The Race Equality Centre
Corona Virus (COVID 19): The Racial Dimensions of a Pandemic

"*A crisis is made by men, who enter into the crisis with their own prejudices, propensities, and predispositions. A crisis is the sum of intuition and blind spots, a blend of facts noted and facts ignored*"[i]

"*Never trust anyone who says they do not see color. this means to them you are invisible*"[ii]

"Crises and deadlocks when they occur have at least this advantage that they force us to think".[iii]

In this paper we explore the impact of the Corona Virus (COVID 19) on the Black [iv] or so called BAME communities in Britain. In our review, we explore the confluence of race, class and gender in the everyday lived experiences of Black people and encounter deep routed and endemic of structural and institutional racism that constantly flow into and permeates the fabric of British society, often invisible or ignored by British academics and those who govern and administer policy.

The corona virus (COVID 19) was formerly known as the "*2019 Novel Coronavirus*". On 11 February, 2020, the International Committee on Taxonomy of Viruses (ICTV), the organisation of virologists with responsibility for naming viruses, announced "S*evere Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)*" as the name of the new virus, because it was genetically related to the *Corona Virus,* which was responsible for the outbreak of the SARS pandemic in 2003*.* However, it has been indicated that, although related to *SARS-CoV,* the new virus is significantly different and to avoid confusion, the World Health Organization (WHO) designated the disease as "COVID-19", following guidelines "*previously developed*" with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO) but this was never intended as replacements for the official name of the virus as agreed by the ICTV.[v]

The disease, a highly infectious pandemic which will stalk the human race for quite a long time to come,[vi] has posed significant and immense challenges to every day lived experiences, with consequent high mortality rates globally.[vii] As of 6 May, 2020, there have been 3,623,803 reported cases of infection globally. The highest infection rate has been in the Americas, where there have been 1,553,845 infections, with 1,204,475 in the United States, 114,715 in Brazil, 62,046 in Canada, 51,189 in Peru and 31,881 in Ecuador. In Europe, there have been 1,429,897 infections, with 219,329 in Spain, 213,013 in Italy, 194,990 in the UK, 164,897 in Germany and 155,370 in Russia. In Asia, there have been 581,893 infections, with 129,491 in Turkey, 99,970 in Iran, 83,968 in China,

49,391 in India and 30,251 in Saudi Arabia. In Africa, there have been 49, 218 cases, with 7,572 in South Africa, 7,201 in Egypt, 5,219 in Morocco, 4,838 in Algeria and 2,950 in Nigeria.[viii]

As of 6 May 2020, there have been 256,880 deaths globally from the disease. The highest death rate has been in Europe, 143,898 deaths, with 29,427 in the UK, 29,315 in Italy, 25,613 in Spain, 25,531 in France and 8,016 in Belgium. In the Americas there have been 90,566 reported deaths; with the United States have the highest death rate of any country with 71,078, with 7,921 in Brazil, 4,043 in Canada, 2,507 in Mexico, and 1,569 in Ecuador. In Asia, there have been 20,361 reported deaths, with 6,340 in Iran, 4,637 in China, 3,520 in Turkey, 1,694 in India and 827 in Indonesia. In Africa, there have been 1,924 deaths, with 470 in Algeria, 452 in Egypt, 191 in Morocco, 148 in South Africa and 98 in Nigeria.[ix]

It has been indicated that, "*amongst COVID-19 patients*", those with "*low albumin levels*" have a "*poorer prognosis*", with low albumin levels being observed in 80% of the "*non-surviving patients*".[x] Further, it has been pointed out that "*Hypoalbuminemia*" is "*frequently observed*" in conditions like diabetes, hypertension and chronic heart failure, the "*cohort which is hardest hit with COVID-19 infection*".[xi]

Jamie Sullivan has asserted that, "*early data*" on COPD shows no indication that "*people with COPD*" are at "*increased risk*" of catching COVID-19, but that those that do get the disease "*face a 5 times greater risk*" of developing "*severe complications*". Accordingly, there is a need to recognise the "*importance of taking strong measures*" to prevent all possible "*exposures to the virus*".[xii]

It has further been stated that the virus' "*protein spikes*" attach to a "*protein on the surface of the cells*", called "*ACE2*", which plays a role in "*regulating blood pressure*" and, when the "*coronavirus binds to it*", it initiates "*chemical changes that effectively fuse the membranes around the cells*" and the virus together, which permits the virus' "*RNA*" to enter the cell.[xiii]

Further, "*parts of the virus' RNA code for proteins*" that stay in the host cell, with at least three being known and one preventing the host cell from "*sending out signals to the immune system*" that it is "*under attack*". Another "*encourages*" the host cell to release "*newly created virons*" and the third helping the virus to "*resist*" the host cell's "*innate immunity*".[xiv] Further, it has been pointed out that, if an infection "*sufficiently damages the lungs*" they will be unable to "*deliver oxygen to the rest of the body*", mandating the need for a ventilator. In this regard, the CDC estimates that this happens to "*between 3% and 17% of all COVID-19"* patients, with "*secondary infections*" taking advantage of "*weakened*

immune systems" being "*another major cause of death*".[xv] We are further advised that, sometimes, it is the "*body's response that is most damaging*" and that fevers, which are intended to "*cook the virus to death*", when prolonged, also "*degrade the body's own proteins*". Further, additionally, the immune system "*creates small proteins called cytokines*" that are meant to "*hinder the virus's ability to replicate*", with "overzealous production" of these, in "*what is called a cytokine storm*", can result in "*deadly hyper-inflammation*".[xvi]

The World Health Organization (WHO) declared the coronavirus outbreak a Public Health Emergency of International Concern on 30 January 2020.[xvii] And, as a pandemic on 11th March[xviii]. The disease spread to the United Kingdom in late January 2020[xix] and was first documented on 28 February.[xx] By 1 March, there were cases in England, Wales, Scotland and Northern Ireland.[xxi]

In February, the Secretary of State for Health and Social Care, Matt Hancock, introduced the **Health Protection (Coronavirus) Regulations** 2020 made under the provisions of the **Public Health (Control of Disease) Act** 1984.[xxii] Following the "*outbreak in Italy*", and based on forecasting by "*epidemiologists*" at Imperial College, London,[xxiii] the government stated that everyone should avoid all "*non-essential*" travel and contact with others, "*avoid crowds, and work from home if possible*". Those with symptoms, and their household, were asked to "self-isolate" and pregnant women, people over the age of 70, and those with "*certain health conditions*" were asked to self-isolate for longer.[xxiv]

On 20 March, all schools, restaurants, pubs, clubs, and indoor leisure facilities were ordered to shut, with some exceptions.[xxv]

On 23 March, the government imposed a lockdown on the whole population, banning all "*non-essential*" travel and contact with people outside one's home, and shutting almost all businesses, venues, facilities and places of worship. Police were given power to enforce the lockdown, and the **Coronavirus Act 2020** gave the government emergency powers not used since the Second World War.[xxvi]

It was forecast that a lengthy lockdown would severely damage the UK economy and lead to millions of job losses,[xxvii] worsen mental health,[xxviii] and cause "*collateral*" deaths due to isolation and falling living standards.[xxix] It was noted that more than 90% of those dying have underlying illnesses or are over 60 years old.[xxx] It has been indicated that there are large regional variations in the pandemic's severity, with the outbreak in London having the highest number and highest rate of infections.[xxxi] It is feared that there have been several thousand more deaths than reported in the community, especially in care homes,[xxxii] which until 29 April were not included in the official government

figures.[xxxiii]

It is now realised that the number of care home residents who have died from coronavirus could be more than five times the government's estimate, Care England, Britain's largest representative body for care homes, has warned, indicating that up to 7,500 care home residents may have died of the virus, significantly higher than the figure of 1,400 people estimated to have died by the government as of April, 2020.[xxxiv] Martin Green, the chief executive of Care England asserted that:

> "*without testing", it is very difficult to give an absolute figure, but that if we look at some of the death rates since 1 April and compare them with previous years' rates, we estimate a figure of about 7,500 people may have died as a result of Covid-19*".[xxxv]

The Government's Chief Medical Officer, Professor Chris Whitty, indicated that he was "*sure we will see a high mortality rate sadly*" in care homes, because this is a "*very, very vulnerable group*". He informed reporters that the 826 deaths reported in England and Wales by the Office for National Statistics (ONS) in the week ending April 10 were "an underestimate".[xxxvi]

The Office of National Statistics data suggest in the month of March, there were 3,912 deaths involving COVID-19 in England and Wales and of these, 3,372 (86%) had COVID-19 assigned as the underlying cause of death.[xxxvii] Further, of the deaths involving COVID-19 that occurred in March 2020, there was at least one pre-existing condition in 91% of cases.[xxxviii] It has been asserted that, taking into account the age structure of the population, the rate of deaths due to COVID-19 was 68.5 deaths per 100,000 persons, which was 69.7 per 100,000 persons in England compared with 44.5 per 100,000 persons in Wales.[xxxix] The official data indicates that COVID-19 was the third most frequent underlying cause of death for deaths occurring in March, with males said to have a "*significantly higher rate of death*" due to COVID-19, which was double the rate of females.[xl]

Overall, one in five deaths was in age group 80 to 84 years.[xli] The Office of National Statistics show that "*Ischemic Heart Disease*" was the most common "*main pre-existing condition*" found among deaths involving COVID-19 and was involved in 541 deaths (14% of all deaths involving COVID-19).[xlii] The data shows that, between 1 and 31 March 2020, there were 47,358 deaths that occurred in England and Wales and were registered by 6 April 2020. Of these, 8% involved the coronavirus (COVID-19) (3,912 deaths).[xliii] It has also been indicated that of the deaths involving COVID-19 that occurred in March 2020, there was at least one pre-existing condition in 91% of cases and taking into account the "*age structure of the population*", the rate of deaths due to COVID-

