5. Journeying through the 'motherland'

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Your beliefs become your thoughts. Your thoughts become your words. Your words become your actions. Your actions become your habits. Your habits become your values. Your values become your destiny.

Mahatma Gandhi

Assimilation for an immigrant in any society presents enormous challenges with race, language and culture being regarded as the most significant. People from the Caribbean have had mixed experiences in overcoming these barriers. Some have been successful in jumping over the hurdles; others less so. Reflecting on my own experience I was fortunate in haing been involved for substantial periods in the two sectors in the UK that British people are proudest of: the National Health Service (NHS) (which ranks as number one in most surveys) and the Armed Forces (ranked number three). Gratitude, pride and support for current and ex-Armed Forces personnel in Britain, encapsulated in the Armed Forces Covenant (2000), subtitled 'An Enduring Covenant between the People of the United Kingdom, Her Majesty's Government and All those who serve or have served in the Armed Forces of the Crown and their Families', extend not only to those born in the UK but also to people from the Commonwealth.[1] Caribbean personnel who took part in both world wars, in particular those who joined the Royal Air Force (RAF) in World War Two, have a special place in the hearts of British people; and their legacy has benefited those of us who followed militarily, albeit in my case in 1961, 16 years after the end of the war. It was an honour and pleasure to play a part in the unveiling in 2017 of the African and Caribbean War Memorial in Brixton Square, London, organised by the Nubian Jak Community Trust and financially supported by the government. The ceremony was attended by, among others, African and Caribbean veterans, the Secretary of State for Defence, and the mayors of London and Lambeth.

1 See The Amed Forces Covenant, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49470/the_armed_forces_covenant_today_and_tomorrow.pdf [accessed 24 Feb. 2019].

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As an NHS worker, regardless of your profession or status, you are perceived as someone who fundamentally cares for others; and your interaction within the community tends to be positive on the whole. Nurses of Caribbean extraction are particularly admired for their longevity of service, professionalism, dedication and empathy with patients and clients. Some postulate that coming from colonial British societies, with English as their first language, has given them added advantages over other immigrant groups, despite the huge bars of race and colour which need to be overcome. Until relatively recently few British Caribbean nurses obtained top general-management positions. I believe that when I entered the NHS in 1970 I benefited to some extent from the goodwill which the nurses who had come before me had engendered; and, coupled with the managerial and leadership skills I had acquired from nine years in the RAF, this enabled me to pursue an eventful and successful NHS career. Race was, and to a certain extent still is, a major hurdle but I feel the NHS has moved a considerable distance in promoting equality of opportunity, as is evidenced by the number of people of colour who are now in top leadership positions in the sector. Language for me, as with other Caribbean people, was never an issue. There is now a realisation among large sections of the indigenous community that as English is our first, and in many cases only, language, our distinctive accents, with their sometimes peculiar pronunciation, should be regarded as no different to regional language variations. Culture is, perhaps, one of the most challenging areas. It is very dependent on how early in one's life the immigrant journey starts and how linked to culture one's religion is. Most Caribbean people come from cultures which are predominantly Christian although the degree of practice can vary significantly. As I was closely exposed at an early age to three of the great world religions (Hinduism, Christianity and Islam), this helped me to adjust, relatively easily, to British culture in general and particularly to the multiracial environments of the RAF and the NHS.

My journey

The year is 1961. As a 17-year-old Indian-Guyanese boy I left the comfort of my tropical paradise, multiracial home, bound for the streets of London, which I thought were paved with gold. Imbued with a sense of excited anticipation and harbouring ambitions of becoming a lawyer, I soon found out they were not. Instead, I settled into bed-sit accommodation and embarked on a journey of discovery which would not only open my mind to social values and different cultural behaviour but would also take me around the world, including to the sub-continent of my ancestors, India.

Back in British Guiana (as it then was), my place of birth, I had been told that the 'Mother England' was inhabited by decent, fair-minded and friendly people who would welcome me and my colonial brothers with open arms. The British Empire would not have been the greatest in the world without us – would

it? But over a period of more than half a century I would discover that issues of race, religion, creed and culture were as divisive as they were cohesive. In a twist of fate that led me to the top of my profession, I somehow managed to escape the clutches of such serious discrimination. This juxtaposition between what I was taught at home and what I found in the metropolis did, though, lead to profound confusion.

