COVID-19, SUPERDIVERSITY, CRISIS-COMMUNICATION AND LEADERSHIP: LESSONS TO BE LEARNED

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Abstract
In this article we try to take a step forward. COVID-19 will be among us for a long time to come. This means that our world has to be organised differently. Now we are fully committed to the 1.5 meter society. This article comments on that. After all, there are many more vulnerable groups than just the elderly. Other groups are immigrants and refugees in poverty. And also youngsters who are in need of peer contacts and right wing radicals who openly oppose the COVID-19 measures taken by governments. In this article, a model Ubuntu is presented that could possibly function as a hanger for the redesign of our society. Not only do we have to deal with a COVID-19 society, but also with Black Lives Matter. These two crucial phenomena, the virus COVID-19 and Black Lives Matter, overlap and force society into a fundamental redesign. This is also desperately needed because Western society and certainly its big cities are superdiverse. People from all over the world live in these superdiverse cities, together they are in these cities the majority or almost the majority. Finally, this article focuses on crisis communication and leadership styles. Female leadership styles are scrutinized because we believe it would be better for our planet if we had at least 80% female leaders in companies, institutions and politics.

Keywords: COVID-19, COVID-19 as a magnifying glass, superdiversity, crisis communication and female leadership styles

1. COVID-19 and facts

According to the English magazine the Guardian COVID-19 (SARS-CoV-2)[1], the first human suffering of Covid-19 can be traced back to November 17, 2019, according to media reports of unpublished Chinese government data. Now on 24 June 2020, 51K+ scientific articles[2] have been written about the COVID-19 pandemic. According to John Hopkins University (today 24 June, 09:55 a.m. Dutch time) there are now 9.266.021 people in the world infected and 477.601 people died worldwide. These numbers are subject to the laws of the dark number (Hirk et al., 2020). In short, the number of infected and deceased persons is many times greater than these statistics try to tell us. For Austria, the factor by which the existing numbers of infected and deceased people have to be multiplied, according to their beta-binomial models, is 8.36 with a 95 percent reliability interval between 3.96 and 12.61.

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[1] https://www.theguardian.com/world/2020/mar/13/first-covid-19-case-happened-in-november-china-government-records-show-report
[2] https://www.researchgate.net/community/COVID-19

Table 4: DM with uncertainty bounds (95% bootstrap confidence intervals for the frequentist approach and 95% highest density intervals for the Bayesian approaches).

Approach	DM	95% Intervals
avg. frequentist approach	8.33	[6.56, 10.11]
Dirichlet $\alpha = 1$	8.34	[6.83, 9.82]
Dirichlet $\alpha = 0.1$	8.34	[5.57, 10.49]
Beta-Binomial – discrete probability	8.39	[4.71, 12.01]
Beta-Binomial – mixture of gamma	8.38	[3.96, 12.61]

Figure 1: source Hirk, et all, 2020, p. 11)

Although the virus makes no distinction between one human being and another, the victims in western countries are mainly vulnerable people. There is a lot of media coverage of vulnerable elderly people. This is understandable because their bodies have often already (partly) abandoned them. Less often in the media are people who are excluded or poor. In western countries they are mainly found among immigrants and refugees. Shocking are the American data from Chicago. Afro-Americans make up 13% of the population and 68% of the deceased people are African-Americans in Chicago[3].

African Americans hit hard by coronavirus

33% of those hospitalised are African Americans

13% of the US population is African American

68% of coronavirus deaths in Chicago were African American

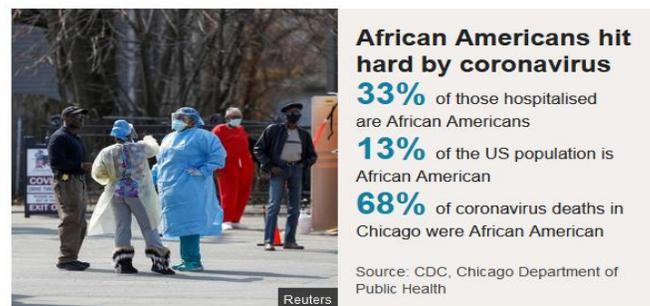Source: CDC, Chicago Department of Public Health