19 was 68.5 deaths per 100,000 persons, which was 69.7 per 100,000 persons in England compared with 44.5 per 100,000 persons in Wales.[xliv]

The definition of COVID-19 utilised by the Office of National Statistics includes some cases where the "*certifying doctor suspected the death involved COVID-19 but was not certain*", because no test was done. Of the 3,372 deaths recorded up to March 2020, with an underlying cause of COVID-19, 38 (1%) being classified as "*suspected*" COVID-19. Looking at all "*mentions*", "*suspected COVID-19"* was recorded on 1% of all deaths involving COVID-19.[xlv]

Policymakers and public health responders are "*facing a barrage of questions*" about the "*Novel Coronavirus (COVID-19) outbreak*", with most being of a "*scientific and technical nature*, *crucial to containing the outbreak*", such as, "*how infectious is it*?" "*How long does it incubate in the body before you get sick?"* and "*can it be spread by people who have no symptoms?*", there being other, "*unanswered questions*" that also need to be addressed but are "*rarely even asked*".[xlvi] Julia Smith indicates that her research "*demonstrates*" that outbreak responses consistently fail to "*meaningfully include gender analysis*", despite "*substantial evidence*" from other researchers that "*gender inequities exacerbate outbreaks and responses"* that do not incorporate gender analysis "*exacerbate inequities*".[xlvii] In this regard, it has been indicated that "gender difference" exist in many health conditions, and COVID-19 is no different, as it appears that, with regards to the novel coronavirus, men's health is "*less robust*".[xlviii] Roger Henderson asserts that this "*global phenomenon*" is "*particularly visible*" in some countries, as in Thailand, where males account for a "massive 81% of COVID-19 deaths and in England and Wales, where it's f61%.[xlix] As indicated by Dr Anthony Kaveh:

> "*Men are disproportionately affected by COVID-19 than women. From preliminary data, possible reasons include behavioural, baseline health, and genetic differences between men and women*".

Julia Smith however notes that, while the "*focus is on differences between women and men and between girls and boys*", inequities related to "*race, ethnicity, sexuality, and religion*" are integrated.[l] Early research into the first patients critically ill with Covid-19 in UK hospitals conducted by the *Intensive Care National Audit and Research Centre* found "*black and Asian*" people are more likely to be badly affected by coronavirus than white people. The research found 35% of almost 2,000 patients were "non-White", nearly triple the 13% proportion in the UK as a whole.[li] The study indicated that fourteen per cent of those with the "*most serious cases*" were "*Asian and the same proportion were black*". The study, "*triggered calls for further research*" to understand why the virus appears to be having a "*disproportionate impact on non-white ethnic groups*".[lii]

The Guardian has conducted analysis, based on statistics from the Office of National Statistics, which indicates that, of 12,593 patients who died in hospital up to 19 April, 19% were Black, Asian and minority ethnic (BAME), with the three London boroughs with "*high BAME populations*", Harrow, Brent and Barnet, being among the five local authorities with the" *highest death rates in hospitals and the community*". The research revealed that London and the West Midlands accounted for 46% of deaths in the dataset, with two in five in London coming from an "*ethnic minority background*" and in the Midlands the proportion was one fifth.[liii] A Professor of Diabetes and Endocrinology at University Hospital Birmingham, Wasim Hanif, states that there have been:

> "*health inequalities that have existed in the BAME population but what is being reflected in this pandemic is that those inequalities are actually coming out....Deaths happen in relation to complications related to diabetes all the time, as with cardiovascular diseases and cancers, but they have never hit the headlines and that's the effect we're seeing now".*[liv]

The Deputy Director of the Runnymede Trust, Zubaida Haque lamented that the Guardian's analysis "*confirm our worst fears*" and that "*BAME*" people are much more at risk of mortality with COVID-19, which "*throws into sharp relief*", existing racial inequalities. She asserted that the Government had to recognise that "*race and racial inequalities*" were a "*risk factor*" in COVID-19 and address the "*disproportionate rates of poverty*", insecure and low paid labour, often undertaken by "*keyworkers*", as well as "*poorer conditions and overcrowded housing*", all of which were putting ethnic minorities much more at risk of COVID-19 infection. She pointed out that there's no question anymore that BAME people are bearing the brunt of COVID-19. The pregnant question is whether the Government "view these racial inequalities" as "*serious enough a problem*" to do something about it.[lv]

In a similar vein, it has been contended that three quarters (72%) of all NHS and social care staff "who have died from coronavirus" are from BAME backgrounds.[lvi] Lawyer and activist Dr Shola Mos-Shogbamimu has indicated that that there is a direct link between "*health inequality*" and "*what is going on in the UK*". She asserted that "*without a doubt*" the "*disproportionate rise in deaths*" among black and minority groups has "*magnified long-standing structural intersecting inequalities*" experienced by them, which is "viewed as institutional racism", because it "*imposes social, economic disadvantages*" that exacerbate their exposure to coronavirus. She argues that this is a discriminatory impact that is part of the disproportionate impact of coronavirus[lvii]. Dr Mos-Shogbamimu points out that:

> "*When we talk about socio-economic disadvantages that includes but not limited to the fact that ethnic minorities are placed in insecure or low-paid jobs, or have an increased likelihood of poverty. And it is a direct link between health inequality and what is going on presently.....BAME workers underpin food, transport, healthcare, and social care, and have no choice but to go out and work, putting themselves at greater risk "*.[lviii]

Professor Kamlesh Khunti, from the University of Leicester, indicated that the "*reasons are not certain for the disproportionate effect*", but asserted that BAME communities tend to come from "*lower socio-economic backgrounds*", have "*different cultural lifestyles*", and live in "*more multigenerational households*", with more people under the same roof. He asserted that deaths across Europe and China have shown people who are admitted to hospital and die from coronavirus are twice as likely to have high blood pressure, hypertension, diabetes, and cardiovascular disease, all of which are more prevalent in the BAME community. By way of example, he indicated that diabetes is two to four times more prevalent in people of south Asian origin.[lix] He stated that:

> "*That's why we called for a review. These figures go beyond any random or normal variation. Even when you account for the greater number of ethnic minority health care workers in the NHS. And because these figures are so staggering I felt it was vital and important that the Government and Public Health England investigate it and, more importantly, understand why this is happening and put in place mitigations to protect our health and care workers who are exposed from the virus*".[lx]

In response to these research findings, Labour MP, Jonathan Ashworth, called for the Government to provide an update on the inquiry into why those from BAME backgrounds seem to be "*disproportionately affected by coronavirus*". Responding on behalf of the Government, Health Secretary, Matt Hancock stated:

> '*We are indeed investigating that and I will make sure that he has a copy of the results of that investigation as soon as it has concluded – it is a very important piece of work. In the same way that there is a disproportionate number of men who are badly affected by this disease compared to women we need to look at all these characteristics and make sure we have the full analysis so we can learn*".[lxi]

However, the chief medical officer for England, Professor Chris Whitty, said ethnicity is '*less clear*' than three other factors in determining who is most at risk from coronavirus. He indicated that:

> "*This is something we are very keen to get extremely clear. We've asked Public Health England to look at this in some detail and then what we really want is, if we see any signal at all, we want to then know what next we can do about it to minimise risk*".[lxii]

It is of much concern that there has been an overall failure to record race and ethnicity data in respect of COVID-19 infections and deaths. It has been indicated that hospitals are not currently required to record the ethnicity of any patients who are admitted, fall critically ill or die.[lxiii] And, although ethnicity can be linked with ill health and "*utilisation of health care*", this has been "*poorly recorded in medical records*".[lxiv] In this respect, all are reminded that UK general practices (GPs) are almost universally computerised, with there being facilities in GP computer systems to record ethnicity information.

However, despite this potential utility, research has revealed that less than 0.3% of patients have had their ethnicity recorded.[lxv] Reports on health inequalities and outcomes by ethnic group emphasis the necessity of "overcoming barriers" to make way for "complete and accurate" recording of ethnicity.[lxvi] It is known that policies based on inaccurate data may lead to poor targeting of resources and services.[lxvii] The importance of ethnic monitoring permits organisations to see if there are inequalities within and between groups, as for example in the NHS, when looking at "breast cancer risk" and survival for women under 65, it was "*discovered*" that those from "*Asian and Black ethnic groups*" had "*poorer survival*" than the White population.[lxviii]

In an evidence based era that which is "measured" can be aimed at while that which if "*left unobserved*" can be ignored.[lxix] As such, "*routine recording of ethnicity*" is part of the "*provision of fair and equitable health services*" are occurring and "knowing this, unfairness or disadvantage can be removed".[lxx] In this regard, it has been asserted by the Chair of the British Medical Association that the Government's failure to record and publish real time data on the ethnicity of Covid-19 patients is a "scandal that is endangering lives".[lxxi] Dr Chaand Nagpaul pointed out that:

> "*This is not an issue that should require further campaigning. It would be a scandal if it requires further lobbying as data recording needs to start now, not tomorrow. When you have stark statistics like this, it is an instruction for government to act*".[lxxii]

The Chief Medical Officer indicated that, while BAME workers represent 44% of the NHS workforce, they accounted for 68% of the 57 NHS staff known to have died with the virus, with every one of the 14 doctors reported to have died so far being from an ethnic minority.[lxxiii] There are concerns that a higher number of BAME doctors on the frontline, "*who feel less able to speak out*" is leading to disproportionate infections and deaths. He asserted that:

