

**Interview with Mohamed El-Gomati, Professor of Electronic Engineering (Emeritus), University of York.** Conducted by John Bibby, 26<sup>th</sup> April 2020

**JB:** Good morning, Mohamed. I'd like to discuss with you how COVID-19 has impacted upon the Muslim community, both here and in other countries such as Libya where I know you originally came from and still have contacts. How are things in Libya now? How are they bearing up under the coronavirus crisis?

**MG:** Surprisingly well, really, considering the civil war. They have had a strict curfew and fatalities have been low. North Africa has been impacted less than European countries. But this may be delay rather than immunity – perhaps the worst is yet to come, considering the poor healthcare in these countries compared to western state.

North Africans tend to respect governmental authority and Morocco and Tunisia rely on European tourists so they realise it is important to maintain a good foreign image as far as health is concerned. In Gaza (Palestine) by contrast the infrastructure is so poor that the virus could quite easily spread.

*(The Libya Observer reported just 61 COVID-19 cases and two deaths as at 27<sup>th</sup> April. 30 Libyan medics went to Italy in April to help with the outbreak there. From 17<sup>th</sup> April a strict curfew in Libya closed all shopping malls but exempted small stores; people were allowed out only from 8am till noon. JB) bsc.ly <https://www.libyaobserver.ly/COVID-19-19>*

**JB:** How is this all affected by Ramadan?

**MG:** Ramadan has only just started. There are more fasting exceptions this year than in most years. Ramadan is important for Muslims – it is when we spend time contemplating and what needs changing, ourselves and our existence. It is our “annual MOT” to check what is OK about ourselves

But this year we will miss the social aspects of Ramadan– the regular communal prayers and the group Iftar meals to break the fast at the end of each day. Eid celebration, the festival at the end of Ramadan, will be different this year but I am sure people will do something online particularly for children.

However, we have guidance about plagues in Muslim culture as they have been around throughout history and during the time of the Prophet. Our religious teaching is that and shutdowns are in the Muslims' culture, you see.

In York we have a young very open-minded Imam, and these religious references to the plague entered our discussions and teachings early this year. Long before the government had ordained it, we stopped the large Friday prayers and very soon stopped all communal prayers and closed the mosque completely. However, York's Muslim community is highly professional, and I cannot say that the same happened everywhere. In Bradford, for example, the working-class Muslim community is much larger and the Imams are older and it could take them longer to assess the national and international situation and act upon it to safeguard the community.

But in the larger picture, people are divided and confused. The community is not uniform, and there are some who will listen to conspiracy theories – that the disease was perhaps

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deliberately created or that it is not really dangerous at all. This has not been helped by the way the government has mishandled the situation.

From very early on, it was clear that among health workers at least, nearly all the deaths announced were Muslims. That's very worrying indeed, and the jury is still out as to the reason for this. Why has the number been so high? I have actually been pondering this question and looking at the data. My reading is that the Muslim health workers who have died tend to be older, first generation immigrants who have been working in the NHS for 20 years or so. They would normally work harder than local people, going the extra mile. Is that a reason – that they are on the frontline more than others? Are they working harder? Do they have a weaker immune system - naturally or due to the long working hours?

It could also be lack of PPE, or lack of familiarity with the discipline and extra precautions needed in treating such patients. The number of COVID-19 fatalities among ICU specialists is small in comparison with the number of non-ICU specialists. Those who died were surgeons, pediatrics and other specialties. So perhaps those Muslims doctors have been outside within their comfort zones and ill-equipped in terms of PPE. This too might make them more vulnerable. I'm trying to understand why fatalities are so high.

Finally, I must say I do not have a lot of trust in the government's choice of scientific advisers. They seem to be not good at looking outside the box and thinking lateral. The only change I noticed in the Government strategy was when Dominic Cummings, the PM adviser, was hospitalised. The handling of the COVID-19 pandemic needs to be properly investigated and lessons learned.

**JB:** *Thank you Mohamed. What about anxiety and stress: does this have implications for the mental health of the Muslim community? What about women? How is this being dealt with?*

**MG:** Yes certainly – although you also asked earlier whether there was a specific Brexit effect. I have not been aware of many incidents in York due to the latter. This may be because York is a very open community and has two respected Universities. York also voted against Brexit, and tourism is strong, so we are used to visitors from overseas and York has avoided the nasty post-Brexit behaviour some other cities suffered from. However, as in all communities, most of the disadvantages in York impact those who are already disadvantaged. So the working-class members – taxi drivers, restaurant workers, factory workers at Nestle –now have added job-insecurity. Many are self-employed and fall through the holes in the government's emergency aid for small businesses. Universal Credit may be available, but that is not as simple as it sounds and could hurt one's pride. Emotional issues are not like a broken leg – they take years to heal. I am sure those who have lost their jobs would have some uncomfortable situations at home. Women, by and large, are not used to having their husbands at home. They know that their men are having problems. So they are worried about them, but also worry about themselves: What will happen to me tomorrow, and what about the kids?

Students also are locked up, lonely, and a long way from home. We try to help them with food parcels, but also by addressing mental health issues.

So there is a lot of anxiety around but seeing people of different backgrounds coming together to help each other, also makes one quite optimistic.

**JB:** *Thank you Mohamed. I look forward to meeting up again when this is all over. Please give my best regards to your wife and your family.*