Beyond the PHE report and the impact of COVID-19 on People of Colour

On 25th May, following the peak of the COVID-19 pandemic, The Guardian reported that six in ten UK health workers killed by COVID-19 were people of colour (POC). Alongside that, in data by University College London, highlighted the disproportionate number of Black, Asian and Ethnic Minority (BAME) people were "up to three times more likely to die from Covid-19 than the general population". Then at the start of June, Health Secretary Matthew Hancock, commissioned Public Health England, to produce the *Disparities in the risk and outcomes of COVID-19 report*.

This report brought a widespread public outcry from BAME organisations who highlighted the need for further details and exploration on why People of Colour are dying disproportionately, with concerns that structural inequality was a cause.

The Government then released a detailed report titled, Beyond the data: understanding the impact of COVID-19 on BAME groups , showing that "people of Bangladeshi ethnicity had around twice the risk of death compared with white British people" and highlighted that "people of Chinese, Indian, Pakistani, other Asian, Caribbean and other black ethnicity had between 10 and 50 per cent higher risk of death when compared to white British."

The racial inequality highlighted in the report was startling and showed that racial disparities do exist - but what does the PHE report mean for the people of Sheffield?

To explore this issue and promote further dialogue on how the city can address health inequalities, Healthwatch Sheffield interviewed four local people. These are the experiences of just four individuals, but by listening to these stories we hope it can support understanding of how we have got to this point, and what needs to change.

We know that work is happening in the city to address the inequalities which exist – we want to support people to have a say in those plans. We hope that by sharing these stories we can encourage more people to speak up about their own experiences, and that by sharing stories we will help decision makers in the city to better understand the impact that has been experienced and inform future action.

This work has been done in partnership between Voluntary Action Sheffield, the host organisation for Healthwatch Sheffield. It relates the views of those we spoke to.

Systemic racism and the PHE Report – an interview with Nky

In the first of our interview series with local Sheffield people on the [PHE report into the disproportionate number of Black, Asian and Ethnic Minority (BAME) affected by COVID-19](), Nky, a Black African British student studying at The University of Sheffield shared with us her thoughts on the report.

Have you or people close to you been directly affected by COVID-19?

Fortunately, I don't feel that I have been directly affected by COVID-19 in terms of becoming infected or a loved one becoming infected. I don't know anyone directly who has become ill either but do know of friends of a friend or their family members.

What are your views on the PHE report?

I was disappointed that there was an attempt to conceal the data but not surprised as it's nothing new. My question, however, is why there is now just a mainstream conversation around how biases and racism can influence the health care treatment and outcomes People of Colour face. We've known that black women are four times more likely to die in childbirth, we know of racist legacies from healthcare research, we know that in terms of mental health care there are discrepancies in treatment between People of Colour and their counterparts. Reading the reports that outline things that we are aware of because of our lived experience but never lead to concrete action or change gets very tedious. OK, now we have the report, but what's going to happen from it, I'm not hopeful that much.

What are your thoughts on people of colour being more at risk from COVID-19?

It's heartbreaking, and frustrating seeing a form of gaslighting surrounding discourse of its causes or even disputing the reason this is happening. It's something Black people understood. Most of us have some anxiety in accessing health care or using other forms of public and private services. And despite the fantastic job that workers in the NHS elsewhere provide, there is always an aspect of us not being believed - a political or racialized reaction to our identities or worse. It's something you anticipate but is confirmed when you come head to head with it. As People of Colour, we can't guarantee who is racist or not from looking at them. Conversely, we wear our skin and if someone wants to racially abuse us or treat us differently it's easy for them. These attitudes can get taken into our treatment support and many more things; then we can't critique them, or we are playing the race card or making a big deal out of nothing.

Several causes and situations can lead to this outcome, but completely denying the role that institutional racism can play in healthcare outcomes is not productive. Institutional racism is engrained in a way that it's almost inseparable from some scenarios, informing how people think and what they do, even if it isn't necessarily harmful. Having lived with an aspiring health care professional this past year has given me first-hand insight into this, discussing ailments and receiving answers that were driven by bias.

When I developed a dry cough last September – something I had experienced a year before – speaking to my medical student housemate, she told me it must be tuberculosis because I had been to my native country Nigeria. When my doctor asked me, I considered omitting that information wondering if that would influence my treatment despite me not having the symptoms for TB. I ended up getting an asthma test, but I wondered what would have happened if the doctor had shared the same bias and narrowness around my blackness that my housemate had.

