

NHS: COVERING UP A CRIME SCENE

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Shall we begin with the stark facts:

STARK FACTS:

US

In US Black people are 30% of the deaths while only 13% of the population:

According to Keeanga-Yamahtta Taylor in New Yorker on 16 April 2020

‘In Michigan, African-Americans make up fourteen per cent of the state’s population, but, currently, they account for thirty-three per cent of its reported infections and forty per cent of its deaths.The virus has shaken African-Americans in Chicago, who account for fifty-two per cent of the city’s confirmed cases and a startling seventy-two per cent of deaths—far outpacing their proportion of the city’s population.’

(<https://www.newyorker.com/news/our-columnists/the-black-plague>)

UK

In UK The Guardian found: ‘Black people are more than four times more likely to die from Covid-19 than white people,’

Black people have a 50% higher incidence of mortality after taking into account all other material factors

<https://www.theguardian.com/world/2020/jun/02/key-findings-from-public-health-englands-report-on-covid-19-deaths>

According to the latest ONS report:

‘Provisional analysis for the period 2 March to 15 May 2020 shows, that after taking into account size and age structure of the population, the mortality rate for deaths involving COVID-19 was highest among males of Black ethnic background at 255.7 deaths per 100,000 population and lowest among males of White ethnic background at 87.0 deaths per 100,000..... for all ages the rate of deaths involving COVID-19 for Black males was 3.3 times greater than that for White males of the same age, while the rate for Black females was 2.4 times greater than for White females.’

(ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020)

Many in the US have focused on the decades of neglect and so avoid focusing on the actual present day malfeasance. See Greenlining:

(
https://greenlining.org/press/news/2020/race-coronavirus-a-bay-area-conversation-virtual-town-hall/?gclid=CjwKCAjwi_b3BRAGEiwAemPNU4kqDwdGlZMWD8VIVeyQdvOyiDgWvEJ_j7uVuCJOjPWAdbUSnyaTDxoCrwQQAvD_BwE)

THE FALSEHOODS:

Both the UK and US governments have tried public diversions. The US under Dr Fauci tried to divert attention by referring to historical inequalities while the UK government invented out of whole cloth a differential morbidity and mortality. In the UK case this fabrication can easily be exposed in that in the prior year mortality among ethnic minorities was lower than among the white population according to ONS. This is entirely incompatible with their having higher comorbidities, as such factors would show up in higher mortality rates.

Dr Fauci stated:

‘Yeah, unfortunately that’s not surprising and the reason is there is a health disparity as we call it, that African Americans disproportionately suffer from diseases diabetes, hypertension, heart disease, and even some cancers like prostate cancer in African American men’

However UK studies disprove this calumny. According to the IFS Deaton review of 1May 2020 ‘Once you take account of age and geography, most minority groups ‘should’ have fewer deaths per capita than the white British majority.’

(
<https://www.iguality/chapter/are-some-ethnic-groups-mfs.org.uk/incore-vulnerable-to-covid-19-than-others/>)

He later added in testimony before Congress that he couldn't imagine that racism did not play a part because ‘the AfricanAmerican community has suffered from racism for a very, very long period of time’.

(
<https://www.independent.co.uk/news/world/americas/us-politics/coronavirus-dr-fauci-black-americans-covid-19-cases-racism-a9581866.html>)

It should be clear that Dr Fauci’s attempt to blame it on historical circumstances is a worthless diversion.

THE RIGHT QUESTION:

Often the most important matter is to ask the right question. This paper proposes that the right questions relate to two urgent issues:

- A) Rationing, and
- B) Adverse selection

To what extent is the result of differential mortality due to rationing and adverse selection?

RATIONING -

We are faced with the sudden pandemic. This took place in circumstances where there was a great shortage of resources, such as PPE (personal protective equipment,) testing availability, hospital bed availability etc. Many institutions were faced with the need to triage the supply of resources. The allegation here is that Healthcare providers deliberately biased the allocation of resources to the White population, even to the extent in the US of actually closing Black hospital emergency rooms thus freeing resources for white hospitals.

TESTING:

We know that testing was not equally rolled out across communities. As Ms Taylor wrote in the New Yorker:

“In Philadelphia, a scientist at Drexel University found that, in Zip Codes with a “lower proportion of minorities and higher incomes,” a higher number of tests were administered. In Zip Codes with a higher number of unemployed and uninsured residents, there were fewer tests. Taken together, testing in higher-income neighborhoods is six times greater than it is in poorer neighborhoods.”