My first career stop was the RAF in July 1961, where I spent nine formative years rising up the ranks of the medical administration branch and, working and living closely with my fellow teenagers, acquiring British traits: fairness, moderation, punctiliousness, respect for heritage (albeit culturally slanted), self-confidence, a gift for innovation and a readiness to take up a challenge. I travelled the length and breadth of the UK and was based for lengthy periods in many parts of the country, experiencing regional differences in accents, outlooks and attitudes, especially towards persons of a different colour. An overseas posting to Cyprus between 1963 and 1964 exposed me to life during an active military campaign, where I was awarded the General Service and United Nations Medals.

Those born in Guyana make a powerful statement by joining the British Armed Services. For an immigrant it can be regarded as a leap into the dark, a belief that your colleagues will welcome you, despite many of them coming from envirnoments where reports of heightened racial tensions have been made publicly. That was my position in 1961. However, as an immigrant teenager several aspects of military life could be compared with those at a boarding school as the authorities control your entire life: you sleep, wake up, eat, study and socialise in very close proximity to your colleagues. If you bond well and your experiences are positive, your pride in your alma mater and your comradeship last a lifetime. I believe that life in the RAF gave me a deep appreciation and understanding of the British way of doing things, the inner concerns of my fellow citizens and the ability to recognise and respond positively to contradictions. I also took advantage of the extensive continuous educational programmes available, gained success in trade, professional and national qualifications and was deemed by my commanding officer to be eligible to be considered for a commission.

In 1970 I applied the skills, competencies and educational qualifications that I had acquired in the RAF to the NHS. Despite the passing of the Race Relations Act in 1965, most people of colour knew that there was still covert discrimination in most aspects of life, especially in employment. The NHS was an exception to this. It is the institution which makes British people proudest, the envy of the world. To many immigrants the NHS, as one of the largest employers of labour, was a natural home, particularly for nursing and ancillary workers – porters, domestic assistants, caterers. Indeed, the need for nurses was so great that there were recruitment campaigns in Caribbean countries in the 1960s. However, although the NHS wanted nurses and ancillary staff, it was not a natural home for people of colour who were interested in general management and leadership roles, as there was a perception in the 1960s and 1970s that, despite the Race

Relations Acts of 1965 and 1968, covert racial discrimination would form a barrier to managerial progression, the notion of people of colour supervising or managing indigenous British staff being anathema to large sections of society. Always open to a challenge and with the confidence which service in the RAF had given me, I thought I would enter the fray. Suggestions that my surname would also act as a barrier in gaining an interview were set aside.

My first application for a managerial position was indeed a success and I embarked on a stellar career. I started my NHS journey at the National Temperance Hospital in London as a staff officer. Essentially, my role was as number three in the administrative hierarchy of the hospital, responsible for coordinating general administrative activities, human resources and overseeing ancillary staff, mainly porters. From here, I worked my way up to a more senior appointment,[2] one step below board level for the north sector of Greenwich Health District. My rapid promotion not only reflected my hard work, but also the opportunities afforded by the NHS for career advancement. For instance, I secured this senior appointment from a shortlist of four local British colleagues. This was a particular achievement as there were no visible ethnic minorities at that level, nationally or locally, in that area of work at the time. Implementation of general management meant that the top tiers were constantly changing. Within the south-east region appointments to district general manager posts included several senior ex-military officers, plus an array of commercial and industrial people who felt, supported by the appointing authorities, that their experience of senior or top management in other fields was directly transferable to the NHS's managerial culture. The fact that most of them left after a relatively short space of time is evidence of the peculiar nature of leadership and management in the NHS, in which a combination of institutional knowledge, cultural fit, empathy and, some would say, vocational commitment and public-sector ethos predominates.

My substantive appointment as district administrator for Dartford and Gravesham Health Authority in 1985 was welcomed by many locally, and more widely, as I was the first person in the country from a visible ethnic minority to obtain this much-coveted position. As mentioned previously, although the NHS had recruited ethnic minorities as doctors and nurses, and to fulfil catering, domestic and portering duties, at the time administration and general management leadership roles either did not appeal to ethnic minorities or the prevailing national culture dissuaded those who were so inclined due to the belief that they were unlikely to succeed because of the perceived colour barrier. To a certain extent the barrier was slightly raised when, with the NHS's constantly changing structure, there was an influx of ethnic minorities (mainly doctors from the Indian sub-continent) into leadership roles as chairpersons of new primary care groups and the primary care trusts that succeeded them. These were

2 Namely north east sector administrator of Greenwich Health District, administratively responsible for three hospitals (St Nicholas Plumstead, Goldie Leigh, British Hospitals for Mothers and babies) and certain community services in the area.

non-executive appointments but hugely important in providing leadership in a changing environment.

