



TLC SHOWCASE

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Introduction to *The Diaspora Dilemma*

The Diaspora Dilemma provides an overview of key challenges facing the African Diaspora, how they are connected, and how they can be improved. By unpacking the various economic, historic, social, health, education, government, media and psychological challenges, the reader is given a comprehensive overview of the breadth, scale and interconnectedness of a person of African descent in the West. In addition to articulating the problems, I also discuss possible solutions to each area covered.

Racial oppression can easily be viewed in isolated instances, in distinct prisms of one particular focus area e.g. police brutality alone, but this does not tell the full story. To truly grasp the extent of the challenge we face it is critical to have an all-encompassing perspective, while recognising the connected web that has been created. Only then can we look to make meaningful changes that can tackle the root causes of racial oppression, while providing the opportunity to better navigate the current social environment.

Objectives of the book

- To help all people better understand the challenges faced by the African Diaspora in the West in order to help create a better and fairer society.
- To propose potential solutions to these challenges faced by the African Diaspora.
- To improve the understanding and interconnected nature of the challenges facing the African Diaspora, with the hope of helping people from the Diaspora better navigate these issues.

I signed up as a Write Club plus member in 2023 as an opportunity to connect with other writers, develop my own skillset, while also learning more about the professional world of writing. Through various sessions over the year we were exposed to seasoned writers and industry experts, who all shared their valuable tips and insights. I particularly valued connecting with other writers through various workshops where we had the opportunity to share common challenges of the craft. Writing is a uniquely beautiful and rewarding experience, but it is most certainly a labour of love that comes with a lot of stress and weight, especially when trying to balance the many demands of life.

Extract from *The Diaspora Dilemma* by Kyle Powell

(Exert from Health section)

Contemporary Medicine

As we look at the state of play in the modern era, we still see persistent issues of racial discrimination. A good example of this is the Human Genome Project. The Human Genome Project was the attempt to completely map the human genome, meaning that our genetic makeup could be decoded, effectively understanding the building blocks of what makes us who we are. It is described as 'one of the great feats of exploration'. Truly a mammoth undertaking, starting on October 1, 1990, and completed in April 2003, we were able to see 'nature's blueprint for us as humans'.¹⁰⁴ This is a pretty amazing achievement, but there was one big problem. The 'human' element only consisted of certain parts of the human species, i.e. predominately those of European descent, so the Human Genome Project should really have been called the European Genome project. People of African descent were completely excluded from the study, despite making up a significant proportion of the human race and being the oldest known humans. This type of exclusion is typical of the way people of colour are viewed by people in the West, less important, missable, removed from the norm of Whiteness... even in a project with as comprehensive a title as the 'Human' Genome Project. Perhaps we are not considered to be human.

Under-representation in Clinical Studies

Clinical studies are the investigation of therapeutic interventions, e.g. medical treatments for different diseases and conditions, everything from arthritis to tuberculosis. Unfortunately, racial disparities are observed in many clinical studies today. It is more common than not to find clinical studies without any participants from minority backgrounds, and at best, they will form a small proportion of the study population being investigated. This is even the case in diseases where ethnic minorities are known to have a higher prevalence e.g. prostate cancer or Triple-Negative Breast Cancer (TNBC). Black men are twice as likely to get prostate cancer, compared to White men; they are also more likely to get more aggressive forms of the disease, and more likely to die from it, but despite all of these facts, they on average only make up 6.7%

of the patient population in prostate cancer clinical studies.^{91,105} TNBC is an aggressive form of breast cancer, which African American women are 28% more likely to die from, compared to White women.¹⁰⁶ The picture is similar in the UK with 22% of Black women having TNBC compared to 15% of White women.¹⁰⁷ Despite the drastic impact of TNBC on Black women, they make up only 1%–3% of clinical trial participants in the space.¹⁰⁸

It is common to see less than 3% of most clinical trials include any representation from minority backgrounds, particularly African American or Black ethnicities. It is important to note that I am not talking about a proportional amount e.g. 10%–13% in America; I mean any representation at all, not even 1% of the genetic data available to inform new treatments – over 90% is from European ancestry compared to 1% of African ancestry and 2% of African American ancestry.¹⁰⁹

