

# Ethnic minority deaths and Covid-19: what are we to do?

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Desperate times offer opportunities for the light to come streaming in. Currently, we are seeing that light in the outpouring of support and love for health and care staff across the world during this pandemic. In the UK, a large proportion of those staff come from ethnic minorities and some are dying at a much higher rate than white staff. The same is true in the general population.

People from ethnic minority backgrounds constitute 14 per cent of the population but, according to [a recent study \(https://raceequalityfoundation.org.uk/health-care/coronavirus-information-and-resources/\)](https://raceequalityfoundation.org.uk/health-care/coronavirus-information-and-resources/), account for 34 per cent of critically ill Covid-19 patients and a similar percentage of all Covid-19 cases. These patterns are not unique to the UK – in Chicago, black people constitute 30 per cent of the population but account for 72 per cent of deaths from the virus.

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[Another analysis \(https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article\)](https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article) found that, of 119 NHS staff known to have died in the pandemic, 64 per cent were from an ethnic minority background (only 20 per cent of NHS staff are from an ethnic minority background). This disproportionate toll is shocking.

On 16 April the UK government announced a formal review, by Public Health England, into these higher death rates. We suggest that the review faces two key questions: why are people from ethnic minorities disproportionately affected by Covid-19 and what will we do about it? Our focus here will be on what must

change in the cultures of NHS organisations. First, we consider why so many more staff from NHS minority groups are dying during this crisis.

We need to be careful about rushing to judgement before we have all the facts. We know that [people from ethnic minority backgrounds tend to have higher co-morbidities](https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/) (<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>). For example, those from BAME (black, Asian and minority ethnic) backgrounds have higher incidences of cardiovascular disorders and diabetes which can reduce people's ability to recover from Covid-19. We also know that people from ethnic minority backgrounds constitute a disproportionately high number of key frontline workers – public transport drivers, cleaners, carers, Band 5 nurses, etc. In London, 67 per cent of the adult social care workforce are from minority ethnic group backgrounds. And those from ethnic minority groups are more likely to be concentrated in poorer areas, live in overcrowded housing and in inter-generational households.

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In short, people from ethnic minorities are more likely to have underlying health conditions that make them more vulnerable to the virus, work in roles where they are exposed to it and live in conditions in which it is more likely to spread. As the Mayor of London, Sadiq Khan commented: '...the depth of inequalities is being laid bare in stark fashion'.

These inequalities are manifestations of the structural barriers and systemic discrimination faced by people from ethnic minority backgrounds. For health and care staff from minority ethnic groups, these barriers are also a daily work hazard. NHS staff from minority ethnic groups suffer discrimination and racism throughout their careers. For example, a survey of 487 doctors who became NHS consultants in 2017, showed that white doctors applied for fewer posts; were more likely to be shortlisted; and were more likely to be offered a job. On average, black doctors in the NHS earn £10,000 less and black nurses earn £2,700 less annually than white colleagues. Minority ethnic group staff are systematically over-represented at lower levels of the NHS grade hierarchy and under-represented in senior pay bands.

**Staff survey data from the NHS shows that 29 per cent of ethnic minority staff have experienced bullying, harassment or abuse from other staff in the past 12 months.**