

This is a report of the mass zoom call organised by The World Transformed and Momentum on Tuesday 12th May entitled ‘**Coronavirus: why is the crisis hitting BAME communities hardest?**’. 200 people attended the call and the speakers were: Roger McKenzie, Suresh Grover, Shavanah Taj & Dr. Sonia Adesara.

Over the coming weeks we will be hosting weekly Zoom calls on Tuesday evenings which will facilitate input from all parts of the movement, so we can work together to put pressure not just on the Government and employers, but on left wing political leaders, the Labour Party and trade unions to shape their response to the Covid-19 crisis.

To be kept informed about future zoom calls and all other TWT activities please join our mailing list: bit.ly/TWTjoin

To help us sustain our work, you can join our Supporters Network:
<https://theworldtransformed.org/support/>

Introduction

On this week’s call we will be looking at why the coronavirus crisis has disproportionately affected Black, Asian and Minority Ethnic communities, looking at the structural and institutional issues that have been prevalent for so long and which this crisis has exposed - and we have seen this reflected in such high level of deaths within the community.

Coronavirus has deepened the deep inequalities of wealth and power in this country, this is something we have seen manifested in every aspect: through the health inequalities leading to fatalities; the economic and material impacts - black workers being twice as likely to be in often insecure agency contracts.

Despite being overrepresented in key worker jobs - which the Government suggests we all go out and clap for - black and migrant communities have disproportionately faced higher levels of prejudice, discrimination and oppression at the hands of the state.

From the migrant health surcharge, police brutality, the pre-criminalisation of the Prevent programme and the hostile environment, through to continued deportations and the Government’s refusal to close the detention estate - black and migrant communities have been targeted unfairly for years, often with little in the way of due process and accountability.



And, despite clear disparity in the number of deaths amongst black health workers, the Government has chosen only to offer a non-committal “review” into this headed by Sir Trevor Phillips. The Labour Party has now also committed to its own review, led by Doreen Lawrence. Meanwhile, The Ubele Initiative are calling for an independent public inquiry with a clear framework and timetable for reporting so that these issues cannot simply be kicked into the long grass - we'll post the link to their open letter as well as some other useful links in the chatbox now and throughout the call.

Resources

- Gal Dem's article on fighting for a public enquiry into COVID-19 deaths of people of colour- <https://gal-dem.com/why-were-fighting-for-an-independent-public-inquiry-into-the-covid-19-deaths-of-people-of-colour/>

Speakers

Roger McKenzie (UNISON)

- ONLY A few weeks ago care workers told they were unskilled and unimportant. Why? Because predominantly women and migrant makeup.
- Now? We're out every week giving a round of applause, nothing wrong with that but you can't eat applause. We will again get to a point where they are forgotten and told they are not important. They deserve pay rises, rights and protections
- Not just about the private sector (the care sector does need to come back into national hands) but also need to deal with what is going on in hospital trusts all over the UK.
- E.g. Bristol hospital, part of hospital only staff access, “KKK” graffiti. This is not new or a revelation that racism exists, institutional and direct racism is something we are still facing. We are getting abused online as well.
- We are having these mass meetings and know this right-wing are also organising and planning to disrupt our meetings (today news of Ian Wright victim of online abuse)
- WE NEED TO SPREAD OUR CONCERNS WIDER, not just disproportionate BAME deaths of Covid, racist attacks, lynching in the USA (February, and nothing happened about it, only reason action taken as film emerged), in France in search for antidote they said it was ok to test in Africa, in Brazil no protection for fact black community being attacked, all over the world and in UK black people and rest of the care sector **deliberately put in harms way by the government** – promised PPE, and nothing made available, they are told re-use and re-use again.
- Public enquiry is not enough, we need to go further.
- We will get nothing from enquiries unless we organise to demand justice, this is what will make a difference, we need to use the state of lock-down to organise and press MPs and Labour and TUs to make a stance against racism.



- As a black activist I have never got anything, we need to organise, demand, set the lines of those enquiries.
- It's not an accident that there has been a disproportionate impact on the black community, this is institutional racism and other forms of racism, they won't listen to us unless we force them.
- We are going to be faced with massive austerity after this lockdown. They are going to come after us, already here settlement in local authorities where pay deals favouring Tory shires.
- We need to make case for public services, in the hands of publicly accountable persons.

