



Changing the world
of work for good **racism kills**

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When the revelation emerged that Black and minority ethnic (BME) workers were dying in disproportionate numbers as a result of the coronavirus crisis, I was surprised. Surprised, by the fact that anybody would think that this was not going to an inevitable consequence of the crisis. That the institutional racism and structural inequalities that exist, were not going to impact on health outcomes in the context of this pandemic. Any casual observer of the way that our current economic system has exploited and impoverished BME communities nationally and internationally over the past five hundred years needs to understand that racism is a matter of life and death. Tragically, it took the pictures of those that had died to bring this truth into the spotlight. Strategies for dealing with the pandemic did not take account of the economic position of people in BME communities, the structural and racial inequalities that shape the lived experience of people from BME backgrounds and the role that they play in the world of work.

Unfortunately, the response to these revelations are problematic. The thesis that is being promoted is that a range of genetic and cultural factors are likely to be driving higher rates of death among Britain's Black and Minority Ethnic communities. It is as if race has become real rather than a human construction. Once again Black and brown bodies are being talked about as somehow flawed, a classic narrative in the history of racism. In other times these narratives have focussed on intelligence, character, work ethic or a myriad of one other failing that are used to blame the iniquities experienced by BME people in their working and community lives. It's as if somehow, if they were white the number of deaths would not be so high. This of course ignores the large number of white elderly people who are dying in care homes, where the ability to isolate and socially distance is problematic and where the failure to provide PPE equipment and testing in a timely manner has resulted in countless tragedies.

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Social, economic and politic context cannot be ignored if an accurate assessment of any situation is to be reached and must not be ignored when it comes to the causes of the high

rates of death among Black and Ethnic minority people. When these contexts are taken in to account it becomes clear that:

- Levels of in work poverty are disproportionately higher in BME communities because the racial discrimination that in the world of work traps BME workers into low waged occupations and into situation where they are expected to do the hardest and most dangerous work.
- BME workers are disproportionately working in the emergency occupations that are keeping our communities going during this crisis. Whether it is nursing the sick in hospitals, looking after the elderly in care homes, keeping public transport going or producing and distributing food, BME workers are having to go out to work in environments where their risk of exposure to the virus is higher.
- The growth of casualised forms of work designed to circumvent employment right has meant that disproportionately more BME workers find themselves in a position in this crisis where they have to go out to work to pay the rent and feed their families. Where the safety net that is being provided does not help because of the tenuous nature of their employment status or the fact that they have to do two or more jobs. Where they are not in the type of jobs that affords them the luxury of working from home.
- The hostile environment constructed as a result of years of vilification of migrant workers and asylum seeker by the press, demonised by politicians eager to pick up some cheap votes for the social and economic sins in our society are forced to work in the midst of this crisis. This is because many have no recourse to public funds or because they are at the mercy of unscrupulous employers who know that because of some arbitrary change in immigration rules they are now undocumented.

In response to the situation Public Health England have announced an Inquiry into why increasing numbers of victims of the coronavirus pandemic are from BAME backgrounds. NHS England has written to all hospital trust chief executives, GP practices, and providers of community health services, saying that they should treat staff from black, Asian, and ethnic minority backgrounds as being at a higher risk and have asked health care trust to "make appropriate arrangements accordingly".

This is all very well, but we have had countless inquiries with many recommendations that if implemented would have improved the situation. That is not to say that, the situation should not be assessed, or action taken, it is desperately needed. But whatever is done needs to address the wider social, economic and political factors that have left BME communities so vulnerable during this pandemic. If these factors are not addressed, then what becomes common currency is the idea BME people are at higher risk of coronavirus because they are BME. The institutional and structural racism that has placed BME workers in this vulnerable position will be ignored,

racial discrimination will increase and BME workers will continue to die, because of a continued refusal to accept the consequences of racism in our society and a refusal to act to eradicate it.

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