Also note her report:

“In mid-March, Toni Preckwinkle, the president of the Cook County Board in Illinois, which encompasses Chicago, lamented the covid-19 crisis and proclaimed that “we are all in this together,” but, weeks later, she closed the emergency room of the public Provident Hospital in the predominantly black South Side. Preckwinkle claimed that the closure would last for a month and was a response to a single health-care worker becoming infected with the virus. Leave aside the fact that nurses, doctors, and other health-care workers have been testing positive for covid-19 across the country, and their facilities have not been shuttered. It is a decision that simply could not have been made, in the midst of a historic pandemic, in any of the city’s wealthy, white neighborhoods on the North Side.”

What this reveals is an extreme form of rationing: closing a South Side Emergency room would free up scarce Covid-19 resources for the white neighbourhoods.

It is important to note that merely placing Black people in senior positions either here or in the police may have negligible effect if these persons see their career as dependent on the approval of a power structure with a different agenda. ‘Preckwinkle is African-American, and the chairperson of the Cook County Democratic Party, but her decisions regarding Provident Hospital and Cook County Jail will still deeply wound African-Americans across Chicago.’ Thus it should come as no surprise that one of the officers involved in George Floyd’s killing came from an ethnic minority background, Tuo Thao, is a Hmong American.

(<https://dioknoed.blogspot.com/2020/06/who-is-tou-thao-hmong-american-charged.html>)

In one of the personally reported cases to members of NUJ London Freelance Branch, the NHS manager who openly discriminated against a Black nurse was himself Black.

There is a cumulative effect of rationing of clinical testing: the target individual not knowing they are positive for Covid-19 will not only continue at risk of the illness developing to a serious level but will also be spreading the virus uncontrollably.

HOSPITAL ADMISSIONS

Over and over again there are reports in US of Black people unable to get access to hospitals. In these cases the US evidence is circumstantial but extensive and detailed. There are examples of Black people living in predominantly white neighborhoods told to go to their 'local' hospital and refused care. This is in the full knowledge that hospitals in predominantly Black areas lacked resources. In effect they were being told to go away and die.

We would need to know whether in the UK Black people are being admitted as early as white people to care? We would need to know whether diagnostic referrals were being treated equally or whether Black people were consistently arriving 'late'.

TREATMENT

We would also need to ask whether once admitted Black patients were allocated respirators at the same stage of the illness as white people, and whether there was evidence of any other differential treatment given identical diagnosis.

ADVERSE SELECTION:

One of the key issues that needs to be addressed is adverse selection. Adverse selection would occur where the allocation of duties is disproportionately selecting one ethnic group against another. This is not something that the victim can easily 'feel'. For example we have come across reports of a late stage pregnant Black woman being given high risk duties in a coronavirus ward. If such allocation was disproportionately for Black nurses this would be a case of adverse selection. Often the manager can refer to a similar case involving a white member of staff. It is by evaluating the statistics that we can see if given a hospital with say 500 nurses with 30% from ethnic minorities what was the proportion of those in high risk duties. What was the proportion of reallocations i.e. nurses normally working in low risk areas reassigned to high risk areas? It is only when one knows the proportion that one can evaluate the situation. The case of the late stage pregnant Black nurse is so extreme one suspects that few white nurses will be found at late stage pregnancy given high risk duties. Adverse selection is not primarily aimed at revealing openly egregious activities but aimed at revealing concealed racism.

NHS: A CRIME SCENE?

Under the Equalities Act any activity that discriminates in such a way as illustrated above would be a criminal activity, and if widespread would be evidence of institutional racism. If senior Black staff are found complicit on a regular basis that would be prima facie evidence of a culture of fear and intimidation at senior levels in the NHS. In such circumstances the NHS is clearly potentially a crime scene. The procedure for potential crime scenes is well established. Evidence should be obtained as soon as possible, orders to prevent the destruction of potentially relevant documents should be issued, depositions taken as extensively as possible. Any proposal to investigate this matter AFTER the Covid-19 crisis is over is a blatant cover up. Any delay will

allow documents to be misplaced and memories to fail and would be a blatant signal of lack of serious intent on behalf of the UK government.

WHAT MUST BE REJECTED?

Dr Fauci's outrageous historical diversion ('health disparities have always existed for the African American community') - this statement is almost definitely false (how long is 'always?') but gives the impression nothing special is happening here. In fact a careful parsing of Dr Fauci's comments shows him to be actually saying something quite outrageous - that Black people are just generally unhealthy and there is nothing we can do about that!

(<https://african-century.org/covid-19-dr-fauci-to-black-america-we-dont-care/>)

CONCLUSIONS:

NHS: These are potential crime scenes not just hospitals.