Figure 2: Afro-Americans in Chicago hit by COVID-19

The above data are valid for the United States as a whole, in particular for those areas with many Afro-Americans. See the following quote:

"As of April 3rd, 2020, African Americans made up almost half of Milwaukee County's 945 confirmed cases and 81% of its 27 deaths in a county whose population is only 26% black. In Michigan, where the state's population is 14% black, African Americans made up 35% of cases and 40% of deaths as of April 3rd, 2020. Detroit, where a majority of residents are black, 10 has emerged as a hot spot with a high death toll. A disproportionate number of African Americans in Illinois and North Carolina were infected: 14.6% of Illinois residents are black, yet they make up 29.4% of COVID-19 diagnoses and 41.2% of COVID-19 deaths. In North Carolina, African Americans make up 22% of the population, but 37% of confirmed cases and 20% of deaths (Bäcker, 2020)."

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[3] https://www.bbc.com/news/world-us-canada-52245690

COVID-19 strikes a blow with vulnerable people. What do we mean by vulnerable? In the figure below this is explained for African-Americans. The figure is only about their physical condition. In practice there is also poverty and deprivation.
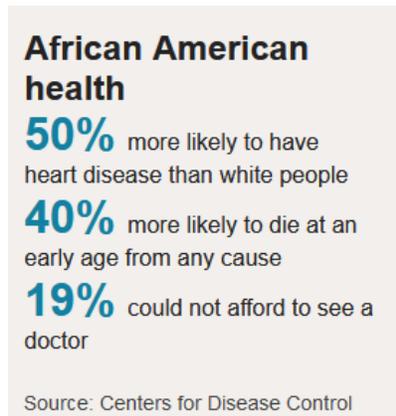

Figure 3 African American Health[4]

Comparable figures are found in the Netherlands while the Netherlands has a relatively good health care system compared to the United States. In the Netherlands, relatively many people with a migration background die of corona. This is evident from new research by Statistics Netherlands and the University of Amsterdam.

> "This is shown by new figures from Statistics Netherlands on the number of deaths: the difference between the number of deaths you would expect under normal circumstances and the number of deaths currently occurring in the Netherlands. This is much higher among first and second generation migrants than among native Dutch[5]."

Among people with a Western immigration background, the excess mortality rate due to COVID-19 is the highest, at 49 percent. This includes, for example, people of Polish or Romanian origin. People with a non-western migration background also have a relatively high mortality rate of 47 percent. This concerns, for example, people with a Turkish or Moroccan background. By way of comparison, the excess mortality of people with a Dutch background was much lower at 38 percent[6].

The WHO (2020) differentiates between the following phases in addressing COVID-19 for the European Region:

> "This document provides key considerations for Member States to help them to decide on the modulation of large-scale restrictive public health measures (i.e. movement restrictions and large-scale physical distancing), while at the same time strengthening core public

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[4] https://www.bbc.com/news/world-us-canada-52245690
[5] https://www.trouw.nl/binnenland/relatief-veel-migranten-sterven-door-coronavirus~b72b40dd/
[6] https://www.ad.nl/binnenland/migranten-sterven-in-nederland-relatief-vaak-aan-corona~affa0179/

health service capacities (to identify, isolate, test and treat every patient and quarantine contacts) together with personal protective measures (hand hygiene and respiratory etiquette) and individual physical distancing (>1 metre distance). The transition should be informed by national, subnational or even community-level risk assessments as the transmission of COVID-19 is typically not homogeneous within a country."

The WHO's assumption is that there is a well-functioning health system throughout Europe. Something that is certainly not the case in large parts of the world. Although it is not inconceivable that the WHO is over-optimistic about Europe. Thousands of patients in the Netherlands[7] (number of inhabitants in 2019: 17,28 million) at home with a confirmed or unconfirmed covid-19 infection remain sick for weeks. Their symptoms are often described as "mild", but in many cases they are not. Some people have been ill for at least six months.

