



Scotland After

the Virus

Edited by
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justice. It is a public health and economic crisis that has weighed heavily on hearts and minds in homes and cells across the nation. What its legacy need not be is a crisis of our humanity. In emerging from it and pursuing a more just future, may our courage not be found wanting.

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CHAPTER 27

There is No Race Problem: Theorising the Absence of Racial and Ethnic Disparity Data in Scotland After COVID-19

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COVID-19 HAS LED to disproportionate rates of infection and death among racial and ethnic minority groups in the United States and the United Kingdom. Various social inequalities have always existed within modern democratic nations. However, COVID-19 has shown that the existing social inequalities in Western nations which are usually thought to pose no threat to democratic governance and practice within these societies have lethal consequences for the most marginalised populations (Curry, 2020). While the United Kingdom and the United States are trying to reconcile their ideology of humanism and colour-blindness with the growing evidence of anti-Black racism and racial discrimination throughout their various societies, Scotland remains exceptional (European Union Agency for Fundamental Rights, 2018). Whereas the US and the UK have made data disaggregated by race and sex publicly available, Scotland has not. This chapter asks policy and opinion makers in Scotland to consider how the ideological commitment to Scotland as a colour-blind and egalitarian society dictates the epistemological engagements the society has with race and racism, specifically anti-Blackness.

De-emphasising racism in the UK – because Britain and Scotland do not have the history of slavery or the institutional racism of the United States – is commonplace. While Black Americans have been victims of slavery and Jim Crow segregation, the UK claims no similar history, and consequently is thought not to have a similar racism. Colonialism is often thought to be different, more benevolent, and less dangerous, than American-style racism. The pandemic has highlighted, quite

contrary to the pronouncements of racial equality by the leaders and citizens of the United States and England, that racism is alive and well in their respective countries. The data shows significant health disparities, economic obstacles to opportunity and discrimination across the board despite the pronouncements and deniability of the public (Heath and Richards, 2020). A post-COVID-19 Scotland should track and report racial and ethnic data to the public in an effort to create a truly equal democratic society.

Compared to Scotland **The Consequence of Racial and Ethnic Minoritisation in the us and UK During COVID-19**

Throughout various government reports produced in the United States and England, racial and ethnic data is disaggregated by age and sex. England has produced reports that look at racial and ethnic variation in infection rates and mortality by geographic location, socio-economic status and comorbidities (Office for National Statistics, 2020). Similarly, data from the Center for Disease Control and Prevention in the United States shows that Black and Hispanic groups have higher rates of COVID-19 incidences and mortality than whites (Center for Disease Control and Prevention, 2020). The data gives researchers and policy-makers the opportunity to inquire into the various interaction effects that racial and ethnic group membership has on infection rates and mortality. During a pandemic such as COVID-19, societies can expect increased rates of death across multiple age groups. What is worrisome however is when specific racial and ethnic minorities seem to be burdened disproportionately by these consequences. In a truly equal society that embraced social and political egalitarianism, racial and ethnic group membership should have no significant effect on mortality and infection incidences compared to the predominate white majority. This is unfortunately not the case.

The racial and ethnic variance in COVID-19 incidences are of no small consequence. In England, the Office of National Statistics found that 'after taking into account age, measures of self-reported health and disability and other socio-demographic characteristics, black people were still almost twice as likely as white people to die a COVID-19 related death' (Booth and Barr, 2020). Racism experienced by BME communities and more specifically by BME key workers affect health, exposure risk and disease progression (Lyle, 2017). In

the United States, Black Americans experience the highest mortality rates of all racial groups and suffer a rate of death almost three times that of whites (74 per 100,000 compared to white American's rate of 30 per 100,000) (McCarthy, 2020). Racial disparities in the US are so great that Justin Hansford and Tasnim Motala (2020) have argued that 'Colour-blind solutions will not go far enough to address Black American's disparate experience of COVID-19, which are exacerbated by deeply entrenched inequities'.

Another major concern is the disproportionate mortality that COVID-19 has on racial and ethnic men in the United States and the United Kingdom. In the United States, COVID-19 has also been linked to higher rates of mortality for older men of racial and ethnic minority groups (Ford and Reeves, 2020). While men are infected at a lower rate than their female counterparts in England, their mortality rates are higher (Office of National Statistics, 2020); rates of mortality for racial and ethnic men are double that of their female counterparts with the exception of the Chinese male population (ibid.: Table 4). The Public Health England report found that the 'highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males)' (Public Health England, 2020).

This data shows that COVID-19 trends in mortality have racial and gender components in the United States and the United Kingdom. Unfortunately, there are not the same kinds of resources available to make comparisons of race and sex breakdowns in Scottish datasets. Scotland refuses to make racial and ethnic breakdowns in COVID-19 incidences and mortality publicly available. *The Addressing Race Inequality in Scotland* study published in 2017 shows that BME communities continue to report racial discrimination and experiences of structural racism in housing and employment. The reports stated that BME populations have continued to be overrepresented in poor quality and overcrowded housing in Scotland (Lyle, 2017). In fact, homelessness affects BME communities 75 per cent more than across the population as a whole (ibid.). Even though members of BME communities tend to have the highest educational attainment in Scotland, people from BME backgrounds are still twice as likely to be unemployed compared to their white counterparts (ibid). Employment discrimination confines BME members to low

wage jobs and results in poverty rates twice that of white communities (ibid.).

