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A RESPONSE TO PHE'S REPORTS ON DISPARITIES IN RISKS AND OUTCOMES OF COVID-19 FOR BAME COMMUNITIES



Academics from across different faculties question whether the recent Public Health England reports have made any ground-breaking revelations around the inequalities faced by BAME people during the Covid-19 pandemic in the UK.

Public Health England's (PHE) reports on the [disparities in the risk and outcomes of Covid-19](#), released on the June 2, 2020, and [recommendations report](#) released on June 16, 2020, document systemic racism through the lived experiences of around 4000 minority stakeholders. The reports highlight the often-ignored interconnection between inequalities and health. However, documenting alone ought not to be a substitute to action and does not resolve the issues that COVID-19 has laid bare.

We are calling for BAME communities to receive improved experiences and outcomes relating to health care provision and prevention that extends beyond the Covid-19 pandemic.

The first PHE review confirmed that the impact of Covid-19 replicated existing health inequalities related to deprivation, occupation, geography, comorbidities and ethnicity. However, we believe it failed to take into account that the connections between these factors that make BAME groups vulnerable and puts them at higher risk from Covid-19. Portraying BAME groups as a

homogenous population, ignoring the complexity of lives experienced by them, has led to simplistic strategies of support, ineffective for sustained improvement of care and inequalities of diagnosis and care related to Covid-19.

The second report on recommendations did later address this omission to some degree, as well as attempt to understand the extent that ethnicity impacts upon risk and outcomes of Covid-19, stating that longstanding inequalities were exacerbated by increased risk of exposure among BAME groups, increasing the risks of acquisition, complications and death. It also confirmed that the strongest and most concerning factor of risk was ethnicity.

Stakeholders clearly pointed out that racism and discrimination experienced by BAME communities were the root cause affecting health, exposure risk and Covid-19 progression leading to deaths. However, there was no explanation why race is a factor of risk other than to say racialized peoples are more likely to be living with the social factors identified.

Although the report outlines recommendations to overcome systemic health related racism in the UK, the intention to implement the recommendations by the government is questionable for several reasons.

Firstly, the report identifies a correlation between discrimination and poorer life chances contributing to greater Covid-19 risk for BAME people. This emphasis on economic deprivation indicates an attempt to ignore racial inequalities. The reports shone a light on the elephant in the room: systemic racism and inequalities in the fabric of our society.

Around 4000 stakeholders engaged in the review, ranging from national, regional and local bodies including the Royal Colleges; the devolved nations; cross-government departments; local government leaders, chief executives of local government, directors of public health, faith groups and more. However, there is no mention of the socio-economic background of the stakeholders involved. This information is important because there could be a disparity between those who feel empowered to engage and individuals from BAME communities living complex lives impacted by poverty, whose voices regularly remain unheard.

It was also noted through the stakeholder contact that both staff and patients of NHS and community health care suffered adverse outcomes relating to Covid-19 due to discrimination and inequality in healthcare. This basic need of respect and ethics of care, whether as a patient or healthcare professional, is a fundamental requirement for enabling systematic change. It is, as the recommendations report relates, key that true representation of BAME populations is reflected at all levels of care and care management to allow improved visibility of diversity, leading to reduced polarisation of experience based on race and ethnicity, thus resulting in equitable policy and healthcare practice.

The PHE reports focus on the danger posed by Covid-19 to Black and Brown bodies. It focuses on the socio-material aspects underpinning greater risk, but fails to engage with the material realities of racism that negatively impact the physical body and psyche. The publishing of the review recommendations to protect those most at risk of Covid-19 was delayed. There was an emphasis on ethnicity as a factor and not racism as a cause. The result of these facts is that Black and Brown bodies are cast as deficit in terms of fighting the virus, and without value because measures to protect them or action to fight racism seem unimportant. These messages of deficiency and imminent danger are not only a result of historical violence and trauma against Black and Brown bodies, they also do the work of reproducing that violence and trauma.

It is interesting to see the clear distinction made by PHE regarding stakeholders' requests for action in stating this does not represent the views of PHE. This raises wider questions about what the views of PHE are on these issues. The recommendation report was supposed to be the guide for short to medium term actions, but how will the

implementation of these actions be possible if the views presented here do not reflect that of PHE. These narratives suggest another lengthy discussion or review, but no action to help protect the lives of people from the BAME groups.

The initiation by the Equality and Human Rights Commission to undertake an inquiry into highlighted factors from the PHE reports seems promising, perhaps in the long run, given the nation-wide approach they aim to take. However, since a potential second wave of Covid-19 is looming, it is questionable whether such a large-scale inquiry would yield any expediently beneficial action to mitigate impact on BAME communities.

Implementation of the PHE recommendations is of paramount importance as a matter of priority and urgency if the government intends to protect the lives of people from BAME groups if, and when, a second wave of Covid-19 occurs. This is also important in the wake of the first Covid-19 wave which has underscored that racism and not race seems to be the cause of Covid-19 health disparities.

Notes

A further paper, through the application of critical theory, will be developed looking at the systems of racialised power and how they operate in this COVID-19 moment.

- 'Black and brown bodies' is a term that tends to be used in critical theory. It denotes humanity and impacts of similitude.
- The following may provide a useful point of connection in difficult times. Disability justice thinking, especially from queer and trans Black, Indigenous, and people of colour (QTBIPOC), is useful for understanding the experiences felt by those considered most at risk from COVID-19 infection. Leah Lakshmi Piepzna-Samarasinha's book *Care work: dreaming of disability justice* helps to understand trauma and patterns of violence as felt experiences, the affects they have inter and trans generationally, carried through time and bodies, continuing and accumulating with devastating effects and affects. The book is full of hope and solidarity for this moment. It describes mutual aid care webs as strategies for effective and affective support where institutional care has failed, and it shows how emotional intelligence, borne from experiences of exclusion and inequality, provides an affective/felt knowledge and understanding that can inform breaking cycles of violence and trauma.

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