Below is a simple sketch of how COVID-19 infections proceed (Chakraborty et al., 2020) for different forms of human coexistence in western countries.

Fig. 4
Transmission dynamics of SARS-CoV-2 infection in People.

2. COVID-19 as magnifying glass
Independently of the view of the WHO, one thesis that sounds louder and louder, is that COVID-19 functions like a magnifying glass. This magnifying glass makes inequality, exclusion and discrimination with its many faces more visible on what was known long and widely before the outbreak of the COVID-19 pandemic. Coincidentally, this magnifying glass by COVID-19 coincides with global demonstrations by Black Lives Matter following the murder of George Floyd in Minneapolis, the United States, on 25 May 2020. These demonstrations are about racism, exclusion and humiliation. The starting point of these demonstrations is that 'White has to give up her feelings of superiority towards people of colour and privileges' because otherwise the coloured human being in Western society will continue to be structurally disadvantaged and humiliated.

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[7] https://nos.nl/artikel/2334166-duizenden-patienten-met-milde-coronaklachten-zijn-wekenlang-ziek.html

The answers to the thesis that COVID-19 acts as a magnifying glass and the corresponding analysis will be carried out from the perspective of the African philosophy Ubuntu (Mogobe Ramose, 2018) where Ubu stands for I am, you are, he is, we are, they are etc. and Untu for 'in your eyes I can see that I exist'. Ubu is equal to what I perceive now in this second, different from what I might perceive the next second. According to Ubuntu, people are connected with their ancestors ('alive and dead'), their children (born and unborn), nature and cosmos, gods and spirits. In short, this is a systemic and holistic way of looking at man with unparalleled connections. Through this African philosophy of life Ubuntu, we can conceive answers to how COVID-19 functions as a magnifying glass, making inequality, exclusion and discrimination even more visible than before.

Before concrete answers are given, we will briefly spoon up existing knowledge about viruses. Viruses have always been there, the collective name is zoonoses that jump from animal to human. A well-known list of viruses[8] is ebola, aids, hanta, nipah, rabies, herpes B, Q fever, toxoplasmosis, bovine tuberculosis. spot disease, salmonella, H5N1 - also known as avian or bird flu, H1N1 - swine or swine flu, lassa fever. botulism, mers, sars and lyme. Herbert Prins, emeritus professor of resource ecology at the Department of Animal Sciences of Wageningen University, gives the following explanation about zoonoses:

> "You've probably never heard of Getah, Bebaru, Mayaro, Una and O'nyong-nyong, but they're viruses transmitted by mosquitoes to humans. The sources of many other diseases and viruses are less clear. The Ross River disease probably originates from a kind of kangaroo (the agile wallaby), but horses and flying dogs may also play a role. American researchers point to white-tailed deer when it comes to Lyme disease, but Wageningen researchers showed that in Europe mice and blackbirds are a greater danger (Prins, 2020[9])."

The relationship between zoonoses and humans becomes clear by looking at them from the Ubuntu philosophy. Requirement one is that people must be able to come into contact with animals and nature, aggressively (for instance by jungle destruction) or respectful. These contacts can take place locally in a jungle, forest, cave, village and city, but also when animals are hunted and sold through outlets such as a market. Finally, coming into contact with animals might happen via domesticated animals, such as cows, pigs, chickens and horses and non-domesticated 'jungle animals'. Requirement two is that people who come into contact with animals, are not restricted to narrowly defined areas. After all, people travel all over the world and come into contact with zoonoses that are unknown in their own neighbourhood or country, or in other words zoonoses to which they are not immune. This is called the globalisation argument. Requirement three is that the signalling system that a new zoonosis has emerged, such as COVID-19, is not recognised in time. Knowledge and skills play a role in this, and possibly also political considerations because countries or regions do not like to hang the dirty laundry.