(Attendee question) What's the best way to apply pressure to LP and Unions? To whom?

- Apply pressure to all. Just because someone is part of TU does not mean they won't present obstacles, also just because we lost GE19 does not mean all the things we experienced have gone away. Must build a movement. This will make the diff = i.e. fundamental shift in society in favour of WC communities.



Dr. Sonia Adesara

- We keep hearing from the media that disproportionate BAME deaths are a surprise, and talk of a 'black gene' which is also highly problematic.
 - These are not biological categories, they are social constructs- but the consequences of them are material.
 - These disparities, health disparities, these are not new, we have known for many years, that BAME people have poorer health outcomes (across all health services), lower mortality rates, health inequalities that mirror the social inequalities that exist in our country, more likely to live in poor housing, less open spaces, less likely to have savings etc.
 - We need to be asking WHY these inequalities exist? Why is it harder to find somewhere to rent? Why do inequalities exist in the labour market? E.g. deaths in childbirth, research shows when women complain about pain their complaints not taken seriously by clinicians, similarly re complaints about chest pain. US research on A&E departments, racial factors relevant to whether or not they get access to pain relief.
 - In the workplace, inequalities have become a life and death matter, with BAME people more likely to put themselves at risk, not getting correct equipment, not able to raise issues and pressured back to work.
 - This is a life or death matter, and we need to raise it with the government as such.
 - This week the government said that certain workers need to go back to work, more likely to be BAME, including those reliant on public transport.
 - Furlough system does not cover the flexible job market, again, these workers are more likely to be BAME.
 - Hostile environment still present.
 - Worth of a government inquiry will be limited. We know these inequalities exist, no point simply highlighting them.
 - Need to make sure our political response ensures these injustices and inequalities won't be further widened.

(Attendee question) Have more BAME medical staff died and why?

- Racial inequalities put BAME staff at a greater risk.
 - There is more genetic difference inside different ethnic groups than between them, arguments based on genetics are unscientific.



Shavanah Taj (acting general secretary, Wales TUC)

- In daily communications with the government, more often than not I am the person talking about disproportionate BAME deaths, no-one else.
- If we do not assume those spaces, or be willing to speak up, nothing will change.
- People have been dying from BAME communities for a long time, e.g. access to the social security system which is broken, COVID is just one more additional thing.
- In TUC polling, a higher proportion of BAME people report being forced into harder jobs than their white counterparts.
- Large proportion of BAME workers from health, social care etc. that reported into whistle-blower site, do so anonymously as they are scared what will happen, that they will be made redundant for speaking out.
- Many Phillipino workers being told no PPE, priority is given to those directly employed over agency workers.
- Many migrant workers, (NHS surcharges, no recourse to public funds), need to review visas every two years.
- How does PPE, testing correlate with racial/ethnic status? It's not being recorded.
- We are going to have a public inquiry, but how long will that take, who will set the terms, will this be another Grenfell?
- Why are there no risk assessments in the original guidance? Do not need to be a specialist to see disproportionate impact on BAME communities, so why no risk assessment?
- Everything is slow, because the system we are working in is unjust, unfair, unequal, whether now, in the past or future.
- Why so many BAME deaths? The Government did not react fast enough.
- Thinking about return to work schemes, we need to make sure it is safe, even during the crisis, cleaners, bus-drivers, etc all having to go to work with no care taking place for them.
- If we do not have power, or voices in the right place, we will have no say.
- Genuinely concerned what an inquiry will look like.
- Not everyone has been furloughed, not everyone benefitting from the scheme e.g. taxi drivers, no protection and high deaths.
- It feels like we are continuously falling through the cracks.
- We need to join unions, all join unions, TUs have a big role to play here. TUs have a role to play this point in time, and we need to make them as accessible as possible (not everyone can afford to join), those who can't can promise to pay whenever they can.

(Attendee question) If a public inquiry takes too long, what can we do now?

- Join a union, join these types of discussions, get involved with your local communities.