The latest Public Health Scotland reports do not provide race/ethnicity data disaggregated by age and sex. Data from other countries however such as the United States and England include data disaggregated by race/ethnicity, age and sex. The recent report, *Analysis of Deaths Involving Coronavirus (COVID-19) in Scotland*, by *Ethnic Group*, again provides no sex or age disaggregation. In fact, the report claims not only that no Black people in Scotland have died from COVID-19 related illness, but that the racial and ethnic groups most vulnerable in the US and the UK are among the safest (National Records of Scotland, 2020). Despite not having an official report outlining the breakdown of class deprivation on COVID-19 cases or mortality in Scotland, there has been a publicly accepted narrative linking poverty and low-income status to COVID-19 transmission and infection rates (Sanders, 2020).

Fighting Racial Equality

Scotland's framing of social inequity and COVID-19 related deaths as a matter of socio-economic status and location is as much an epistemological issue as an ideological one. Scotland conceives of itself as a truly liberal democracy that has transcended the decadent folk mythology of racial inferiority and institutional racism. The progressive ideology behind this view suggests that colour-blindness and humanism are values that the society should strive towards and realise throughout all institutions. These values are commendable, but far too ideal and abstract to be realisable in Scotland's society. Rather than fighting racial inequality away, or simply *making racism* not exist by not collecting or explaining away evidence of racial disparities, Scottish opinion and policy-makers need to confront the reality of racial inequality and account for how racism operates within its society. Present health disparities are interpreted almost solely as effects of deprivation, specifically poverty and housing.

Colour-blindness, or the idea that race is irrelevant to how democratic societies operate, is an ideology utilised to deny institutional racism and normalise whites being most of the powerbrokers within predominantly white societies (Bonilla-Silva, 2001; 2003; Bonilla-Silva et al., 2006). A colour-blind perspective is also somewhat naive given the history of Scotland's participation in the slave trade and its pivotal

role in the development of racialist thinking during the Enlightenment. Racism in Scotland, like that of Britain, was cultivated to justify colonialism and imperial ventures into Africa, the Caribbean and Asia. To imagine that the ideas generating the racial distinctions and primitivism upon by David Hume, or the hierarchy between civilised and primitive peoples in Adam Smith's *The Wealth of Nations*, are completely absent from the structure of Scottish societies is utopian (Sebastiani, 2011; 2013). These notions simply lack the ability to explain why members of racial and ethnic groups tend to be pulled downward despite education in Scotland. How one comes to know of an issue and interpret empirical evidence towards one explanation or the other is of significant epistemological concern.

Previous governmental reports have pointed out that racism in Scotland remains unencountered despite the relationship between racial and ethnic group membership and poverty. The Joseph Roundtree Foundation report *Poverty and Ethnicity: Key Messages for Scotland* found, in previous attempts to examine racism in Scotland, the

Lack of adequate data and poor monitoring of ethnicity, whether of recruitment and progression by employers, of ethnic minority take-up of services by local authorities or insufficiently detailed data gathered at a national level, was a recurring theme (Kelly, 2016).

The *Addressing Race Inequality in Scotland: The Way Forward* report has similarly highlighted the lack of data collection surrounding race and ethnicity to adequately investigate the full extent of racism and its effect throughout Scottish society (Lyle, 2017). These reports not only demonstrate the inability of Scottish policy-makers to attend to racism in society but indicate that there is a resistance towards framing social inequality in Scotland as a racial or ethnic problem. Because governmental entities and power holders wish to see Scotland in non-racial terms, the interpretation of data as well as the kinds of data being collected ignore racial and ethnic markers. The effect of this epistemological commitment is to frame racial and ethnic discrimination and the disparities that arise from racism as having their origin in socio-economic status or being most accurately explained through class-based terms.

By de-emphasising racism and the prevalence of racial discrimina-

tion in employment, housing and everyday life, Scottish analyses of COVID-19 infection and mortality are framed as disparities in opportunity. Marginalised racial and ethnic groups in this framework are no different than marginalised white groups, since their marginalisation is economic and not political or racial. Consequently, the racial discrimination that disproportionately tracks Black, Asian and other racial and ethnic groups into poverty at twice the rate of whites is interpreted as an economic issue remediable through social mobility and education. As such, the society is not broken and in fact provides a means through which all individuals despite their racial or ethnic background can lessen their marginality. Opinionmakers can simultaneously celebrate a racially progressive white society that is unlike the United States and the United Kingdom, while explaining any racial or ethnic variation of COVID-19 infection and mortality as an economic effect that affects all poor people, be they white, Black, Asian, etc, equally. In short, this absence of data misrepresents the racial and ethnic disparities of groups as progressive policy successes.

Conclusion

The COVID-19 virus has highlighted missing gaps in demographic data and knowledge production concerning racism and discrimination in Scottish society. This absence of evidence indicates a need for theorists to conceptualise the effects such lacunae have for how we think about democratic equality and social disparities. There is sufficient evidence documenting the presence and consequences of racial and ethnic discrimination on minority groups. The current literature however asks us to believe that while racism produces increased rates of poverty, homelessness and downward mobility for educated minority groups, none of the deleterious effects of racial and ethnic discrimination in Scotland are linked to COVID-19 mortality as they are in the US and the UK. Said differently, even the racism in Scotland is more progressive and less harmful than its American or British counterparts. These hypotheses should give us pause and push us toward a deeper understanding of racial, ethnic and economic inequalities in Scotland after COVID-19. The lack of evidence we have concerning how COVID-19 spreads and affects racial and ethnic minority groups means that there are effects of the virus that are not known and can never be known given the current data collection methods and publicly available information.

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In memory of Peter Macdonald (1958–2020), whose life was dedicated to working for justice, and Mercy Baguma (1986–2020) whose life was tragically cut short by injustice.

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