This is all taking place against a backdrop of a world with rapidly changing demographics, where non-White populations will continue to grow, e.g. in Africa and Asia. In addition, large Western cities like London will continue to become more diverse in their ethnic demographic make-up.¹¹⁰ We are also seeing the epidemiology of disease change across the world. By 2030, infectious disease will not be the leading cause of mortality in Africa, with incidences of cancer rising on the continent.¹¹¹ New cancer cases are predicted to increase by more than 80% in lower-income countries i.e. those countries with highest populations of people of colour.¹¹² By 2050, a third of all new cancer cases will be in China.¹¹³ These populations will need treatments that historically have not been developed with these ethnicities in mind.

Race-Based Myths and Norms

If a clear reminder was needed of the present-day racial challenges faced by those in the Diaspora, we need look no further than the 2021 NFL cognitive impairment fiasco concerning African American players.¹¹⁶ These American football players faced discriminatory cognitive evaluations based on their race and were subsequently denied financial pay-outs that they were entitled to. Taking a quick step back for those who are not so familiar with American football; it is a very aggressive and dangerous sport, where heavy guys run full speed at each other causing frequent collisions with similar impact levels to that of a car crash. The average American footballer is 6'2 and weighs 111kg. Suffice it to say after a career of these collisions, often being hit very hard on the head year after year, there is a high chance of cognitive damage in retirement e.g. dementia or Parkinson's disease.

Players are allowed to claim financial support if they can prove the cognitive impairment was caused by injuries sustained during their football careers. What transpired was a racially biased assessment, presuming the African American players naturally started at a lower cognitive level than White players i.e. African Americans are naturally less intelligent than White people. This lower starting point meant that African Americans had to demonstrate a greater cognitive decline than their White peers in order to receive compensation. This sounds like something from early twentieth-century eugenics theory but, somewhat astoundingly, was actually being practised in the present day.

It's not just professional athletes at risk of racial bias and misdiagnoses, it's everyday Black people too. As is a theme of the Black experience, racism can be everywhere, any individual can fall victim to it, even those entrusted with keeping us healthy. A survey of first and second-year medical students in the US showed that 40% believed that Black people had thicker skin and less sensitive nerve endings.¹¹⁷ This is particularly concerning when you consider how academically talented and supposedly intelligent you have to be to get into medical school in the first place; these are supposed to be the best and brightest.

Transcending racial discrimination through wealth

Some people believe that racial discrimination can be avoided if you make enough money. There are, of course, many aspects of discrimination that intersect with class, which can be improved by moving into a different tax bracket. However, there are many instances where we see that the size of your bank account doesn't mean you can escape discrimination.

Interestingly, in maternal healthcare, we see that socioeconomics does not play a significant role in discrimination. A clear example of this is seen in the poor treatment received by Serena Williams shortly after giving birth. Serena, one of the most famous and financially secure Black women in the world, could not escape discrimination during her maternal care. Following the birth of her child Olympia, Serena who suffers from blood clot problems felt short of breath. She demanded a CT scan knowing she was no longer on her anti-clotting medication because of her pregnancy. The nurse did not listen to her concerns, deciding instead that her pain medication was making her confused.

Thankfully, Serena was confident enough and strong enough to force the issue, leading to a scan which revealed blood clots in her lungs. If it wasn't for her agency

and determination, these clots would have been missed and could have put her life at risk.¹²⁷ Another shocking example can be seen with the gold medal winning 4x100 USA relay team from the 2016 Rio Olympics; three out of the four woman team experienced health issues while pregnant, with Tori Bowie tragically dying during child birth. Again, it's important to reiterate that these are wealthy, physically fit women, who in some cases have an above average understanding of human biology and their bodies—most people don't have that; you can imagine what an average woman might face.

