



The Unequal Impact of Covid

10 Sep 2020

Over the past few months, it has become clear that the COVID-19 pandemic and its consequences are having a disproportionate impact on Black, Asian and other ethnic minority communities in the UK.

COVID-19 doesn't impact all ethnic minorities in the same way. Lumping minorities together as many did at the start of the pandemic was a mistake and missed essential differences between groups. The GMB is challenging the government to put new safety systems in place but can't do so alone. That's why taking the GMBs Black, Asian & Minority Ethnic Workers Survey and using our new tool kit is so important.

We need to understand the differences that exist; it is crucial for thinking about the role policy can play in addressing inequalities and risk, particularly in our workplaces. As the GMB gathers evidence to take to the government and employers to help make members safer at work. It's essential that they have as much information as possible. Your lived experience has never been so important.

For example, suppose a particular ethnic group is more likely to suffer from an underlying health condition that we know makes Covid-19 more serious. In that case, this could be the real cause of the raised risk, rather than their ethnicity. How employers act in those situations could have a significant impact on overall outcomes.

Compared with white British individuals over 60 years of age, Bangladeshis are more than 60% more likely to have a long-term health condition that makes them particularly vulnerable to infection, which may explain excess fatalities in this group. We must



improve our understanding of overlapping considerations in the workplace and put together strategies that reduce risk as much as practical.

Key workers finally got the recognition they deserved during the pandemic, but because of their critical work, they are at a higher risk of infection. For example, more than 20% of working-age African women are employed in health and social care roles. The Indian community makes up around 3% of the working-age population, yet they account for 14% of doctors.

If exposure turns out to be the most significant risk factor, occupational differences will become front and centre in the fight against Covid-19. Unions will have a big role to play and their members an even bigger one. Highlighting good and bad practices from our working environments may be what turns the tide in the long run. That's why we need to hear from you.

We will be living with coronavirus for many years to come. Experts warn that even a vaccine is unlikely to eliminate it for good. We need to learn lessons quickly and put measures in place that bear down on the virus and mitigate risk if we're to understand and improve occupational exposure.

Strategy papers should centralise insights from ethnic minority workers; that's what makes the GMB work in this area so important. Ethnic minority participants must be meaningfully involved right from the start, not bystanders, active participants. Research must go beyond understanding and also provide tangible strategies to aid action. To do that we need you to add your voice. Use the toolkit and take the survey.

The survey closes at 1pm on Friday 11th September.

