



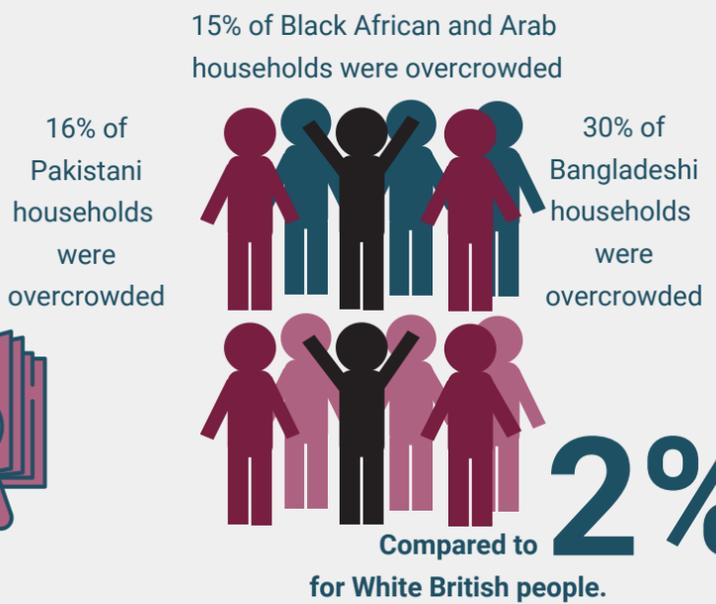
FEARLESS FUTURES

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On 12th April the BBC reported that 'ethnic minorities' are 1/3 of UK patients who are critically ill in hospital with COVID-19^[1]. Many have called for an urgent investigation into why. Many seem baffled as to what could be targeting people of colour. Let's see if we can solve the mystery below

Spoiler: it's called racism.

First off, housing. Self-isolation if unwell is impossible if you're in crowded housing. Who is more likely to live in overcrowded housing we hear you ask? Let's see...



OVERCROWDING

is more common in almost all minority ethnic households compared to White British ones.^[2]

MULTIGENERATIONAL LIVING



Some commentary has mentioned "cultural" factors leading to crowded housing ie multigenerational living is common in some cultures. Multigenerational living is often discussed as if it's a cause of Covid-19's spread in some contexts. But this collective approach to family is very powerful. It also doesn't mean overcrowding. If you live in a roomy 5 bed home there's room for all and any required self-isolation.^[3]

The real issue is actually unequitable resource distribution not how we organise our family lives.



WHAT ABOUT THOSE UNHOUSED?

In 2017 it was reported that **36%** of England's homeless people were ethnic minorities. **17%** were of African-Caribbean origin, though only **4%** of people in England are of African-Caribbean origin.^[4]

Now let's turn to the wider context for where people of colour live.

People of colour live disproportionately in neighbourhoods that have been deprived. There's a very thorough report from Public Health England in 2018.^[5]

The real question then is: who and what deprives a neighbourhood?



A neighbourhood is deprived by institutions who do not believe it deserves investment. This conclusion is informed by who lives in the neighbourhood - and the societal ideas that exist about these populations' value and deservedness - and who is making the investment decisions about the neighbourhood.

^[1] 'Coronavirus: Ethnic minorities 'are a third' of patients' by Rianna Croxford ^[2] House of Commons Library - Breifing Paper, 'Overcrowded Housing.(England)' by Wendy Wilson and Cassie Barton (PDF) ^[3] 'Coronavirus UK: The government wants over-70s to self-isolate but what about Asians who live with their families?' by Faima Bakar ^[4] Britain's housing crisis is racist - we need to talk about it' by Kevin Gulliver ^[5] 'Local action on health inequalities: Understanding and reducing ethnic inequalities in health' Report by Public Health England

Amounts of green space, which you can imagine informs a communities' health outcomes, is also informed by whether institutions invest in and believe the people in the neighbourhood are deserving of green space. Research shows that the quality of green space is worse in areas with a higher proportion of people of colour. [5]



46% of Muslims live in the 10% most deprived local authority areas [7]

**Let us be clear:
some groups aren't naturally less wealthy than others.
They are made poor.**



Black households are the most likely out of all ethnic groups to have a weekly income of less than £400. [6]

They are paid unlivable wages for work that is deemed less valuable. This is both why racialised people end up in particular work and crucially why racialised people aren't determined valuable enough for other professions.

The systems of class and race inequities design these outcomes.

RACE, GENDER & CLASS inequities compound to produce particularistic outcomes that a single axis analysis misses. Pakistani and Bangladeshi women, for example, are 3 times more likely to be unemployed than white women.