By 1986 the new general management structure had been developed and it was time for title changes. Most members of the district management team acquired positions as board directors and I became director of administration, personnel and estate management, secretary to the authority and deputy district general manager: a mouthful, but my role embraced district-level responsibility for the district heads of services as well as running the health authority's administrative functions.

A serious event occurred when I was in this role: on the night of 15 October 1987 a severe storm – some referred to it as a mini-hurricane – hit the Greater London area and caused devastation to buildings, with trees falling on hospital roofs across the health district. Rare trees and shrubs at Joyce Green Hospital, which had been provided many years previously due to the connection between one of the head gardeners and the Royal Botanic Gardens at Kew, were unfortunately lost forever. Prompt remedial action by the estates department, one of my principal areas of responsibility, ensured that power was quickly restored, emergency repairs carried out, and the effect on patients was minimal. By responding to such problems, the local trust began to gain something of a reputation in the community.

Managers in the NHS often come in for wild and in many cases unfounded criticism from those who see them as people employed to put obstacles in the way of effective healthcare. But these critics fail to recognise that, in fact, managers are enablers: we provide the infrastructure and support to keep the organisation efficient and effective, as well as looking out for opportunities to promote innovation. Following the announcement of a joint venture between myself and Colin Rodden, the town clerk of Swanley, to provide a £400,000 state-of-the-art clinic, the *Kentish Times* ran the headline: 'Pioneer Clinic to be proud of…'. This initiative brought a range of community services to the people in the area. The working together of health and local authorities with a four-doctor partnership was early evidence of collaboration which continues to be a challenge in present-day healthcare.

After eight years in the district, five of which were spent at the top management table, what had I achieved? I was proud that I had led some major development projects: a college of healthcare studies in Dartford, Kent (1986–8); an intensive care unit at Joyce Green Hospital; and Archery House, a facility for the remaining learning-disability residents from Darenth Park Hospital (Kent; closed 1988) who needed continuing care in a domiciliary setting as they could not be returned to their original homes. In addition, I had satisfactorily managed multi-million-pound budgets; mentored and supported senior managers across the district who, in turn, were responsible for hundreds of staff; and had led or contributed to the development strategies of the Dartford and Gravesham health authority.

In 1990 I decided to leave the NHS, but to take its values and systems to developing countries, in particular working as a paid consultant in Botswana and Pakistan and as a volunteer in Tanzania.[3] The *Kentish Times* reported: 'Health chief leaves for job in Botswana', adding in the opening paragraph that 'the man who has helped shaped the district's health service set off last weekend to work in the third world … He has helped to influence many of the decisions of the health authority and believes there have been significant improvements in patient care'.[4] With these warm words and the customary send-off party thrown by friends and colleagues, I was ready for my new adventure. A tie emblazoned with the Gravesend borough council motto and a ghetto-blaster were among the parting gifts.

Reflections on service in the NHS

Reflecting on 28 years' service in the NHS, I feel that my time in the RAF medical branch had provided a solid ground on which to build. I also attribute some of my successes to the initial grounding I had in my country of birth, where growing up in a multiracial environment, especially in the capital city, Georgetown, where I attended St George's Anglican School, conditioned me to accept and celebrate diversity. A balance struck by me and other like-minded diaspora people is that we use our expertise and contacts in the adopted country to provide a voluntary service for our country of birth. I am pleased to have taken the lead in 1994 in bringing together a number of organisations to form Guyhealth (UK). Although changed from its original membership, it continues to provide assistance to the health sector in Guyana, recently in the area of mental health.

In 2018, the 70th anniversary of the NHS, it is recognised that there continue to be hurdles for visible ethnic minorities to overcome, but public acknowledgement and celebration of the contributions they have made is widespread, which highlights the impact of the Windrush (1948) generation. There is a certain point in an immigrant's life when, depending on their outlook and achievements, their adopted home becomes their chosen place of retirement, even though the pull from their country of birth remains constant. I believe if you become engrossed in all aspects of life in an adopted country, earnestly take in its values and ways of doing things, especially if these were acquired at an early age, you become a citizen of the world.

3 In Botswana I worked at the Princess Marina hospital, Gaborone; in Pakistan I worked for the Second Family Health Project/Pakistan-wide stratgic health project for Lahore, Karachi, Rawalpindi, Quetta, Azad Kashmir, Peshawar; in Tanzania I worked for the British Executive Service Overseas/ Voluntary Services Overseas as a management consultant/programme leader.

4 27 Sept. 1990.