



NCLF-A Black Christian Voice

Notes on Zoom Conference Call on Monday 11/5/2020 to explore...

The Disproportionate Impact of COVID-19 On BAME Community

Aims:

1. NCLF to make substantive submission to the government and any other relevant enquiry on the disproportionate impact of COVID-19 on BAME community
2. Collaborating to develop a strategic response by our communities to address health and wellbeing in the black church and wider communities going forward and seeking government backed resourcing.

Conference Chair: Bishop Joe Aldred

Number of participants: 23 (see attached attendance list)

Social, demographic, economic and political factors contributing to BAME

ill/health – Participants identified the underlisted factors:

- Social demographics of BAME populations – It is already well established that BAME populations are significantly within the lower social economic strata of society in terms of income, housing, education, poverty and other indices of deprivation. This point has always been an overarching reality which always predisposes BAME populations to negative determinants of health and wellbeing. It is therefore the case that COVID-19 has amplified and shone the light on systemic and structural and racial inequality in our society
- Health issues which predispose and put BME population at greater risk of COVID-19. It is well documented that a disproportionate number of people from BAME backgrounds have underlining health issues which make them more likely to have worse outcomes from infection with Coronavirus, both in terms of disease prognosis and mortality. For example, type 2 diabetes, obesity, cardiovascular disease (CVD) and other respiratory diseases
- The problems are not genetic (racial) they are epigenetic (environmental factors affecting genetic expression but not genetic code, such as chronic structural discrimination and stressors that are created both physical and mental health.
- Stress – high levels of anxiety experienced by BAME, particularly those not born in UK. This is compounded by their realities such as struggling to find their feet in the new country of residence; some may also have immediate and extended family members at their countries of origin who still depend on them. These and many other factors therefore predispose many members of the BME community to increased levels of stress.

- Over representation in social care sector and other high-risk sectors which have been identified as key 7 frontline workers during the COVID-19 pandemic – Included in these sectors are bus drivers,
- It is also noteworthy that given the shortage of PPE for frontline workers, many of the BME workers seem to have felt compelled to continue to work without PPEs. Many have felt disempowered in the sense that if they did not work within the high-risk zones/ service delivery, they will suffer much lack and inability to care for themselves and their families. Many are with visas and leave to remain authorisations which do not allow them recourse to public funds. Some others have also not had the confidence to challenge the situation of having to work without PPEs for fear of losing their jobs.

Nature of over representation of BAME in Covid19 infections and deaths –

- Social/physical distancing and self-isolation can be difficult for many BAME families who live in somewhat overcrowded housing. This could have contributed to the disproportionate negative experience and outcomes from Coronavirus infection.
- It is on record that more NHS doctors and healthcare staff who dies were of BAME communities.
- ONS Stats show that black females are 4.7 times and black men and 4.3 times at greater risk of dying than white people
- Many BAME communities do not trust public institutions and therefore refuse the science/evidence which are guiding government actions and strategies for Covid-19.

What should government do?

- The government needs to demand that employers protect BAME workers by following through with duty of care using legislation if needed
- The government needs to investigate anecdotal suggestions of discrimination and racism such as BAME frontline workers (professional and lower cadre staff) having not received the support from their white colleagues and supervisors – medical intervention comes too late. The care received by BAME pre-hospitalisation and while in hospital is experienced as inadequate.

In carrying out such an investigation, it is suggested that the body responsible for such a task should include representatives of BAME led churches and faith groups, medical stakeholders and specialists

- It is also suggested for the establishment of an observatory that focuses on ethnic health and is able to influence the whole health system to recognise and respond to the ethnic variations in health and this should

also address racism as an important determinant of health, as well as a public health issue.

Part of the remits of the observatory suggested above would be to make it a statutory obligation for government/public bodies to conduct a race impact assessment on public policies. The health inequalities that have been referred to in this submission/document should all be subject to impact assessment.

- There have been early stage/ emerging scientific studies which seem to link vitamin D deficiency (and consequent weak immune system) among BAME people to the poor coronavirus/ Covid-19 prognosis and mortality outcomes. It is hereby strongly suggested that the government should commission a study to ascertain the veracity of these claims and to act accordingly. If it is established that vitamin D has any positive role to play in protection against covid-19 then steps should be taken to make it widely available to the population, especially members of BAME groups.

What should BAME people do?

- We need to take responsibility as a BME community – Among other things, we need to do a complete skills audit of our community; and there is no lacking of skilled and competent people of BAME origin in all areas of human endeavour in the UK.
- Move from reaction to proactivity – There should be a meeting/conference which should include black politicians and church leaders, among other stakeholders. One of the issues to be addressed is the need to have skilled BME professionals to sit on relevant boards and decision-making spaces. Since politics is about who gets what, when and how; and about bringing pressure to bear on policy makers; we therefore need a renaissance in black professional networks and support for grass roots activism for the welfare of the black community.
- Advocacy is required to support improved access and experience for ABME people and to strategically raise matters of concern to people of our community. Additionally, BAME people can be equipped with knowledge about their rights, responsibilities and opportunities.
- Belief systems at work in BAME communities – Certain harmful and non-progressive beliefs among BAME communities need changing. For example, 'black don't crack' – which implies immunity. Such can be corrected through the education, advocacy and empowerment activities referred to in preceding sections.
- Similarly, there are certain cultures which encourage large numbers of relatives living in the same household thus making social distancing impracticable if a family member becomes infected and has to isolate. Such cultural factors are also linked to and enhanced by the socio-economic realities of these BAME communities. A combination of proper awareness campaign and economic empowerment will help to moderate these effects

What should the black church do?

- The black church leaders need an agency that will focus on and strengthen black health education, research and advocacy. It is crucial to develop specific advocacy provision message for the upbringing and safeguarding of children.
- Our church leaders need to encourage members to become councillors, MPs, political party members, charity trustees and Chairs, school governors etc so that we are where decisions are made. This way the church can balance the spiritual and secular roles in being both prophetic and pragmatic.
- The church needs an NCLF as a fully functioning vehicle that is financially well supported.

Notes compiled by

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For further information please contact NCLF Co-Chairs by email: info.nclf@gmail.com

For further reference, see the [NCLF Manifesto](#) and [accompanying video](#).

[Find a range of guidance, resources and stories in CTE's Coronavirus web hub.](#)