> "*We're well aware that doctors have been under pressure to see patients but have not felt adequately protected, with shortages of PPE*".[lxxiv]

The *British Medical Association's* evidence and that from the *General Medical Council* has shown before that BAME doctors are "*twice as likely not to complain about safety in the workplace*" as they have "*far greater fear of facing recriminations or reprisals … bullying and harassment*", which has also been recorded at "*far higher levels*".[lxxv] In response to the seminal evidence of the disproportionate impact of COVID-19 infections and deaths on Black peoples, the Department of Health and Social Care indicated that they would launch a "*formal pandemic review on BAME deaths*" led by *NHS England* and *Public Health England"*.[lxxvi] Prof Stephen Powis, the National Medical Director of *NHS England*, stated that this was something that he was "very concerned about". He pointed out that:

> "*In NHS England, obviously, a number of our staff … come from those ethnic groups, and we are actively also looking ahead of that work, of what we have to do to support, and, perhaps, protect them specifically*".[lxxvii]

The Chief Medical Officer indicated that the review was "*welcome*", but that the government could "*immediately instruct all hospitals*" to record the ethnicity of patients. He argued that:

> "*We desperately need to change the methods of collection of patient information and what we collect to understand what is going on. It is endangering lives … this cannot be brushed under the carpet; it would be morally wrong*".[lxxviii]

Alarmingly, as pointed out by a senior NHS England official, the "*true figure*" of "*BAME NHS staff*" dying from the virus could be higher, "*given the limited data currently available".*[lxxix]

Labour's Shadow Health Secretary, called for transparency indicating that it is "*vitally important*" that government ministers should "*insist this data is collected and published as a matter of urgency*", to ensure that there be a full picture on how the virus "*impacts all communities*".[lxxx] Sir Michael Marmot, Chair of the *Commission on Social Determinants of Health*, asserted that the "*stark disparity*" in the ethnic makeup of deaths from Covid-19 is "*foreshadowed by wider inequality*". He stated:

> "*We know from research that being in poverty reduces your life expectancy and is highly correlated to poorer health outcomes," he told the Observer....If you don't collect data, you don't know a problem exists. In the UK, BAME groups are much more likely to be among lower socioeconomic groups, live in poorer conditions and overcrowded housing and more likely to be in lower-paid and insecure jobs. That means poorer health. It also means social distancing is much harder, particularly for older people.*

Some of the most vulnerable people in our community are living in extended, multi-generational homes".[lxxxi]

As pointed out by Christine Ro, from "*discrimination to language*" a variety of factors are affecting different groups' "*vulnerability to coronavirus*", with sometimes "*devastating results*.[lxxxii] Referring to data from the United States, she indicates that early data of the COVID-19 crisis, broken down by race is "*alarming*", with data from Chicago in April 2020, demonstrating that 72% of deaths from coronavirus were Black, despite the fact that only one third of the city's population was. Similarly, she points out that, in the State of Georgia, White people only accounted for 40% of COVID-19 deaths, despite the fact that they make up 58% of the states population.[lxxxiii] She posits that, given the "*long history"* of "*unequal health outcomes*", these patterns shouldn't be surprising and that the pandemic is the latest example of how "*racial dynamics*" play out in "*complex and still not understood ways*".[lxxxiv] Ro asserts that in many "*majority-White*", as well as in some "*minority White*" countries such as South Africa, people from other ethnic and racial groups have less access to economic resources, "*whether that means high earning jobs of a full pantry*", with "*economic vulnerability often translating to poorer health outcomes*".[lxxxv]

Ro points out that, of course, this does not mean that certain groups are more vulnerable to COVID-19; it also means they are "*more vulnerable to its economic consequences*".[lxxxvi] We are advised by Joseph Stiglitz, the poorest populations are more likely to have chronic conditions, which put them at higher risk of COVID-19-associated mortality.[lxxxvii] We are further advised that, in the UK, poverty rates are "*twice as high for BAME groups as for white groups*".[lxxxviii] In this respect, it has been indicated that, as they have no financial buffers, government responses to mitigate Covid-19 spread risks pushing them "*even deeper into poverty*".[lxxxix]

In an American context, Andrew Buncombe has pointed out that Democratic Presidential aspirant, Bernie Sanders has denounced the "*systemic racism*" he claims is responsible for the huge disparity of coronavirus deaths among the African American community. He indicates that, amid growing evidence that "*people of colour*", especially African Americans, make up a disproportionate number of those being infected or killed by the virus. Sanders indicated that this was the result of racism "*embedded*" in every aspect of society and a "*dysfunctional healthcare system*".[xc]

Jabeer Butt, chief executive of the Race Equality Foundation asserts that it is no surprise that a pandemic such as this is going to impact those on the "*sharp end of inequality*" but unfortunately, Britain's black and minority communities are at that "*sharp end*".[xci] He points out that poorer quality work and poorer housing,

are all having a negative impact on people's ability to manage their health and wellbeing, and that, over the last ten years, the quality of accommodation for "*Black and minority ethnic communities*" has deteriorated, with overcrowding.[xcii] He declares that health inequality should be taken into account in the policy and advice on treating Covid-19 patients and one would have thought clinical guidance would have highlighted this as a "*risk factor*", so that ethnicity and the greater risk it correlates to would be part of the decision-making" around a patient's care. He identifies this "*lack of leadership*" on the impact of Covid-19 on ethnic minorities as "i*nstitutional racism*".[xciii]

Similarly, Roger Kline, a research fellow at Middlesex University and specialist in workforce culture and racial discrimination in the health service points out that some groups of BAME staff are more likely to be at risk, with long-term health conditions like hypertension and diabetes and may at the same time face higher risk and be more likely to be on the front line, outside of very strict PPE (personal protective equipment) areas.[xciv] In this regard, the government is failing in two ways. Failing to identify ethnicity as a risk factor, and failing to tell us who is dying, and what their ethnicity is. They are dying every day, excessively, which could be classified as racism.[xcv]

Further, that "*persistent environmental injustice*" results in disproportionately high numbers" of ethnic minority households in North America and Europe, living near incinerators and landfills, and schools with "*high proportions of minority students*" located near highways and industrial sites, for both "*economic and non-economic reasons*", which affects vulnerability to lung inflaming conditions like asthma and COVID-19.[xcvi] Ro indicates that "*racial biases*" also play a role, as in the United States, where surveys have found that medical staff are "*more uncertain and less communicative" with non-White patients"* and a 2016 study indicating that White medical students were "*surprisingly*" likely to believe that Black patients experience less pain than White people, "*all the more disturbing*", given their "*expected understanding of biology*".[xcvii]

Ro further points out that, then there is "*racism itself*" and that "*allostatic load (or weathering*", which refers to "*accumulated psychological burden*" from the stresses caused by racism and race related disadvantage, such as the "frequent secretion of stress hormones".[xcviii] She asserts that, while weathering is more severe for people with "low socioeconomic status", studies suggest that it affects the "health deterioration" and "mortality" of higher income African Americans, especially women, as well, including their newborns, with medical staff themselves may not be shielded from these effects, with ongoing investigation into why the "*first 10 doctors in the UK reported to have died from COVID-19 were all BAME*".[xcix]

Around the world, certain racial and ethnic groups are "*disproportionately*" represented in "*at risk professions*", with 26.4% transport staff in London from BAME groups, as opposed to 14% for all of England and Wales.[c] Ro indicates that "people of *colour*" are substantially more likely to be "*unemployed, underemployed or precariously employed*", which makes them "*especially likely*" to undertake "*hazardous, temporary or gig economy work*", such as delivering food.[ci] The Government minister, Simon Clarke confirmed, in April, that 49 NHS staff had died, although the total is thought to be much higher. In this regard, it has been indicated that at least 100 health and care staff working on the frontline in the UK are now believed to have died from coronavirus.[cii]

She further points out that, in general, "*undocumented people*" are especially unlikely to seek formal medical care "out of fear of being reported to law enforcement.[ciii] Similarly, Ro asserts that overcrowding is likelier to affect lower income groups across the globe, from "Native American families to displaced Rohingas" and that, with a disease "*as infectious as COVID-19*", it is easy to see how that could translate to "poorer outcomes". She indicates that the same is true of just 2% of White British households, with Bangladeshi, Indian and Chinese households in the UK having higher rates of elderly people living with children, which is a "*clear vector*" for passing on COVID-19 to the "*most vulnerable age group*".[civ] She points out that "*precarious housing*" is another challenge, as people who are homeless or "*vulnerably housed*", are less able to observe "*social distancing and self-isolation*", with at least 31% of homeless households in the UK "*prioritised for assistance*" being non-White, whereas non-White people make up only 14% of the overall population of England and Wales. About 40% of black Africans in London live in overcrowded housing,[cv] and that Somali housing in the UK has for long been "*characterised by overcrowding, poor physical conditions*"[cvi] and the phenomenon of "hidden homelessness".[cvii]

As we are advised by the Anti Tribalism Movement, a large number live in flats "*without gardens or even balconies*", with two or three generations commonly living together in small spaces.[cviii] This is a critical concern given the indication that vitamin D, which is produced by the body in response to sunlight, helps regulate the sometimes fatal inflammatory response caused by the virus. This is particular concern for BAME communities because melanin in the skin lowers the rate at which the body creates it. It has been asserted that vitamin D deficiency in some BAME individuals could be a potential factor for the disproportionate impact of the corona virus disease.[cix] In this regard, David Grimes, a former consultant physician in the North-West "who has been looking at excess mortality among the BAME population for 30 years", in a study of vitamin D levels in the town of Blackburn, found "*more serious average*" vitamin D deficiency among British Asians than the white British population.[cx] Dr Collin

