until things move in that direction" although that is not the best way of bringing about change. When we set up the National Training Task Force we made sure that ethnic minorities were represented on its board. When we set up the Training Enterprise Councils we insisted that every Training Enterprise Council (LEC in Scotland) also had ethnic minority representation on its board. That itself doesn't say anything except you put the representation there. You realise, therefore, that some further skill is required; what I did as chairman of the NTTF was to invite a black businessman with strong equal opportunities credentials to be my mentor in guiding us to maintain our stance on racial equality. He had open access to me at all times and he was there to tell me at any time when he thought I was treading the wrong water or going in the wrong direction. As a result of that we made a great deal of progress. We didn't solve every problem and crack every issue, but we made substantially more progress than we would have done otherwise and that, I think is the way to handle the issues this paper addresses.

**AC:** But that, of course, relies on the person in the key role of chair taking the initiative.