## COVID – 19: experiencing the UK government’s ‘Stay Home, Protect the NHS, Save Lives’ advertising campaign from the perspective of a woman of colour.

Abstract

This op-ed piece considers the effect and experience of the UK Government’s “Stay Home, Save Lives, Protect the NHS” advertising campaign, from the perspective of a woman of colour. The piece considers the impact that COVID – 19 has had on Britain’s BAME community, as well as upon the author. A review of the harrowing choices, substandard social determinants, and causality of the BAME responses, alongside the advertising campaign's messaging, and crucially, the delivery of the messaging all inform the piece, to determine why the UK Government’s advertising campaign wasn’t successful in the way it was intended. The piece asks how the BAME community have been affected, and why; before also examining the author’s own responses and self-reflection about which of her characteristics proved most influential in affecting those responses. Further insight into understandings and historically relevant incidences are used to conclude the piece by asking “If there were a future health crisis of similar magnitude, would that be handled the same?” Equally importantly, were lessons learned that will better inform attempts to mobilize Britain’s BAME community into the desired collective response, and in doing so, make adequate provision?

*This article forms part of the wider arching special edition ‘Crisis—Connection—Culture’ MAI: Feminism and Visual Culture. The Government have identified an increased level of risk of contracting* COVID – 19 *among the Black, Asian and Minority Ethnicity (BAME) community. Why is this the case? While we know that the BAME community face a range of social determinants that contribute to an enhanced level of risk, no actual BAME-centric studies have been undertaken, nor have specific investigations into the BAME experience of* COVID – 19*.*

Undoubtedly, the main topic of discussion within the news and media since the early months of 2020 has been coronavirus, or specifically, COVID – 19. The disease has claimed well over a quarter of a million lives, infected millions, and triggered socio-economic infringements the like and scale of which exceed those of the Second World War. This article explores the impact in the UK, or more specifically, the impact that the advertising campaign launched by the UK Government has had, from the perspective of a woman of ethnicity. How and why has the BAME community been affected, how have I been affected, and how have I reacted? Which of my characteristics or attributes comes to the fore? The fact that I am a woman? That I am a woman of colour, or perhaps that I am a mother?

In order to give a comprehensive answer to these questions, firstly, the issue itself must be analysed, as must the advertising campaign.

COVID – 19 is an aggressively infectious disease that affects the respiratory system. With a suspected origin in Wuhan, China, the level of transmission has grown into a pandemic. When it reached Britain, and a national emergency was declared on March 11th 2020, the government developed an advertising campaign using fear appeal advertising, designed to alter the behaviour of the viewing public, namely to enforce social distancing and protecting the NHS.

The first advert I saw was the March 24th 2020 ‘Stay Home, Protect the NHS, Save Lives’ advert (Mullenlowe, 2020). While the message is clear - stay at home, only go out for medicine and basic necessities, and work from home if you can - the advert itself doesn’t resonate with me. The message itself is stark, the delivery becomes the point of contention, that which ostracised me from the content. Delivered by Chris Witty, the UK’s Chief Medical Advisor, an individual with considerable gravitas and medical expertise. Perhaps that is the reason – the message delivered from someone of such expertise that he is divorced from the masses, though more likely, the message delivered from a Caucasian middle-aged male comfortably positioned within the ABC1 category of the NRS Social Grades (NRS.co.uk). Therein rises the lack of relatability I experienced as a Black woman.

This separatist response is not a direct reaction to Chris Witty himself, but as Charity So White noted:

“BAME people often face discrimination with getting health care treatment; there is an intersection between race, poverty and disability”. Charity So White added that “compound to having experienced racism, self-isolation interlinks with feelings of oppression, which further catalyses mental health impacts on BAME people”, and “the closure of cultural spaces such as churches, or community centres increases the level of social isolation, which is already heightened among BAME people, particularly the elderly” (2020).

This suggests that the message delivered by this figurehead, rather than a diverse collective of influential parliamentarians, medical professionals and community pillars innately creates an obstacle to reception, rather than presupposing that the delivery by Chris Witty alone creates a metonym resonant with white, middle-class heteronormative families.

Given the delivery, and subsequent closure of many venues held dear among much of the BAME community, Charity So White noted a likeliness that this has been construed as congruent with historic oppression faced by the BAME community.

However, this is but one tenet within the overall messaging of the campaign. It is key to consider that the message is often impracticable for a wealth of the BAME community. As recorded by the Runnymede Trust (2020), the social determinants faced by the BAME community increase the likelihood of working within precarious, low paid, public facing work, that for which furloughing is not an option. Coupled to a significantly greater likelihood of living in an overcrowded, multi-generational household, self-isolation becomes untenable.

It is noteworthy that in fact, the London Borough of Brent has the highest rate of infections and related deaths (Raffray, N. 2020), and is the most densely BAME populated borough in London, the location home to both the highest rate of infection of BAME people, and the highest rate of infection (Butcher, B. & Massey, J., 2020). Moreover, BAME people are 400% more likely to contract COVID – 19. Some 40% of the NHS staff in London are BAME, despite making up only 13% of the population, a clear over-representation in the NHS, particularly in roles of a lower grade and salary. Transport for London boasts a similar over-representation. To contextualise, every one of the first ten doctors to have died from COVID – 19, contracted while tending to patients already infected, were of BAME origin. Half of all the nurses who have died thus far were BAME (Marsh, S. 2020).