Bannon points out that vitamin D is needed for many reasons, including correct functioning of the immune system. And that here is a reasonable chance that vitamin D replacement could help reduce the risk "*we are seeing playing out so tragically in the BAME community*".[cxi]

In a study, by researchers from Trinity College in Dublin, Ireland of the high prevalence of Vitamin D deficiency in Northern Hemisphere countries and the possible role of vitamin D in suppressing the severe inflammatory responses seen in very ill COVID-19 patients and in COVID-19 deaths, it was found that all countries that lie below a latitude of 35 degrees North have relatively low mortality from COVID-19, whereas people in countries that lie thirty-five degrees North and above receive insufficient sunlight for adequate vitamin D levels in winter and spring, including Italy and Spain, "*which have low population levels of vitamin D*" , with the mortality rates from COVID-19 being higher at these latitudes, with the exception of Nordic countries, ""where vitamin D supplementation is widespread and deficiency much less common". The report asserts that further research is '*urgently needed*' to assess whether there may be a correlation between vitamin D status and severity of COVID-19 but says that, in the meantime, governments should be "advocating supplementation of the vitamin".[cxii]

The Anti Tribalism Movement point out that the "*effects of lockdown are heightened*", with mental and physical health "*worsened*" in the "*absence of fresh air and exercise*" when access to public spaces remains "*curtailed*", self-isolation at home is impossible even when necessary, as where one or more are at-risk key workers or have Covid-19 symptoms.[cxiii] In this respect, it has been indicated that "*latest available figures*" show an estimated 95% of UK Somalis live in rented accommodation, of which about 80% are in the social housing sector,[cxiv] with loss of income due to shutdown, eviction and high rent arrears are real threats.[cxv] Sadly, one in five UK renters in shutdown say they are having to choose whether to pay for rent, or for food.[cxvi] Ro indicates that it is important to remember that "*residential segregation*" isn't simple a by-product of "*income inequality*", but is also a result of "systematic and widespread housing discrimination on the basis of race, caste and "*other identity linked factors*".[cxvii]

There is a suggestion that even language has a "*marginalising effect*" on some groups around the world, with much of the initial public health guidance around COVID-19 has been in "*dominant languages*". Salman Waqar, Academic Registrar at Oxford University and General-Secretary of the *British Islamic Medical Association* asserts that there needed to be a "better understanding", at the beginning of the pandemic, that these messages may not necessarily get through to the "*grassroots*". He further points out that terms like "social

distancing" and messages about safety measures have been difficult to translate into a number of languages.[cxviii]

In "*post-pandemic life*", inequalities that led to the differential infection and death rates are likely to be further solidified.[cxix] Since the pandemic has "*perpetuated an economic crisis*", unemployment rates will rise "*substantially*" and "*weakened welfare safety nets*" further threaten health and social insecurity.[cxx] It has been pointed out that those most in need of a welfare safety net may suffer "*irremediable harm*" when these safety nets are withdrawn as a response to "*economic crisis*" caused by the pandemic. Thus, the vicious circle is complete and this "*emerging narrative*" is causing "*significant alarm and fear*" amongst the UK's BAME populations.[cxxi]

There is the suggestion that novel coronavirus doesn't discriminate, but that the "legacy of racism" creates harsher consequences for Black people.[cxxii] Lisa Deadrick asserts that the virus is reminding us of the ways in which structural racism and inequality infect multiple areas of people's lives. For Black people, the systems and institutions that have been built on and sustained by this racism, "*repeatedly leave us suffering greater consequences*".[cxxiii]

It is of some concern that the coronavirus pandemic has spurred much racist and xenophobic hate speech, particularly targeting Muslims. Recent research conducted by Professor of Criminology at Birmingham City University, Imram Awan and Roxana Khan-Williams, has indicated that the coronavirus has sparked online hate speech targeted at Muslims and "an influx of Islamophobic fake news" on social media sights.[cxxiv] The study carried out by Imran Awan, Professor of Criminology at Birmingham City University and Roxana Khan-Williams, found that Islamophobic online 'Cyber Hubs' were being formed which linked Muslims to the spread of COVID-19, spread anti-Muslim memes and shared fake news stories. This research analyzed posts across Facebook, Twitter and Telegram, "*as well as content commonly shared across WhatsApp groups*", and revealed that a "*significant number of users across the platforms*" shared content portraying Muslims as a "*key contributor*" to the spread of the coronavirus pandemic.[cxxv] Imram Awan pointed out that:

> "*The rise of fake news and how social media spreads it has led to a lot of these myths produced by the far-right being spread to the point that some have actually made their way into mainstream media, despite being debunked*". *What this report demonstrates is how the COVID-19 crisis has been used to create 'others' of Muslims blaming them for the spread of the virus, and the extent to which the spread of fake news online is contributing to this extremely worrying trend".*[cxxvi]

A British-Chinese journalist has argued that the "*coronavirus panic"* is making the UK a more "*hostile environment*" for Chinese people. He posits that the pandemic has created a kind of environment where people are more "*panicked*", with the coronavirus being "*racialized as a Chinese virus*", making people more fearful of Chinese people.[cxxvii] Sky News have revealed that at least 267 hate crimes were recorded against Chinese people between January and March during the COVID-19 crisis, including victims being "*punched, spat at and coughed on*" in the street. The research indicates that, according to data released by UK police forces, the rate of offences in the first three months of 2020 was nearly three times that of the previous two years.[cxxviii]

In response to these alarming statistics, the shadow home secretary, Nick Thomas-Symonds, has asserted that the rise in hate crimes against Chinese people in the UK is "*totally unacceptable*" and offenders should face "*the strongest possible consequences*".[cxxix] According to the Liberal Democrats the government has admitted it does not know the true number of anti-Chinese hate crimes in the UK because "*information is not routinely collected about the ethnicity of victims*".[cxxx] The Chair of Chinese for Labour, Sarah Owen, has stated that political leaders must speak out against a rise in anti-Chinese racism in the wake of the coronavirus outbreak, as there had been a worrying rise in "*sinophobia*" since the disease first emerged in Wuhan. The Luton North MP, who is said political leaders must "take a proactive stance against casual, sometimes unthinking, prejudices as well as racist attacks to ensure they do not continue". Writing for anti-racist campaigners "*Hope Not Hate*", Ms. Owen pointed to polling which showed that 54% of Brits believe that "*China is to blame for the coronavirus*".[cxxxi]

Further, it has been pointed out that there's been an "*uptick of rhetoric*" blaming China and the Chinese people, in particular, for the coronavirus outbreak and that instead of using "*neutral and scientific*" language like "*coronavirus*" and "*Covid-19*," people are posting online about the "*Chinese virus*," "Chinese coronavirus," "*Wuhan virus*," or the "*Kung Flu*".[cxxxii] In an American context, it has been asserted that much of this "*ramping-up*" can be linked to public statements and social media posts by Republican politicians, including US president Donald Trump. Hanna Kozlowska has stated that the "*dog-whistle language*" is just part of the problem, with blatantly "*anti-Asian racism*" and ""*China-centered conspiracy theories spreading across the internet*".[cxxxiii] She points out that an atmosphere of "*hate and stigmatization*" is already having harmful consequences out in the real world, with incidents of racial hatred and violence toward Asians having been reported in several countries since the virus began spreading.[cxxxiv] She points out that politicians are the most "*effective trolls*" and that the "*anti-Chinese discourse*", whether veiled or apparent, has been online from the very beginning of the outbreak, but, despite a direct plea on March 2

from the World Health Organization, there's been a clear increase starting in the second week of March.[cxxxv] Kozlowska advises that in "*everyday life*" there have been numerous reports of physical and verbal abuse of East Asian people, but sometimes it can be more "*subtle*".[cxxxvi]

Ironically, China itself has been guilty of discriminating against Africans. Barry Sautman indicates that, because the African population in China was small, some observers saw these events as a "*manifestation of a vestigial xenophobia*" not as part of a "*developing trend of thought*" within a "*key segment*" of Chinese society. He asserts that, placed next to the "*brutal ethnic conflicts that plague much of the world*", the "*episodic, non-lethal incidents*" in China seemed "*evanescent*", with only "*fleeting implications*" for China's foreign policy.[cxxxvii] However, racist attacks on and discrimination against Africans has been going on for some time, with expressions of anti-black sentiment by Chinese students having "*caught the world's attention periodically*" since the end of the 1970s.[cxxxviii] Demonstrations against African students in Nanjing and other cities between late 1988 and early 1989 received wide press coverage.[cxxxix]

More recently, Hsiao-Hung Pai advises that, today, Africans in Guangzhou, China are being "demonized *over Covid-19*", but the "*roots of this prejudice*" go back centuries.[cxl] Bonnie Girad advises that, where racism is found in China, there can be little argument that no group is more racially targeted and maligned than persons of sub-Saharan African descent.[cxli] Hsiao-Hung Pai indicates that migrants from sub-Saharan Africa have become the "*primary target of suspicion*", racial discrimination and abuse, amid public fear of a "*second wave of Covid-19*".[cxlii] He indicates that it started with the local government in Guangzhou "*implementing surveillance*", conducting "*compulsory testing*" and enforcing a 14-day quarantine for all African nationals, even if they had earlier been "*tested negative*" and hadn't recently traveled outside China.[cxliii] The all-out assault on Africans living in Guangzhou has been documented in recent weeks in video and stories of Chinese police rounding up Africans, forcing them out of their homes and hotels, and putting them out on the street in a backlash against those thought most likely to be carriers and transmitters of the coronavirus.[cxliv]