What might we expect their experiences during and in the aftermath of this pandemic to be given this? [9]

Let's turn to incarceration:

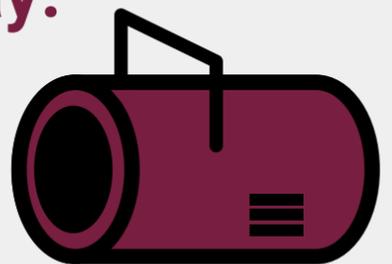
26% of incarcerated people are ethnic minorities. [10]

No one should have to even think about the horrors that would be made real with corona spreading in prison.

To understand incarceration means understanding who is policed. Policing generally reinforces who is less-than in society. It's also a feature of a historical process - one about who is controlled. We can trace policing to both to slave patrols in the US & working class protest in the UK.

We see this process in action today.

Black men are 26% more likely than white men to be remanded in custody though are nearly 60% more likely to plead not guilty than white men.



And black people (53%) and Asian people (55%) are more likely to be sent to prison for an indictable offence at the Crown Court, even when factoring in higher not-guilty plea rates.

Who ends up incarcerated is a function of systems of inequities targeting people of colour + working class and people made poor: racism and classism.

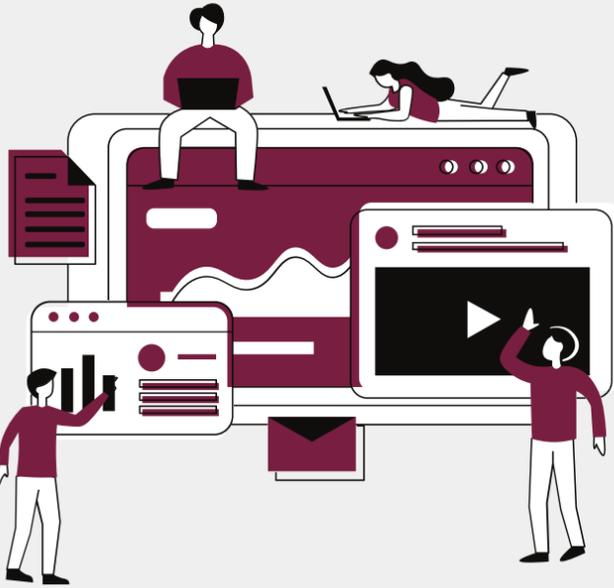
[6] *Young Muslims in the UK face enormous social mobility barriers*' Press Release, GOV.UK [7] *'Household Income'* GOV.UK [8] *'Our Research Officer Ashleigh held a consultation with The Muslim Women in Prison Project'* by Prison Reform Trust [9] *'Coronavirus cases to be tracked by ethnicity'* by Rianna Croxford [10] *Prison Reform Trust - Race*

What's this got to do with Covid-19?



Incarceration's impact is far reaching: whole communities are punished and lose when a person is imprisoned: emotionally, financially, psychologically.

Over the last decade Muslims incarcerated have grown 50%. By now you might have got the gist - and it's NOT "they are all terrorists". [11]



Finally, we need to incorporate into our analysis how collective societal ideas sold and dispensed by the media about people of colour are designed to negatively impact their health - such as - increased underlying everyday stress - which also informs the health terrain on which Covid-19 falls. [12]

The ideas furthered in our media perpetuate the cycle of people of colour's disenfranchisement in service of white superiority, by framing people of colour variously as criminal, dangerous, lazy, deviant, inferior intellectually.

A perfect example of how ideas are compounded by institutional power to negatively impact the material reality of racialised groups is that a Muslim name means you are a third less likely to get an interview than a "white" name. [13]



What we see in this infographic are the composite parts and outcomes of a system of inequity called racism. Pre-existing conditions - around how housing, labour market participation, income, incarceration and discourse are organised - all inform health outcomes and are all already *working against people of colour* at a system level. This is why people of colour are impacted disproportionately by Covid-19.



**Covid-19 isn't targeting people of colour.
But racism already is.**

Racism is composed of the IDEAS designed to diminish and demean PEOPLE OF COLOUR in favour of WHITE PEOPLE + STRUCTURES such as LAW, POLICY and INSTITUTIONS that reinforce and give POWER to those ideas that work against POC in service of white people.

It's useful to think about racismS too, where there will be different outcomes for different groups within racism - designed and deliberately so - while simultaneously the pain of racism is the pain of racism for those experiencing it.

We need to move to action to intervene across the system to cancel the harm already faced. Pretending more research needs to be done, when so much brilliant scholarship already exists, is a delay mechanism, that in and of itself is a tactic of racism!

Let's resist that too.

[11] 'Let me take a wild guess as to why Muslims are overrepresented in prison' by Suhaiymah Manzoor-Khan [12] Local action on health inequalities: Understanding and reducing ethnic inequalities in health p.29 [13] 'Is it easier to get a job if you're Adam or Mohamed?' by Zack Adesina and Oana Marocico