

An open letter to the BAA board

As the recent tragic events in America have unfolded, we have seen families and the wider BME community discuss their ongoing experiences of racial injustice. There comes a time when we all need to ask questions about how we address and deal with racism. This presents a pivotal moment to consider a different future in our profession.

We, like many in this profession, have witnessed racism towards our colleagues. Some of it is overt, but a lot of it is veiled. Service users can hide behind an accusation of a 'strong accent' to state their preference for white audiologists. Audiologists all-too-often need to accept variations of their own name, because the correct pronunciation is 'too difficult'. These are just 2 examples in a long list of micro-aggressions, comments and questions that our BME colleagues are forced to live with. When any of us see racism of course we call it out, but there are no support structures in place within audiology to support those who have to tolerate this behaviour.

We also need measures in place, which actively challenge the racism and discrimination which propagate the inequalities our BME patients and colleagues face. To stand in solidarity means to take action. In taking no steps to offer our profession access to resources, which provide anti-racist teaching we will continue to be complicit.

Each year, decorations go up and staff parties are arranged in departments across the UK to celebrate Christmas yet do we ever discuss how we may celebrate other religious events? Christmas and New Year wishes are discussed in BAA social media accounts again with no mention of other events. A new BAA website was revealed only recently; the glossy images on the homepage are of white faces only. There is no celebration of the diversity within our profession.

For our hearing-impaired service users, do we really provide an equal service? We have worked in departments where BME clients have had to wait significantly longer to receive hearing aids that match their skin colour. It is worth noting that Audiologists spend most of their training years learning from clinical images of otological conditions in a Caucasian population with very few images used from other ethnic groups; can we really provide effective treatment to all when our learning has been so skewed?

Change will not come from an all-white board. Change will not come if every conversation, every meeting and every conference is dominated by the same voices. We implore you to reach out to BME members to create meaningful and lasting change within our profession. Those that can be seen can be heard, and it is our responsibility to ensure we are cultivating a profession in which we listen without bias. The committee must make plans to tackle the covert racism white privilege allows, by promoting open discussions and providing antiracist education.

It is now vitally important that we address the uncomfortable truth: Systemic racism has pervaded our profession for a long time. This is a time for change and change must happen.

As leaders of our professional organisation you have a responsibility to lead change. Please step up.

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