In Yuexiu district, the largest African migrant community in China, many Africans were "*evicted by landlords*", despite having paid their rents, and left to sleep rough on the streets. He indicates that, in an echo of "*apartheid South Africa or segregation-era United States*", a "*colour bar*" was imposed across the city, Africans being refused entry by hospitals, hotels, supermarkets, shops and food outlets.[cxlv] At one hospital, even a pregnant woman was denied access. In a department store, and an African woman was stopped at the entrance while her white friend was allowed in. Further, in a McDonald's restaurant, a notice was

put up saying "*black people cannot come in*". The widespread racism has caused a huge public outcry across Africa, shared on social media under the hashtag "*#ChinaMustExplain"*.[cxlvi]

Girad points out that local authorities were "*unconcerned*" with potential accusations of racism, and concern only came at a national level once embassies, leaders, and citizens from dozens of African countries began vociferously protesting China's treatment of their citizens.[cxlvii] Hsiao-Hung Pai advises that the official Chinese responses were at first "*silence or denial*" and that State media such as "*Global Times and Xinhua*" failed to report the story in the first few days after the news broke in African news outlets. Later, the Chinese authorities began to recognise the reports of racism as "reasonable concerns", though migrants continue to feel unsafe.[cxlviii]
We are advised that:

> "*Many who have watched China's unprecedented commercial and investment entry into Africa have wondered when the long history of Chinese racism toward Africans would again overshadow Beijing's preferred narrative. The COVID-19 pandemic has now proven the perfect setting for the resurgence of this ugly phenomenon*".[cxlix]

Roberta Timothy, Assistant Professor in Social and Behavioural Health Science at the Dalla Lana School of Public Health at the University of Toronto, advises, that based on her research, she believed that the "*actions and omissions*" of world leaders in charge of fighting the COVID-19 pandemic will reveal "*historical and current impacts of colonial violence*" and "*continued health inequities*" among African, "*Indigenous, racialised and marginalised*" folks. She indicates that in her recent discussions about COVID-19 with family friends and colleagues globally, about the impact of the coronavirus on the health of "*African, Indigenous, racialized and marginalized folks*", the question often asked is: how will we navigate health systems that continuously violate us? She queries whether "*intersectional social locations*", such as race, indigeneity, age, (dis)ability, gender/gender identity, sexual orientation, refugee status, class and religion will play and "*implicit role*" in health care workers' decisions?[cl]

Omar Khan, Director of the Race Equality Think Tank of the Runnymede Trust points out that racism is a "*matter of life and death*" and that even before the coronavirus pandemic, racial inequalities in health, education, housing and employment have shaped the lives of BAME groups from "cradle to grave", with the pandemic bringing the "*harsh realities of these longstanding inequalities*" into "*sharp focus*", making it clear why race should be viewed as a "*social determinant of health*".[cli] He asserts that, the patterns we're seeing are not "*random*" but instead track "*existing social determinants of health*". He contends that, in employment terms, "*ethnic minorities*" in Britain are already more likely to

work in insecure, low paid jobs and more likely to be unemployed, while, in housing, they represent more than half of all "*overcrowded households*", are less likely to own their home and have 11 times less "*green space*" to access. He concludes that their employment and housing circumstances mean they are "*more likely to be in contact with more people*" and are more at risk of contracting COVID-19.[cliii]

Therefore, even during this pandemic, it is crucial to reflect on the history of racial discrimination.[cliii] It is important to consider that:

> "*Ideologies of superiority and inferiority with their attachment of negative meaning to difference have left their legacies. The structures and systems designed to dominate and subjugate fellow human beings in the ages of slavery, colonialism, imperialism and apartheid have continuing effects. The present use of political, social, economic, military and cultural mechanisms to perpetuate unequal power relations, remain serious contemporary challenges for the many who desire real social justice, human rights and freedom for all* "[cliv]

Racism has been described as a "*virus*",[clv] and in an American context, but of equal concern in our present discussion, it has been argued that rich, white, and educated are those who probably are at greatest risk of being infected with racism. This may well explain the fact that "*the virus of racism is by no means subdued*" in the United States, since it is the rich, White, and educated establishment which sets the intellectual and moral tone of the society.[clvi]

In the *Stephen Lawrence Inquiry Report*, institutional racism was defined as the "*collective failure*" of an organisation to provide an "*appropriate and professional service*" to people because of their "*colour, culture, or ethnic origin*". It can be seen or detected in "*processes, attitudes and behaviour* "which amount to discrimination through "unwitting prejudice, ignorance, thoughtlessness and racist stereotyping" which disadvantage "minority ethnic people".[clvii] Professor Gus John asserts that, in the Stephen Lawrence Inquiry Report, Macpherson's construct of unwitting prejudice has been translated into "*unconscious bias*", that gives rise to attitudes and behaviours which people with "*protected characteristics*", as defined by the **Equality Act 2010**, experience as discrimination or exclusion on account of discrimination. He points out that the problem with "*unconscious bias*", however, is that it is more often than not assumed to relate to actions, behaviours and decision making of individuals, as distinct from "institutional structure, policies, processes and practices.[clviii] John indicates that Sivanandan offers a more critical alternative definition of "*institutional racism*":

> "*Institutional racism is that which, covertly or overtly, resides in the policies, procedures, operations and culture of public or private institutions, reinforcing individual prejudiced and being reinforced by them in turn*".[clix]

Carmichael and Hamilton contend that:

> "*Racism is both overt and covert. It takes two, closely related forms: individual whites acting against individual blacks, and acts by the total white community against the black community. We call these individual racism and institutional racism. The first consists of overt acts by individuals, which cause death, injury or the violent destruction of property. This type can be recorded by television cameras; it can frequently be observed in the process of commission. The second type is less overt, far more subtle, less identifiable in terms of specific individuals committing the acts. But it is no less destructive of human life. The second type originates in the operation of established and respected forces in the society, and thus receives far less public condemnation than the first type.....The society either pretends it does not know of this latter situation, or is in fact incapable of doing anything meaningful about it*".[clx]

It has been argued that "*unconscious bias*", racism and bigotry is "*automatic, effortless and implicit*", which means acting first and justifying actions in line with "*conscious set of values*", which is a phenomenon known as a rationalisation.[clxi] Further, it has been posited that the unconscious processes dictating racist behaviours take place automatically, with little concern for processing "*conscious information".*[clxii] Stoycheva and Kwan assert that "*overt health concerns*" have given people permission to act out their "*unconscious biases*" and racism, providing a "*convenient rationalisation", and this is not to say that "automaticity*" cannot be "overridden, but to do so requires "*conscious and effortful action*". They argue that, in times like this, when one can easily find a "*convenient rationalisation*" in addition to one's "*cognitive resources*" already being taxed by the experience of mass panic, one is "*simply less likely to do so*". The problem with racism and bigotry is that most people will not admit even to themselves that a problem exists, which is a necessary step if the problem is going to be "*addressed and resolved*[clxiii]".

Such cognitive dissonance often causes a "*great deal of distress*", whether or not one is conscious of the source of it and to resolve this distress one resorts to "*rationalisations*", with racist biases embedded deep in the unconscious.[clxiv] The fact that "*unconscious processes*" exist does not mean that racism is justified or "*a given*" and it is likely that racism reflects "aggression" exacerbated by "*historical, cultural, and other environmental contexts*".[clxv] Further, we are advised that "*not that long ago*", when it was "*acceptable and legal*" to be "*racist*

and bigoted", holding such beliefs was "*legally accepted and socially encouraged*" and we continue to live in a culture where racism and sexism among a large group of people are "*provoked and fueled*" by "*significant leaders*" of our society for "*power and discriminatory policy making*".[clxvi]

As we are advised by Stuart Hall, the fact that the grounding of ethnicity in difference was deployed, in the discourse of racism, as a means of disavowing the realities of racism and repression does not mean that we can permit the term to be permanently colonised and appropriation will have to be contested, the term disarticulated from its position in the discourse of 'multi-culturalism' and transcoded, just as we previously had to recuperate the term 'black' from its place in a system negative equivalences. The new politics of representation therefore also sets in motion an ideological contestation around the term, 'ethnicity'.[clxvii]

Jackson asserts that challenging racism, involves a range of complex and interacting issues and that racism is not confined to the beliefs of a few bigoted individuals, who simply do not know any better, but It is a set of interrelated ideologies and practices that have grave material effects, severely affecting Black people's life-chances and threatening their present and future wellbeing.[clxviii] He contends that racism is deeply rooted in British society's unequal power structure and is perpetuated from day to day by the intended and unintended consequences of institutional policies and practices. Institutional racism is in turn sustained by the false representations of 'common-sense' racism and media stereotypes.[clxix] In contradistinction to the concept of "*unconscious bias*" advanced by Mcpherson, one is left to conclude, as Derrick Bell, that, at some point, even the most non-inquisitive must begin to wonder whether there isn't some hidden connection that secures liberty, justice and economic empowerment for White people on the basis of the subordinate status of Black people.[clxx]

Gus John contends that the state exemplifies the failure to understand how structural, cultural, institutional and personal forms of racism and discrimination intersect and manifest in black people's experience of everyday life.[clxxi] Liz Fekete contends that what we are seeing today, through the ways in which racism has been redefined solely as personal hate, prejudice and bigotry is a process of erasure and dispossession. The historical experiences of BAME communities in this country are being jettisoned, leading to a process whereby we are all being dispossessed of the collective lessons we have learnt over several decades about the structures in society that perpetuate racism and hence the nature of the fight needed.[clxxii] Jackson argues that white academics with an interest in race must relinquish their self-appointed role as the

‘translators’ of Black cultures, in favour of analyses of White society and racism.[clxxiii] As asserted by Labour M.P., Claudia Webb:

> “*It is vital that our response to the coronavirus pandemic is defined by our solidarity and collective opposition to the politics of hate, bigotry, racism and discrimination of all kinds. Our diversity and tolerance are our biggest strengths. When we stand together, we will defeat the evils of racism and fascism.....The task ahead of us is not only to defeat racial discrimination and the rise of the far right, but also to build a society that works for all of us — not just a privileged few*”[clxxiv]

In the wake of the corona virus pandemic, comes an opportunity for reflection, critical race analysis and an opportunity to forge a path away from the morbid wake of a wider racial pandemic. This virus of racism and racial injustice has been the scourge of mankind for over 500 years. Clearly it cannot be business as usual, with it being imperative that, it be eradicated for the sake of future generations. It is imperative to engage effective anti-racist action against this viral racial infection to ensure the realisation of a society based on a foundation of social justice and equality of opportunity for all. As we are advised by Ruth Benedict:

> “*Racism is an ism to which everyone in the world today is exposed; for or against, we must take sides. And the history of the future will differ according to the decision which we make*”.[clxxv]

i Michael Crichton (2017): The Andromeda Strain. Vintage Books, New York

ii Nayyirah Waheed Quoted by A Moore (2014): "10 Quotes That Perfectly Explain Racism to People Who Claim to be Colour Blind" In the Atlantic Black Star Website, July 30. Available online <https://atlantablackstar.com/2014/07/20/10-quotes-perfectly-explain-racism-people-claim-theyre-colorblind/6/ >

iii Jawaharlal Nehru and Sarvepalli Gopal (2005): Selected Works of Jawaharlal Nehru. Jawaharlal Nehru Memorial Fund, New Delhi

iv In this paper Black is used in a political sense to include collectively people who have been defined in British academic discourse as Asian, African, African Caribbean, Mixed or BAME. It is capitalized to underscore the fact that it is being used as a noun

v James Rodger (2020): "The Reason COVID-19 is Called COVID-19 as Coronavirus UK Cases Soar" In the Birmingham Live Website. Available online <https://www.birminghammail.co.uk/news/uk-news/reason-covid-19-called-covid-17877456>

vi Rebecca Klar (2020): "WHO Special Envoy: COVID-19 Will 'Stalk Human Race' For A Long Time" In the Hill Website. Available online <https://thehill.com/policy/healthcare/492412-who-special-envoy-says-covid-19-will-be-a-virus-that-stalks-the-human-race>

vii Tucker Higgins (2020): "Global Coronavirus Cases Top 2.3 Million as Pandemic Forces Businesses to Shift Plans" In the CNBC Website. Available online <https://www.cnbc.com/2020/04/18/coronavirus-live-updates.html>; Rebecca Klar (2020): "WHO Special Envoy: COVID-19 Will 'Stalk Human Race' For A Long Time" In the Hill Website Website. Available online <https://thehill.com/policy/healthcare/492412-who-special-envoy-says-covid-19-will-be-a-virus-that-stalks-the-human-race>

viii European Centre for Disease Prevention and Control (2020): "COVID-19 Situation Update Worldwide as of 6, May 2020" In the European Centre for Disease Prevention and Control. Available online <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases >

ix European Centre for Disease Prevention and Control (2020) supra.

x Huang Y, Yang R, Xu Y, Gong P. Clinical Characteristics of 36 Non-Survivors With COVID-19 in Wuhan, China. medRxiv. 2020 Mar 5; Yash Paul Sharma (2020): "Rapid Response: Albumin and its Potential Role in COVID-19" In the BMJ, 2 February, Vol.368. Available online <https://www.bmj.com/content/368/bmj.m810/rr-57 >

xi D. Gopal , A. P. Kalogeropoulos and V. V. Georgiopoulou et al. (2010): "Serum Albumin Concentration and Heart Failure Risk" In the American Heart Journal, August Vol.160 (2); S. Stranges, L. B. Rafalson and J. Dmochowski et al. (2008): "Additional Contribution of Emerging Risk Factors to the Prediction of the Risk of Type 2 Diabetes: Evidence From the Western New York Study" In Obesity (Silver Spring) June Vol. 16 (6); Yash Paul Sharma (2020) supra.

xii Jamie Sullivan (2020): "A Corona Virus Update For the COPD Community" In the COPD Foundation Website, April 29. Available online <https://www.copdfoundation.org/COPD360social/Community/COPD-Digest/Article/1553/A-Coronavirus-Update-for-the-COPD-Community.aspx >

xiii Neel V. Patel (2020): "How Does the Coronavirus Work" In the MIT Technology Review Website, April 15. Available online < https://www.technologyreview.com/2020/04/15/999476/explainer-how-does-the-coronavirus-work/>

xiv Ibid.

xv Ibid.

xvi Ibid.

xvii Peter Russell (2020): "New Coronavirus: UK Public Health Campaign Launched" In The

Medscape Website. Available online <https://www.medscape.com/viewarticle/924664 >

[xviii] BBC (2020): "coronavirus confirmed as pandemic by WHO" in the BBC News websidt https://www.bbc.co.uk/news/world-51839944; Sarah Bosely 2020: "Who declares coronavirus pandemic" – The Guardian Wednesday 11th March available on line: https://www.TheGuardian.com/world/2020/Mar/11/who-declares-coronavirus-pandemic

xix Tom Ball, Charlotte Wace and Chris Smith et. al. (2020): "The Pandemic of Coronavirus Disease 2019 (COVID-19) Spread to the United Kingdom in Late January 2020 ("Hunt for Contacts of Coronavirus-Stricken Pair in York" In the Times, January 21. Available online < https://www.thetimes.co.uk/article/hunt-for-contacts-of-coronavirus-stricken-pair-in-york-dh363qf8k>

xx James Gallagher (2020): "Coronavirus: Latest Patient Was First to be Infected in UK" In the BBC News Website. Available online <https://www.bbc.co.uk/news/uk-51683428.html >

xxi GOV.UK (2020a): "Number of Coronavirus (COVID-19) Cases and Risk in the UK" In the GOV.UK Website, 24 March. Available online <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

xxii Ibid.

xxiii Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et. al. (2020: "Impact of Non-Pharmaceutical Interventions (NPIs) to Reduce COVID19 Mortality and Healthcare Demand " In the Imperial College Website. Available online <https://web.archive.org/web/20200316223332/https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf >

xxiv BBC (2020a): "Coronavirus: PM Says Everyone Should Avoid Office, Pubs and Travelling" In the BBC New Website, 16 March. Available online < https://www.bbc.co.uk/news/uk-51917562>

xxv BBC (2020b) "Coronavirus: UK Schools, Colleges and Nurseries to Close From Friday" In the BBC News Website. Available online <https://www.bbc.co.uk/news/uk-51952314>

xxvi BBC (2020c): "Coronavirus: Strict New Curbs on Life in UK Announced by PM" In the BBC News Website, 24 March. Available online < https://www.bbc.co.uk/news/uk-52012432>; Christopher Hope (2020): " What is in the Coronavirus Bill? Key Areas of the New Legislation" In the Telegraph, 25 March. Available online <https://www.telegraph.co.uk/politics/2020/03/25/coronavirus-bill-summary/ >

xxvii Conrad Duncan (2020): "Corona Virus:More Than 65 Million Jobs to be Lost in UK Lockdown, Study Predicts" In the Independent, 19 April. Available online <https://www.independent.co.uk/news/uk/home-news/coronavirus-lockdown-job-losses-unemployment-recession-university-essex-study-a9472966.html>

xxviii Phillipa Roxby (2020): "Coronavirus: 'Profound' Mental Health Impact Prompts Calls for Urgent Research" In the BBC Website. Available online <https://www.bbc.co.uk/news/health-52295894 >

xxix Nick Triggle (2020): "Coronavirus: How to Understand the Death Toll" In the BBC Website, 16 April. Available online <https://www.bbc.co.uk/news/health-51979654 >

xxx Nick Triggle (2020b): " Coronavirus: Nine in 10 Dying Have Existing Illness" In the BBC Website, 16 April. Available online <https://www.bbc.co.uk/news/health-52308783 >

xxxi Ashley Kirk (2020): "How Many Coronavirus Cases Are in Your Area?" In the Telegraph, 2 May. Available online <https://www.telegraph.co.uk/news/2020/05/02/coronavirus-cases-near-me-in-my-area-uk/ >

xxxii Molly Blackall (2020): "UK Care Home Covid-19 Deaths 'May be Five Times Government Estimate'" In the Guardian, 1 April. Available online <https://www.theguardian.com/world/2020/apr/18/uk-care-home-covid-19-deaths-may-be-five-times-government-estimate>; ITV (2020): "Care Home Residents Account For Up to Half of Covid-19 Deaths in Europe – WHO" In the ITV Website. Available online <https://www.itv.com/news/2020-04-23/care-home-residents-account-for-up-to-half-of-covid-19-deaths-in-europe-who/ >; Chris Giles (2020): "UK Coronavirus Deaths More Than Double Official Figure, According to FT Study" In the Financial Times, 22 April. Available online <https://www.ft.com/content/67e6a4ee-3d05-43bc-ba03-e239799fa6ab >