(Attendee question) how can we ensure BAME workers are recognised equally for their work, and not repeat what happened post WWII?

- TUs have a role to play, where images/videos etc. what key workers look like we are missing from those images, and those key workers who are from those backgrounds have a platform about the role they are playing, highlight their voices, not wait for anyone else to get this type of material out.

(Attendee question) why the high number of BAME deaths?

- No protection, still working, no awareness when go back home what we're meant to do, what rights are re social distancing when they go back to work.

Suresh Grover (The Monitoring Group)

- Government should be held to account for its failure to follow WHO, react properly to known pandemic, with known risks.
- Media says that COVID does not discriminate, but the NHS does.
- From the outset we knew COVID makes victims of those most vulnerable, this was very clear from the start.
- Figures show BAME people account for 14% of the population, 40% of doctors, 30% of nurses. They are over represented in deaths, exactly the same as in the USA.
- Been involved in numerous inquiries (Stephen Lawrence, Victoria Climbié, Zahid Mubarek), co-inquirer of undercover police group, Grenfell. What is clear, the state reaction to reports has a long successful track-record of absolving itself of institutional racism, these are conditions it has created.
- Public health England and NHS are doing the review, it's reminiscent of police investigating themselves (what happened in all cases above), the government is ignoring obvious conflicts of interest, there will be white wash.
- Problems: the NHS is using us, putting forward racialised data to say black people are dying of COVID because they are sick (e.g. diabetes), but correlation is not causation, hypertension because black, diabetic because Asian, framing this as an inevitable outcome of heritage is totally ignoring social factors.
- People are dying because of housing conditions, but there no data re housing conditions, 3m are in exposed jobs (most women, precarious work, many sectors, health and social care, bame hugely over-rep in this group) – means these people are putting their lives at risk.
- Poverty and insecurity, an inevitable result of structural racism, has made them vulnerable, but the political right just points to genetic heritage, but does not explain rates amongst doctors, who are not poor. The problem there is the workforce (research points to inequalities in the workplace):
 - i) Subjected to discrimination by trust and regulators



- ii) More likely harassed by managers
- iii) less likely to speak out
- Decades data confirming less access and poorer outcomes and dissatisfaction in the NHS amongst BAME communities.
- COVID has a murderous intent – all we have is hiding indoors and physical distancing, no reliable anti-viral treatment, or vaccine
- Should not normalise these mass deaths, industrial morgues and trucks, these people not mere numbers on a chart.
- What is the Labour Party going to do? It's dead in the water because not willing to touch institutional racism.

(Attendee question) Can BAME communities set-up independent inquiry ourselves alongside the government one?

- It's not statutory, but good thinking, we can head up our own tribunal which feeds into a campaign, bring in international contributors, specialists bring doctors together with other professionals, patients together with carers.

(Attendee question) What terms of reference should we be fighting for with the inquiry?

- The way we do inquiries has changed, it's not like the Lawrence period where the public, alongside lawyers, can determine the frame of reference. Here the Minister will commission a judge and discuss with others the terms. We need to look at the failures, consequences of the failures, make sure the public are involved, make sure full transparency of all documents, make sure TUs repping the workers involved are there, victims families are part of the process, make sure those giving evidence can't hide, but are forced under relevant to provide full disclosure and evidence.

Resources

- The Monitoring Group Website: www.tmg-uk.org
- Suresh Gover's interview with IRR:
<http://www.irr.org.uk/news/race-hate-crimes-collateral-damage-of-covid-19/>
- Suresh Grover's notes on his talk:
<https://drive.google.com/file/d/1CvnJxegudIREOugemWgLswZYJXReLm0r/view?usp=sharing>

Resources



- Support TWT: <https://theworldtransformed.org/support/>
- Join TWT's mailing list: bit.ly/TWTjoin
- TWT's guide to running political education online:
https://cloud-cube-eu.s3.amazonaws.com/pupuh35gi0f8/public/documents/How_to_run_your_meetings_online_1.pdf
- Momentum's mutual aid map: <https://volunteercoronavirus.com/>
- LARAF mailing list sign up: bitly.com/LARAFsignup
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