Looking back to the campaign, and the reception, simply put, compliance with “Stay Home, Protect the NHS, Save Lives” is not an option for many within the BAME community, while many more simply won’t relate to the message. However, when imagery promoting the NHS and adhering to the guidance was presented, imagery that had been whitewashed (Adebayo, D. 2020), with an entirely white cast of clinicians, nurses and other NHS staff, this reinforced the disconnection between the campaign and the BAME audience, triggering a #stopthewhitewash campaign across Twitter.

Perceptibly, the message being delivered by a white male, pertaining to an NHS depicted as run entirely by white people, while not sensitively considering the difficulty in accessing the NHS by many BAME people as their postcodes reflect locations where resources are fewer, and stretched farther across more patients. The resultant subliminal messaging could be misconstrued that the campaign targeted white Britain, and there was no acknowledgment of the BAME NHS staff, who make up a huge percentage of the delegates, and a significant proportion of the professional fatalities thus far. Under other circumstances, this would be an affront, a flagrant dismissal of the support and sacrifice of the BAME community in Britain.

However, there are other factors to consider.

BAME communities are 200% more likely to experience severe poverty, and face an even higher rate of child poverty. The measures imposed by the government initially led to one of the main meals of the day being missed by many children, no longer accessing free school meals until vouchers were distributed. The cumulative effect of this, seeing poverty rates enhanced, or parents having to continue to work as they cannot afford not to, saw a dramatic increase during the first phase of the COVID – 19 lockdown, with BAME children reaching out to child line 900 times (Weale, S. 2020). The risk of arrest/prosecution for parents not ensuring their children comply with the government impositions creates a horrifying grey area – penalise front line workers for going to work to provide much-needed services/resources, or force them to stay at home without earning their salary, dramatically reinforcing the poverty. Actually, the first person arrested and fined for breach of COVID – 19 was a Black person, who was not actually contravening the regulations, rather delivering a food parcel to a vulnerable person in self-isolation.

Remarkably, despite a 400% increase in susceptibility, partially attributable to social determinants, though the request for BAME-centric research, which was approved by our premier, there is still no actual research into why BAME people are significantly more at risk

The Deputy Director of the Runnymede trust agreed that the structural inequalities in society place BAME people at significantly greater risk of infection. This correlates with a significant impact from the harsh measures implemented by the government, which do not account for the already reduced circumstances many BAME people experience, with the fallout expected to cause untenable living conditions for many (Haque, Z. 2020).

Synecdochally, this echoes of the manner in which the BAME community have a power imbalance, and how their voice, position and subjectivity is made invisible, caricatured or marginalised so frequently that NHS portrayals featuring a whitewashed staff made it to mainstream media without anybody challenging this during creation.

Contrastingly, BAME celebrities, such as actor Idris Elba have spoken out about the vulnerability of all people to COVID – 19, having contracted the coronavirus himself. Perturbingly, there has been a trend on social media of tweets and posts purporting that black people have a pathological immunity to the disease (Carras, C. 2020).

Due to this influence, many have not considered the disease as potentially life threatening as it is. There is a significant history behind this ill-informed thought pattern. This dates back to the 18th century when an outbreak of yellow fever in the USA seemingly did not affect the black slaves, later persuaded to work as nurses, caretakers and gravediggers, the advent of the relationship between nursing and black women (Mock, B. 2020).

In conclusion, there are multiple factors at play here. The government campaign did initially fail to resonate; however the consistent messaging, compound to daily cabinet briefings outlining the number of deaths increasing daily, have succeeded in creating significantly more fear than intended. Whilst initial thoughts, feelings, emotions and conspiratorial rumblings detracted from the actual message, the extended period of social distancing, lockdown measures, and widely documented mortality rate among BAME have driven through the miasma of disregard to create a relatively unknown situation. The BAME population now understand we are at considerably increased risk of infection and mortality; however, overwhelmingly the choice available is stay at home and endure crippling poverty, or go to work to provide for a family, and risk infecting several members of an over-populated household. Broken down, one could argue either go to work and risk health in order to be able to support the family, or stay at home, and endure abject poverty and all the risks to physical and mental wellbeing aligned to that. The choice is a bleak one, and until actual research has been undertaken, with conclusive results, and lateral consideration around the impact these vulnerable families endure, and how to support them through the process, this will continue to reflect in our attitudes. The advertising campaign in and of itself failed to achieve all it set out to, in that it didn’t independently reach and influence the whole population’s behaviour, but after fortification from extensive news coverage of deaths, infections, and other updates, the government have achieved in creating a sense of fear strong enough to alter ones behaviour accordingly.

So, in answer to my initial question, as a woman, one of colour, and a mother, well the answer is that no one characteristic comes to the fore. Being female, being BAME, and being a mother all factor into the cumulative concerns I experience. I have a rational fear for my children experiencing COVID-19, but in a longer-term sense, the bigger questions that arise for me are have lessons been learned from COVID – 19? Not only in handling a pandemic or national emergency, but in giving parity to people regardless of their background. Will my children fare well if another such crisis hits our shores, and when will consideration be given to the underdogs, those whose opportunities are so badly hampered by the structural inequalities and inadequate social determinants?