xxxiii BBC (2020d): “Coronavirus: UK deaths pass 26,000 as figures include care home cases” In the BBC Website. Available online <https://www.bbc.co.uk/news/uk-52478085 >; Molly Blackall (2020) supra.
xxxiv Ibid.
xxxv ITV (2020) supra.
xxxvi ITV (2020) supra.
xxxvii Office of National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinmarch2020>
xxxviii Ibid.
xxxix Ibid.
xl Ibid.
xli Ibid.
xlii Ibid.
xliii Ibid.
xliv Ibid.
xlv Ibid.
xlvi Julia Smith (2020): “Gender and the Corona Virus Outbreak” In the Thin k Global Health Website, February 4. Available online <https://www.thinkglobalhealth.org/article/gender-and-coronavirus-outbreak >
xlvii Ibid.
xlviii Roger Henderson (2020): “Coronavirus deaths: why are more men dying from COVID-19 than women?” In the Net Doctor Website. Available online <https://www.netdoctor.co.uk/conditions/infections/a32329322/coronavirus-men-women/>
xlix Ibid.
l Julia Smith (2020) supra.
li Robert Booth (2020): “BAME groups hit harder by Covid19 than white people, UK study suggests” In the Guardian, 7 April, Available online < https://www.theguardian.com/world/2020/apr/07/bame-groups-hit-harder-covid-19-than-white-people-uk>; Inzamam Rashid (2020): “Corona Virus: UK Launches Review Into Why Ethnic Minorities Worst Hit by COVID-19” In the Sky News Website, Thursday, 16 April. Available online < https://news.sky.com/story/coronavirus-review-to-be-launched-into-why-ethnic-minorities-worst-hit-by-covid-19-11974116>; Olivia Petter (2020): “Coronavirus: BAME Groups More Likely to be Worst Affected by COVID-19 Than White People” In the Independent, Wednesday, April, Available online < https://www.independent.co.uk/life-style/health-and-families/coronavirus-bame-white-covid-19-study-a9454496.html>
lii Ibid.
liii Caelainn Barr, Niko Kommenda and Niamh McIntyre et. al. (2020): “Ethnic Minorities Dying of COVID-19 at Higher Rate, Analysis Shows” In the Guardian, Wednesday, 22 April. April. Available online <https://www.theguardian.com/world/2020/apr/22/racial-inequality-in-britain-found-a-risk-factor-for-covid-19>
liv Ibid.
lv Ibid.
lvi Joe Roberts (2020): “High Number of BAME Coronavirus Deaths Magnifies UK’s institutional Racism” In the Metro, 23 April. Available online <https://metro.co.uk/2020/04/23/high-number-bame-coronavirus-deaths-magnifies-uks-institutional-racism-12597470/ >
lvii Ibid.
lviii Ibid.
lix Ibid.
lx Ibid.
lxi Ibid.
lxii Ibid.
lxiii Nosheen Iqbaal (2020): “Failure to Record Ethnicity of COVID 19 Victims a Scandal, Says BMA Chief: Dr Chaand Nagpaul Says Data Must Be Gathered Now to Save Lives of UK BAME

Citizens" In the Guardian, Saturday, 18 April. Available online <https://www.theguardian.com/world/2020/apr/18/failure-to-record-ethnicity-of-covid-19-victims-a-scandal-says-bma-chief >

lxiv A. Blann, J. Hewitt and F. Siddiqui *et. al*. (1999): "Racial background is a Determinant of Average Warfarin Dose Required to Maintain the INR Between 2.0 and 3.0" In British Journal of Hematology, Vol. 107; London Health Observatory (2006): "Indications of public health in the English Regions*"* in Ethnicity and Health. Vol. 4. Available online <http://www.lho.org.uk/viewResource.aspx?id=9841>; P. Kumarapeli, R. Stepaniuk and S. de Lusigan et. al. (2006): "Ethnicity recording in general practice computer systems" In Journal of Public Health, Vol.28 (3). Available online <https://academic.oup.com/jpubhealth/article/28/3/283/1515997>

lxv London health Observatory (2005): "Ethnic Health Intelligent Program (EHIP)—Ethnicity Coding" Available online <.http://www.lho.org.uk/Health_Inequalities/EHIP/EthnicityCoding.aspx>; P. Kumarapeli, R. Stepaniuk and S. de Lusigan et. al. (2006): "Ethnicity recording in general practice computer systems" In Journal of Public Health, Vol.28 (3).

lxvi Gulnaz Iqbal, Mark R. D. Johnson and A la Szeczepura et. al. (2020): "Ethnicity Data Collection in the UK: The Healthcare Professional's Perspective" In the Diversity and Equality Health Care Website. Available online < https://diversityhealthcare.imedpub.com/ethnicity-data-collection-in-the-uk-the-healthcare-professionals-perspective.php?aid=1778>

lxvii London health Observatory (2005) supra.; A. E. Boyd, S. Murad and S. O'shea *et al*. (2005): "Ethnic Differences in Stage of Presentation of Adults Newly Diagnosed with HIV-1 Infection in South London" In HIV Medicine, Vol. 6; Gulnaz Iqbal, Mark R. D. Johnson and A la Szeczepura et. al. (2020) supra.

lxviii Katie Saunders (2014): "Do NHS Records Reflect Patient Ethnicity?" In the Significance Website, 28 November. Available online < https://www.statslife.org.uk/health-medicine/1940-do-nhs-records-reflect-patient-ethnicity >

lxix M. Johnson (2012): "Problems and Barriers in the Collection of Ethnicity and Migration Related Data" In D.Ingleby, A. Krasnik and V. Lorant et. al. (eds.) Health Inequalities and Risk Factors Among Migrants and Ethnic Minorities. Apeldorn/Garant, Antwerp; Gulnaz Iqbal, Mark R. D. Johnson and A la Szeczepura et. al. (2020) supra.

lxx Katie Saunders (2014) supra.

lxxi Nosheen Iqbaal (2020) supra.

lxxii Ibid.

lxxiii Ibid.

lxxiv Ibid.

lxxv Ibid.

lxxvi Ibid.

lxxvii Ibid.

lxxviii Ibid.

lxxix Ibid.

lxxx Ibid.

lxxxi Ibid.

lxxxii Christine Ro (2020): "Coronavirus: Why Some Racial Groups Are More Vulnerable" In the BBC Website. Available online < https://www.bbc.com/future/article/20200420-coronavirus-why-some-racial-groups-are-more-vulnerable>

lxxxiii Ibid.

lxxxiv Ibid.

lxxxv Ibid.

lxxxvi Ibid.

lxxxvii F. Ahmed and J. Stiglitz et. al. (2020): "Why Inequality Could Spread COVID 19" In the Lancet Website. Available online <https://www.thelancet.com/journals/lanpub/article/PIIS24682667>

lxxxviii Debbie Weekes Bernard (2017): "Poverty and Ethnicity in the Labour Market" In the Joseph Roundtree Website. Available online <https://www.jrf.org.uk/report/poverty-ethnicity-labour-market>

lxxxix The Anti-Tribalism Movement (2020): "COVID -19 in the Somali Community: Urgent Briefing for Policymakers in the UK" In the Anti-Tribalism Movement Website. Available online, 23 April <https://theatm.org/wp-content/uploads/2020/04/COVID-19-Impact-on-the-Somali-Community-ATM-2020.pdf >

xc Andrew Buncombe (2020): "Coronavirus: Berniie Sanders Denounces Systemic Racism Behing Huge Disparity in African American Deaths" In the Independent, Tuesday, 7 April. Available online <https://www.independent.co.uk/news/world/americas/us-politics/bernie-sanders-coronavirus-black-african-american-deaths-chicago-wisconsin-racism-abhi-the-nomad-a9454096.html>

xci Anoosh Chakelian and Ben Walker (2020) supra.

xcii Ibid.

xciii Ibid.

xciv Ibid

xcv Ibid.

xcvi Christine Ro (2020) supra.

xcvii Ibid.

xcviii Ibid.

xcix Ibid.

c Ibid.

ci Ibid.

cii Sian Elvin (2020): "More Than 100 Frontline Workers Have Died From Corona Virus" In the Metro, 21 April. Available online <https://metro.co.uk/2020/04/21/100-medical-social-care-workers-thought-died-coronavirus-12586379/>

ciii Christine Ro (2020) supra.

civ Ibid.

cv F. Alahi and O. Kahn (2014): "Ethnic Inequalities in London: Capital For All" In the Runneymeade Website. Available online <https://trustforlondon.fra1.digitaloceanspaces.com/media/documents/London-Inequality-report-v3.pdf >

cvi D. Robinson and I Cole (2003): "Understanding Somali Housing Experiences in England" In the Sheffield Hallam University Website. Available online <https://www4.shu.ac.uk/research/cresr/understanding-somali-housing-experiences-england-pdf-124-mb >

cvii Open Society Foundations (2014): "At Home in Europe: Somalis in London – Somalis in European Cities" In the Open Society Foundation Website. Available online <https://www.opensocietyfoundations.org/uploads/cfbed57a-9d85-454f-9e8d-d65b3aeaf1b9/somalis-london-20141010.pdf>

cviii The Anti-Tribalism Movement (2020) supra.

cix Anoosh Chakelian and Ben Walker (2020): "Why is coronavirus hitting Britain's ethnic minorities so hard?" In New Statesman, 29 April. Available online <https://www.newstatesman.com/science-tech/coronavirus/2020/04/coronavirus-ethnic-minorities-BAME-communities-risk-racism >; Collin Bannon (2020): "Role of vitamin D deficiency in BAME medic deaths" In the Guardian, Wednesday, 15 April. Available online <https://www.theguardian.com/world/2020/apr/15/role-of-vitamin-d-deficiency-in-bame-medic-deaths>; Gov.Wales (2020): "Vitamin D advice for everyone: coronavirus" In the Gov.Wales Website, 22 April. Available online <https://gov.wales/vitamin-d-advice-everyone-coronavirus>; Vatsal G. Thakkar (2020): "Vitamin D and Coronavirus Disparities" In the Wall Street Journal, April, Available online <https://www.wsj.com/articles/vitamin-d-and-coronavirus-disparities-11587078141>; British Diabetic Association (2020): "COVID-19 / Coronavirus - Advice for the General Public "In the British Diabetic Association Website. Available online <https://www.bda.uk.com/resource/covid-19-corona-virus-advice-for-the-general-public.html>; Nikki Hancocks (2020): "Clear link between vitamin D deciency and severity of coronavirus, says researchers" In the Nutra Ingredients Website. Available online