Do you feel there is a need to address the inequalities highlighted by this pandemic?

There is a need for it of course, but sometimes I wonder if that's what policy is designed to do. It just seems that inequality is so profitable for some, that I wonder if those who have the most access to address it care to do so.

What do you think needs to be done different – especially in Sheffield to address the inequalities highlighted by this pandemic?

I'm not too sure, I'm not too familiar with what is done in Sheffield particularly around healthcare and health justice, but I do know that it's a city which has had significant social movements and change in other places. But on this issue, the best starting point is acknowledging it exists, which some people are struggling to do.

I want to summarise my feelings around this issue with a tweet I read this morning commenting on a BBC article on how South Asian men are most likely to die in the hospital from the virus.

"I suppose it's racist to say perhaps they should not live in the northern hemisphere as its bad for their health?" - @Warnzwifey

And I think this a representative statement of some attitudes that people hold in 2020 Britain, that in the same breath someone can try and deny systematic racism and the effects of it while making an irrelevant and racist statement.

White privilege and inequality – an interview with Udit Thakre

In the second series of interviews, we spoke to Udit Thakre, a swimming instructor and a student at Sheffield Hallam University on the MSc in Psychology programme. Udit told us about how COVID-19 had impacted on him – he shared with us that his mother was a doctor working tirelessly through the crisis and though he was not directly affected by the virus, one of his friends, a nurse, contracted the virus. He believed the absence of good quality PPE to be a factor in this.

What are your views on the PHE report?

It feels as though there has been an attempt to downplay the situation in a way which isn't helpful.

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I don't feel that consideration is given to People of Colour (I don't want to use the term BAME) and we can see this in the report. By not considering people of colour, they are eradicating a section of the population. I feel that the Government didn't want to publish the "whys" due to fears surrounding the Black Lives Matter protests. And releasing the report legitimises why people in the UK are angry at the injustice. Not only is it whitewashing, but it is also doing COVID-19 a disservice.

COVID-19 isn't racist, but it is very good at exposing racism.

What are your thoughts on People of Colour being more at risk from COVID-19?

I think People of Colour are infinitely more at risk from COVID-19. Not because it is more selective in terms of race but because People of Colour historically in this country are vital workers earning lesser pay with very few positions of power. I think the discrimination of people in past centuries has only changed in its form, but it persists even now. What the report shows is something straightforward, is that the UK is a country of white people, by white people for white people who choose to be in amnesia about their history.

Do you feel there is a need to address the inequalities highlighted by this pandemic?

The pandemic has exposed British society and its privilege. It is essential to remember that People of Colour are here because white people managed to rape, pillage and plunder across the world and bring us here. Black people have been here since the Romans. People of Colour have been here since the Romans. It is imperative to acknowledge this instead of whitewashing it.

Addressing inequalities have to start from education. It is a less known fact but still a fact that the history curriculum is flexible and teachers are well in their rights to structure it as they want - a colossal failure in education itself. There is a choice for teachers and historians to be clear about British history.

Not teaching British history in its complete form is social oppression by omission and commission. So that is why it is problematic. It has to start there and address racial inequalities across the board in terms of health outcomes, horrendous over-representation in the British justice systems in terms of prosecution and no implicit bias in any form. The overriding image is that England is the bully, and that is entrenched.

What do you think needs to be done – especially in Sheffield to address the inequalities highlighted by this pandemic?

In Sheffield, the one thing that needs to happen, they need to admit that they have been complicit in upholding structural racism. There is no consideration for any form of diversity for lack of a better word, in the functioning of organisations. The social dialogue is entirely white and patriarchal.

A wage-gap related to race within Sheffield - an interview with Gloria Tiller

Next in our interview series with local Sheffield people on the [PHE report into the disproportionate number of Black, Asian and Ethnic Minority (BAME) affected by COVID-19](), we spoke to Gloria Tiller, a Black Caribbean makeup artist living in Burngreave. Gloria shared with us that they experience mental health problems and that being in isolation impacted negatively on their mental wellbeing. Gloria avoided seeking out medical attention due to fear of coming into contact with COVID-19 after finding out that Black people are at a higher risk.

Have you and/or people close to you been directly affected by COVID-19?

