IN THE MATTER OF THE UK COVID-19 PUBLIC INQUIRY
BEFORE BARONESS HALLETT

MODULE 7: SECOND PRELIMINARY HEARING ON 6 FEBRUARY 2025 WRITTEN SUBMISSIONS FROM THE FEDERATION OF ETHNIC MINORITY HEALTHCARE ORGANISATIONS ("FEMHO")

I. INTRODUCTION

1. In these brief submissions, FEMHO seeks to advance two substantive points: i) Firstly, to highlight and contextualise the unique role of FEMHO members and, more generally, Black, Asian and Minority Ethnic health and social care workers in the issues under investigation in Module 7; and ii) Secondly, to underscore the fact that the much reported instances of issues touching inequality in the enforcement of test, trace and isolate ("TTI") measures may well be a reflection of racism, particularly of institutional racism from within the relevant enforcement agencies.

2. Whilst we do not intend to rehearse or repeat submissions previously made, we invite the inquiry team to revisit the issues - and suggested framework we put forward for the investigation of those issues – raised in our submissions for the first preliminary hearing when considering the formulation of the List of Issues for the module over the coming weeks and months.

II. ROLE OF HEALTHCARE WORKERS

3. In previous submissions, we have sought to highlight examples of the key role played by FEMHO members who operated within the UK health and social care system, in operationalising and implementing TTI strategies. This role has in many instances, been informal and improvisational; and plugged gaps in the emergency of the pandemic, which existed through health inequality and structural racism. One glaring example was the access that was granted to Black, Asian and Minority Ethnic communities for TTI initiatives through the personal networks and affiliation of ethnic minority employees, when the formal data systems proved dysfunctional as there was no system capacity for data capture based on ethnicity.

4. This Second Preliminary hearing has the benefit of evidence that has been heard in previous modules, including Module 4 regarding vaccines and therapeutic medicines. The evidence heard during the past few weeks of Module 4 hearings has confirmed systematic underrepresentation of Black, Asian and Minority Ethnic groups in clinical trials; and generally, the existence of massive deficits in trust between government and Black, Asian and Minority

Ethnic communities regarding vaccine uptake. This mirrors similar issues uncovered in Modules 2 and 3, and many of the same root issues exist in relation to TTI for Module 7. The contours of TTI, with its reliance on data and focused community outreach, were devised and rolled out during the pandemic. This was an emergency response that was more reactive than pre-planned; and it bore all the taint of historic distrust.

5. The evidence that has been established by the inquiry so far – certainly, during Module 4 regarding vaccine uptake, for example, is that much of the pandemic emergency responses required the enlisting of and/or reliance on ethnic minority healthcare workers as champions within their respective communities as trusted voices. This was similarly required in respect of TTI. With a background of distrust and in a healthcare data system that had no capacity for capturing ethnicity, there was a systemic lack of preparation for the unique challenges of Black, Asian and Minority Ethnic people and TTI. Whilst networks existed across the sector, they were by and large self-organised and self-supported and engagement with senior management and DHSC was not well established (often despite the best efforts of those networks).

6. FEMHO submits that it is necessary to embed and formalise the deployment of Black, Asian and Minority Ethnic healthcare staff in order to secure access to and effective engagement with Black, Asian and Minority Ethnic communities. We can see no other way to circumnavigate the real issues of trust and data deficiency that bedevil targeted infection control efforts by government within ethnic minority communities. The critical role of Black, Asian and Minority Ethnic healthcare workers should not just be harnessed only in the emergency of a pandemic; and cannot remain an *ad hoc* intervention left up to goodwill and voluntarism. Instead, as proffered by Sir Chris Whitty in the context of vaccine uptake, there should be formal acknowledgment and incorporation of this type of role with the jobs of Black, Asian and Minority Ethnic staff; and consequently, it should attract appropriate remuneration, resourcing and support.

7. FEMHO believes that there is scope to build in advocacy for TTI during "*peacetime*" non-pandemic conditions. This needs to become part of pre-planning that targets Black, Asian and Minority Ethnic communities. From all across the health sector, Black, Asian and Minority Ethnic workers should be deployed to systematically and proactively engage their communities around issues that are key to operationalising TTI. By deploying the expertise of Black, Asian and Minority Ethnic champions, there is greater opportunity for buy-in during a crisis. The inquiry must investigate the ways our members plugged these gaps in the pandemic; and how now in retrospect, there is opportunity to thoughtfully integrate and better support these interventions in a long term, programmatic way. As we put it in our application for this module:

> *"The Inquiry stands to gain valuable insights into the implementation of TTI strategies through an examination of the roles played by FEMHO members in their professional capacities. Particularly noteworthy is how they sought to address gaps in TTI implementation through their resourcefulness and acuity. In our application, we further highlighted the pivotal role we played – and the frustrations we experienced – in addressing TTI gaps, especially concerning the engagement of so-called 'hard-to-reach' communities. Our members have demonstrated remarkable resilience and ingenuity in devising innovative approaches to overcome*

barriers and ensure that marginalised communities are not left behind in public health efforts. By amplifying the voices and experiences of FEMHO members, the Inquiry can gain a deeper understanding of the challenges and opportunities inherent in TTI implementation and develop more inclusive and effective strategies for future pandemic response efforts."

III. ENFORCEMENT OF TTI MEASURES

8. FEMHO urges the inquiry to consider the unequal treatment in regard to the enforcement of TTI in the context of racism: in particular, institutional racism from within the NHS regarding policy; or various policy departments, in relation to penalties from Covid regulations. We submit that the experience in this regard reflects the wider societal concerns that have been expressed from our members and their respective communities.

9. Our members have cited alarming instances where minority ethnic staff were told that TTI policies did not apply to them, and/or where they were called back to work before their isolation period was due to end and before they had recovered. Many felt unable to object to these instructions and felt pressure to comply, as well as a strong sense of duty to remain able to work and care for the public given staff shortages. There was concurrent confusion over the guidance and approach to isolation for healthcare workers who lived together (including younger, more junior workers who live in shared accommodation with peers).

IV. CONCLUSION

10. FEMHO urges the inquiry to pursue these lines of enquiry in the context that we have outlined. Only with these considerations, will there be full ventilation of the issues. FEMHO looks forward to continuing to work collaboratively with the inquiry team to ensure a thorough examination of the TTI strategy and its impact on ethnic minority communities, ultimately leading to more effective and equitable public health policies.

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