<https://www.nutraingredients.com/Article/2020/04/28/Clear-link-between-vitamin-D-deficiency-and-severity-of-coronavirus-says-researchers>
cx Anoosh Chakelian and Ben Walker (2020) supra.
cxi Collin Bannon (2020): supra.
cxii Nikki Hancocks (2020) supra.
cxiii The Anti-Tribalism Movement (2020) supra.
cxiv J. Rutter and M. Latorre (2009): "Social Housing Allocation and Immigrants Communities" In the Equality and Human Rights Foundation Website. Available online <https://www.equalityhumanrights.com/en/publication-download/research-report-4-social-housing-allocation-and-immigrant-communities >
cxv The Anti-Tribalism Movement (2020) supra.
cxvi D. Gayle (2020): "Millions in the UK Having to Change Between Paying Rent and Eating" In the Guardian, 13 April. Available online <https://www.theguardian.com/world/2020/apr/13/millions-having-to-choose-between-paying-landlord-or-eating-research-suggests-coronavirus >
cxvii Christine Ro (2020) supra.
cxviii Ibid.
cxix The Anti-Tribalism Movement (2020) supra.
cxx F. Ahmed and J. Stiglitz et. al. (2020) supra.
cxxi The Anti-Tribalism Movement (2020) supra.
cxxii Lisa Deadrick (2020): "Novel Coronavirus Doesn't Discriminate, But Legacy of Racism Creates Harsher Consequences for Black People" In the San Diego Union Tribune, April 19. Available online <https://www.sandiegouniontribune.com/columnists/story/2020-04-19/novel-coronavirus-doesnt-discriminate-but-legacy-of-racism-creates-harsher-consequences-for-black-people >
cxxiii Ibid
cxxiv Birmingham City University (2020): "COVID-19 Sparks Online Islamophobia as Fake News and Racist Memes are Shared Online, New Research Finds" In the City of Birmingham Website. Available online < https://www.bcu.ac.uk/news-events/news/covid-19-sparks-online-islamophobia-as-fake-news-and-racist-memes-are-shared-online-new-research-finds >
cxxv Ibid.
cxxvi Ibid.
cxxvii Tom Swarbrick (2020): "Corona Virus Panic is Making the UK More Racist, Argues British Chinese Journalist" In the LBC Website, 2 February. Available online <https://www.lbc.co.uk/radio/presenters/tom-swarbrick/coronavirus-panic-uk-more-racist-british-chinese/ >
cxxviii David Mercer (2020): "Coronavirus: Home secretary urged to act on 'unacceptable' rise in anti-Chinese hate crimes" In the Sky News Website, Wednesday 6 May. Available online <https://news.sky.com/story/coronavirus-home-secretary-urged-to-act-on-unacceptable-rise-in-anti-chinese-hate-crimes-11983731 >
cxxix Ibid.
cxxx Ibid.
cxxxi Kevin Schofield (2020): "Labour MP calls on Political Leaders to Speak Out Against Anti-Chinese Racism During Coronavirus Outbreak" In the Politics Home Website, 30 March. Available online <https://www.politicshome.com/news/article/labour-mp-calls-on-political-leaders-to-speak-out-against-antichinese-racism-during-coronavirus-outbreak >
cxxxii Hanna Kozlowska (2020): "How anti-Chinese sentiment is spreading on social media" In the Quartz Website, March 25. Available online <https://qz.com/1823608/how-anti-china-sentiment-is-spreading-on-social-media/ >
cxxxiii Ibid.
cxxxiv Ibid.
cxxxv Ibid.
cxxxvi Ibid.
cxxxvii Barry Sautman (1994): "Anti-Black Racism in Post-Mao China" In China Quarterly, Vol. 138,

June
cxxxviii Emmanuel Hevi (1963): An African Student in China. Pall Mall, London; Bruce Larkin (1971): China and Africa, 1949–1970. University of California, Berkeley; Alexander Deconde (1992): Ethnicity, Race and American Foreign Policy Northeastern University Press, Boston; Barry Sautman (1994): "Anti-Black Racism in Post-Mao China" In China Quarterly, Vol. 138, June
cxxxix Alexander Deconde (1992): *Ethnicity, Race and American Foreign Policy.* Northeastern University Press, Boston;
Barry Sautman (1994) supra.
cxl Hsiao-Hung Pai (2002): "The Coronavirus Crisis Has Exposed China's Long History of Racism" In the Guardian, Saturday, 25 April, Available online <https://www.theguardian.com/commentisfree/2020/apr/25/coronavirus-exposed-china-history-racism-africans-guangzhou.>
cxli Bonnie Girad (2020): "Racism Is Alive and Well in China" In the Diplomat. Available online <https://thediplomat.com/2020/04/racism-is-alive-and-well-in-china/>
cxlii Hsiao-Hung Pai (2002) supra.
cxliii Ibid.
cxliv Bonnie Girad (2020) supra.
cxlv Hsiao-Hung Pai (2002) supra..
cxlvi Ibid.
cxlvii Bonnie Girad (2020) supra.
cxlviii Hsiao-Hung Pai (2002) supra..
cxlix Ibid.
cl Roberta K. Timothy (2020): "Coronavirus is Not the Great Equalizer: Race Matters" In the Conversation Website. Available online <https://theconversation.com/coronavirus-is-not-the-great-equalizer-race-matters-133867 >
cli Omar Khan (2020) : "Coronavirus Exposes How Riddles Britain is With Racial Inequality" In the Guardian, Monday, 20 April. Available online <https://www.theguardian.com/commentisfree/2020/apr/20/coronavirus-racial-inequality-uk-housing-employment-health-bame-covid-19 >
clii Ibid.
cliii Claudia Webb (2020): "Amid the Coronavirus pandemic, we must beware of the horrors of racism" In the Morning Star, March 31. Available online <https://morningstaronline.co.uk/article/oo/amid-coronovirus-pandemic-we-must-beware-horrors-racism >
cliv Nozipho January-Bardill (2013): "The International Legal Response to Racism" In OHCHR, Dimensions of Racism. Proceedings of a Workshop to Commemorate the End of the United Nations Third Decade to Combat Racism and Racial Discrimination, Paris, 19-20 February. OHCHR, Paris. Available online <https://www.ohchr.org/Documents/Publications/DimensionsRacismen.pdf >
clv Purnima S. Tripathi (2020): "The Virus of Racism" In the Frontline, April 24. Available online <https://frontline.thehindu.com/cover-story/article31249948.ece>; Milton Terris (1976): "Right On the Virus of Racism" In American Journal of Public Health, Vol. 66 (7).
clvi Milton Terris (1976): supra.
clvii William McPherson (1999): The Stephen Lawrence Inquiry. Report of an Inquiry by Sir William McPherson. Home Office, Cm 4262-I. Available online <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf >
clviii Gus John (2019): "20 years after McPherson - what has changed?" In the Centre for Crime and Justice Studies Website, Wednesday, 8 May. Available online <https://www.crimeandjustice.org.uk/resources/20-years-after-macpherson-what-has-changed>
clix CARF (1998): "What is Institutional Racism?" In the Institute of Race Relations Website. Available online <http://www.irr.org.uk/news/what-is-institutional-racism/ >; Gus John (2019) supra
clx Stokely Carmichael and Charles V. Hamilton (1992): Black Power: The Politics of Liberation.

Vintage Books, New York

clxi Valentina Stoycheva and June Lee Kwan(2020a): “The Everyday Unconscious Racism is Alive and Well: Terror Control in the Time of COVID-19. Part 1” In Psychology Today, March 9. Available online <https://www.psychologytoday.com/us/blog/the-everyday-unconscious/202003/racism-is-alive-and-well-terror-control-in-the-time-covid19 >

clxii Ibid.

clxiii Ibid.

clxiv Ibid.

clxv Valentina Stoycheva and June Lee Kwa n(2020b): ““The Everyday Unconscious Racism is Alive and Well: Terror Control in the Time of COVID-19. Part 2” In Psychology Today. Available online <https://www.psychologytoday.com/us/blog/the-everyday-unconscious/202003/racism-is-alive-and-well-is-prejudice-unconscious>

clxvi Ibid.

clxvii Stuart Hall (1978): “Racism and Reaction” In Commission For Racial Equality (eds.) Five Views of Multiracial Britain: Talks on Race Relations. Commission For Racial Equality

clxviii Peter Jackson (1987): Race and Racism: Essays in Social Geography. Allen & Unwin, London

clxix Ibid.

clxx Bell, Derrick (1993): “Remembrances of Racism Past: Getting Beyond the Civil Rights Decline” In Herbert Hill and James E. Jones jr. (eds.) Race in America: The Struggle for Equality. University of Wisconsin Press. Madison

clxxi Gus John (2019) supra.

clxxii Liz Fekete (2020): “Fault lines in the fight against racism and antisemitism” In the Institute of Race Relations Website. Available online, 7 February <https://www.jewishvoiceforlabour.org.uk/article/fault-lines-in-the-fight-against-racism-and-antisemitism/>

clxxiii Peter Jackson (1987) supra.

clxxiv Claudia Webb (2020) supra.

clxxv Ruth Benedict (1983): Race and Racism. Keegan Paul, London