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[8] https://www.nrc.nl/nieuws/2020/05/01/ziek-van-dieren-a3998447
[9] https://www.nrc.nl/nieuws/2020/05/15/de-natuur-zit-tjokvol-virussen-a3999880

The second thought step, based on the Ubuntu philosophy, deals with the practical translation of the relationship between people, Ubu and Untu. Ubuntu distinguishes three relationships under the concept of Untu. These are the tribe, clan, extended family, the deceased people (who we remember and don't remember) and the children (born and not yet born). Without Ubu there is no Untu. The above-mentioned relationships have been thoroughly disrupted by frightening socio-economic inequality (Piketty, 2020), exclusion and racism. After all, according to this African philosophy, if one human being is not fundamentally and effectively equal to another human being, we are undermining our right to exist. This violation of man's right to exist has led to an army of cleaners, at home and at work, poor, discriminated and excluded people with and without jobs, people without a health insurance (especially in the United States, South America, North, Central and South Africa). Social distancing as a COVID-19 measure deprives these people of a meagre income. They have to live off the dispensation as was the case in the dark Middle Ages. Equally, there is a small group of rows on earth, these 1% wealthy people[10] own 50.1% of the wealth on earth.

A counter-movement has been launched by Canadian Prime Minister Justin Trudeau[11] who has announced that low-paid vital professions, such as those of employees in nursing homes, will receive a salary increase.

> "If you risk your life to keep this country running and you get a minimum wage for it, you deserve a raise, the Prime Minister said. Trudeau notes that people who are vital to society are often extremely vulnerable economically and in other areas as well".

The last step based on the Ubuntu philosophy is the concept of time and holism. The Ubuntu explanation is: what I perceive now in this second is not valid for the seconds before and after. It is also holism, everything is connected to everything. COVID-19 has, according to the cipher readers, infected people and deceased people, in which contamination can range from light to very serious. What gradually comes to our attention is that even among the people who are no longer infected, or in other words those who have been declared cured, there may be a large number of 'secondary' victims of COVID-19. These people have seriously damaged bodies (lungs, blood vessels, heart and kidneys) and mind (uncertainty, fear, insomnia, fatigue and exhaustion and trauma and depression) due to the COVID-19 infection. Apart from this, the population is suffering. First of all, these are the people whose urgent physical operations have been postponed because of COVID-19. It is expected that this will lead to a substantial reduction in the number of life years. Secondly, these are the people who have lost a loved one to COVID-19. In the third place, there are anxious and insecure people (including a possible increase of (existing) psychiatric problems and disorders). Ibánez-Vizoso (2020) presents in an editorial the following psychological and psychiatric complaints that are already perceptible in the outbreak phase and certainly in the phase of long-term landing of COVID-19.

> "Among the general population, in a study carried out in China, more than half of the respondents reported a moderate-severe psychological impact, while 16.5% and 28.8%

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[10] https://www.quotenet.nl/zakelijk/a206743/rijkste-1-bezit-50-1-van-de-rijkdom-op-aarde-206743/
[11] https://joop.bnnvara.nl/nieuws/canada-verhoogt-lage-salarissen-vitale-beroepen

respectively reported moderate to severe depressive and anxious symptoms. It has been noted that among subjects suffering from mental illness, the impact could be even greater. Regarding patients diagnosed with COVID-19, it has been suggested that they may experience fear and distress from the potentially fatal consequences of infection and isolation."

Forth, they are people who are losing their income now or soon. Fifth, there is a whole generation of pupils and students who have had no lessons or only online lessons and who also missed practicing social and physical contact with their peers. In the Netherlands missing social and physical contacts with peers is called 'skin hunger'. Finally, especially women and girls worldwide are more often than before COVID-19 victims of domestic violence and abuse. Although the exact data is still lacking, there is a strong impression that the lockdown has led to a sharp increase in the number of victims of domestic violence and sexual abuse.