(Exert from Economy section)

Banking and Homeownership

...Following the Great Depression, this journey was not so straightforward, even for White Americans. As part of Franklin Delano Roosevelt's New Deal, federal policies that enabled White Americans to purchase homes through government-backed loans were introduced; however, African Americans were excluded and prevented from participating in this pivotal wealth creation opportunity.³²

The exclusion from federally backed mortgages was coupled with exclusion from the banking sector and access to loans, which led to the rise of Black-owned banks. On the surface, this level of financial autonomy should have been a great thing, despite its relatively small scale. At its peak in 1926, Black banking controlled about \$13 million in assets, which was about 2% of all US banking assets at the time.³³ The rise of Black banks was sadly halted by the Great Depression, and subsequent ventures fell victim to negative financial cycles. Retail banks work under the premise of fractional reserve lending to create the magic multiplier effect. This means a portion of whatever funds deposited by customers are loaned out to other customers to make interest and profit for the bank. Ideally, banks will loan out large amounts from deposited funds to allow them to make greater profits. In theory, a bank has to have a certain amount of funds readily available or liquid to satisfy the needs of a customer at any given time—how would you feel if you put money in your card in the machine and could not access your hard earned money?

African Americans being poorer customers and more likely to withdraw their funds, meant more money needed to be available at any given time. The need for higher liquidity meant that less money would be available to loan out or invest, making these Black-owned banks less profitable. Less profitable banks had fewer resources to

potentially loan to customers who were largely looking for loans to buy homes and build wealth, and so the cycle continued...

An additional problem was with the type of loan that was being requested. By and large, the majority of loans were mortgages and not business loans. This was problematic because of the racially biased housing market. Segregation at the time was legal and ruthlessly enforced. African Americans attempting to buy homes that were not in the ghetto were held back by higher prices based on White sellers not wanting to sell to Black buyers. If they could afford the premium prices, the assets usually lost value because neighbouring Whites would move away because of race-based discrimination and fear of depreciating assets—thus a self-fulfilling prophecy was driven by those who left, creating less desirable neighbourhoods because there were fewer White residents. As more African Americans moved into an area, more White people left ('White flight'), subsequently driving down the value of the homes in the area. So, Black banks had assets that were depreciating in value over time and Black homeowners were losing equity on homes they overpaid for in the first place!

In truth, the Black banks were fighting a losing battle in a segregated world. As Whites owned all the property, money was consistently leaving the Black community and not being recirculated. Black buyers paying White sellers facilitated the flow of money into the White banking system, a flow of money that would never come back to the Black community in any meaningful sense. White buyers would never buy from Black owners, and if the owner and seller were Black, at some point in the chain, the financial resource would leave the Black community.

About the Writer

Kyle Powell is a born and raised Londoner, whose passion for writing began at a young age. Kyle enjoys writing about philosophy, love, justice and life from both non-fiction and fiction angles. Kyle is keen to write about issues that impact the Black community, particularly from the perspective of the Diaspora.

Kyle's first novel, 'Skin Deep Submission' explores the challenges of modern interracial dating. While his second book, 'The Diaspora Dilemma' is non-fiction, social commentary that examines the matrix of issues that face the African Diaspora in the West.



Kyle has spent time working as a mentor with secondary school students, before becoming project leader. During his time as a mentor, he worked to help increase leadership qualities, lateral thinking for students from disadvantaged backgrounds. He has also worked in and led Diversity and Inclusion (D&I) teams at two large pharmaceutical companies. Kyle's work in the healthcare D&I space included addressing clinical trial underrepresentation, health equity, increasing psychological safety and improving knowledge and understanding around racial disparities and experiences.

Kyle has a BSc and MSc in Neuroscience from the University of Bristol and Kings College London. Following his academic years developing his scientific and critical-thinking skill sets, Kyle reconnected with his love of writing as part of his career in the healthcare industry as a Communications Director. Kyle is a life-long Arsenal fan, loves to listen to music, play football and travel, whenever he is not writing.

He can be found on Twitter and Instagram at: @kylewrites86

And a link to *The Diaspora Dilemma* can be found here:

https://www.amazon.co.uk/Diaspora-Dilemma-Kyle-Powell-ebook/dp/B0CPT96JVW/ref=sr_1_1?crd=28ER6Z8XT2TIP&keywords=diaspora+dilemma&qid=1704818873&srprefix=diaspora+dil%2Caps%2C136&sr=8-1