My grandmother died, and her cause of death listed as COVID-19. While she did test positive, the hospital where she was taken refused to treat her based on her underlying medical conditions, even though her health had been stable until the diagnosis. They confirmed to us as a family that it was not due to lack of resources, but instead because "it was her time". She was 80.

What are your views on the PHE report?

I think the PHE report, while data-driven, is quite disheartening. I hadn't been aware of just how differently the virus had affected different demographics and though the report did cover the reasons why People of Colour are more at risk from COVID-19, I don't feel that it went into great detail on why it could be. I think that there could have been more groups looked at, such as dual-heritage people.

Do you feel there is a need to address the inequalities highlighted by this pandemic?

There is most certainly a need to address the inequalities highlighted by this pandemic - for example; the report states that People of Colour are more likely to work jobs with higher exposure to COVID-19 and that they may need to take public transport to their essential work. For me, that tells me there is potentially a wage-gap related to race within Sheffield, and possibly a lack of access to higher education leading to work which puts the community at risk.

What do you think needs to be done differently – especially in Sheffield to address the inequalities highlighted by this pandemic?

I feel that addressing the roots of the issues outlined in the report and rectifying them would go a long way to protecting not only People of Colour but Sheffield as a whole. Improving access to higher education and increased earning potential, the city would see significant improvements with more funds available to enhance the landscape and to make the city more appealing to young people. Nottingham has drastically improved over the last several years and has gained an excellent reputation. I feel that Sheffield could follow suit.

Dealing with two pandemics - an interview with Ridwa Mousa

In the last of our interview series with local Sheffield people on the [PHE report into the disproportionate number of Black, Asian and Ethnic Minority (BAME) affected by COVID-19](), we spoke to Ridwa Mousa, a Black African mental health practitioner and educator based in Sheffield. Before the interview, Ridwa shared with us that a member of her immediate family is presumed to have had COVID-19, however was not given a test despite showing symptoms. She also said that a couple of her close family friends were diagnosed and sadly killed by COVID-19.

What are your views on the PHE report?

Unfortunately, many of us were already aware of the health inequalities experienced by BAME communities, so it is not a surprise that those from oppressed groups are more at risk of COVID-19 as oppression puts you at a higher risk of general poorer physical and emotional wellbeing. Even if all other health inequalities were removed, health services are systems fuelled by racism in which patients and staff of colour are known to be offered less support either medically or as an employee.

It doesn't bode well that it took so long for the PHE to investigate the health inequalities as they initially only published the statistics, they then delayed the publication of the final report.

What do you think the PHE report is missing?

While the report highlights racism and stigma as a factor, it lacks an emphasis on how racism is both the root of many of the inequalities listed in the report. It neglects to show that it is an ongoing form of oppression that is often denied and ignored by organisations and systems.

Do you feel there is a need to address the inequalities highlighted by this pandemic?

Absolutely. We are dealing with two pandemics, one of which started 400 years ago. There are grave parallels between the Black lives lost due to COVID-19 and those lost due to police brutality. We are dying at the hands of the very systems that are supposed to keep us well and safe. Racism and it's the consequences. They are fatal. It is inexcusable not to address the inequalities highlighted by this pandemic, because unlike the daily micro and macro aggressions people of colour experience every day, this is undeniable.

What do you think needs to be done differently – especially in Sheffield to address the inequalities highlighted by this pandemic?

I think there needs to be an active and deliberate anti-racist approach and a culture of accountability that needs to be adopted by all of our systems - our hospitals, community centres and educational organisations.

Who is making sure that patients who are People of Colour are receiving fair and ethical treatment in health services? Who is ensuring that keyworkers who are People of Colour aren't put at unnecessary risk and adequately protected? Who is going into communities to engage people and encourage them to seek support and ensuring them that they will be treated fairly and with care?

Who is ensuring that children and young people are taught about inequality, power, privilege and how this links in with race so that our next generation can know and do more?

There is much that could be done to address inequality, but this needs to be wide-spread and at every level.

Healthwatch Sheffield is an independent organisation which is not part of the NHS or local authority. Our role is to help adults, children and young people have a say in how health and care services are run.

If you are interested in learning more about the PHE report, you can find out <u>here</u> .

If you want to share your story, or give us feedback on local health and care services, get in touch via:

Website – www.healtwatchsheffield.co.uk
Email – info@healthwatchsheffield.co.uk
Call – 0114 253 6688

We will share what you tell us with decision makers and service providers in Sheffield.

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