Attention will also need to be paid to the political response to this outbreak of the COVID-19 pandemic. Responses can be divided into precise and ravishing. Only by means of evaluations that transcend countries and continents can wisdom be established. Now, however, we know that the number of infected and deceased people is small in those countries where women are prime minister. These countries are Germany, Taiwan, New Zealand, Iceland, Finland, Norway and Denmark. Forbes' explanation[12] is:

> "There have been years of research timidly suggesting that women's leadership styles might be different and beneficial. Instead, too many political organizations and companies are still working to get women to behave more like men if they want to lead or succeed."

Female leaderships styles[13] are: a) don't lean in when you've got nothing to lean in about, b) know your own limitations, c) motivate through transformation, d) put your people ahead of yourself, e) don't command; emphasize, f) focus on elevating others, and g) don't say you are humble; be humble. Another good practice example of government interventions is provided by Leffler et al. (2020):

> "Societal norms and government policies supporting the wearing of masks by the public are independently associated with less mortality from COVID-19."

All in all, it could be said that with one tiny virus, we've lost our grip on everyday life. Confusion and chaos seems to dominate. The NRC Handelsblad (a Dutch newspaper for intellectuals) therefore asks the question: What lessons does physics[14] teach us?

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[12] https://www.forbes.com/sites/avivahwittenbergcox/2020/04/13/what-do-countries-with-the-best-coronavirus-reponses-have-in-common-women-leaders/#1bc93acf3dec

[13] https://hbr.org/2020/04/7-leadership-lessons-men-can-learn-from-women

[14] https://www.nrc.nl/nieuws/2020/05/08/uit-het-lood-geslagen-wat-leert-de-natuurkunde-ons-over-corona-a3999112?utm_source=SIM&utm_medium=email&utm_campaign=Wetenschap&utm_content=&utm_term=20200509

"The physicist Le Chatelier gave examples of unbalanced systems. And you can also translate this into ecosystems in which many organisms keep each other in balance in a refined way, and which are therefore robust enough to absorb shocks. But if many organisms fall out due to pollution, felling or looting, there are fewer knobs left to turn and the system loses its resilience. Is this one of the reasons why the virus got us so out of control? It gives us food for thought. Hopefully the counterforces - in health care, in science when developing vaccines for example, in politics and in economics - can weaken the coronary blow and the world will find a new, perhaps even better balance."

3. Superdiversity and vulnerable human beings

Attention is paid here to the phenomenon of superdiversity. First, let's explain what superdiversity means and where it occurs. Superdiversity is a term used for mainly western neighbourhoods and cities. According to Crul (2015), in these cities and neighbourhoods there is no longer a population group in the majority, hence the word majority-minority. Secondly, in these cities and neighbourhoods there are not a few groups of residents from other countries, but substantially many. Thirdly, Crul (2015, p. 2) says:

"I would add the importance of differences within ethnic groups, in terms of generation, gender, socio-economic status, religion or age cohorts. I think it is an especially important contribution of super diversity theory to include, next to ethnic background characteristics, other background characteristics in the analysis of say education, labour market or housing outcomes."

Fourthly, in these cities the American dream based on assimilation or acculturation is under discussion. Assimilation means adapting to the majority with the prospect of a good education and job. Superdiverse cities, on the other hand, no longer have a majority. But moreover, the so-called American dream does not apply to immigrants and refugees in superdiverse cities. Rather, a better metaphor for the perspective of immigrants and refugees would be the American nightmare.

"Berry (1980) defined acculturation as a four-step process that included assimilation, integration, separation and marginalization. A more recent definition provided by Clark and Hofsess (1998), explains acculturation as a process on an individual level that focuses on members of one group adopting the cultural patterns of the majority or host culture, and highlights the fact that acculturation focuses on the impact that the two cultures have on each other (Gil, 2018)."

Why is attention paid to superdiversity in this article on COVID-19? It may make sense to first determine the contribution of immigrants to population growth in Western cities. What do Cincinnati, Miami, and Birmingham[15] have in common when it comes to immigration? Their populations grew dramatically because of immigration. In fact, in each of these metro areas, over 87 percent of population growth between 2014 and 2017 was attributable to new immigrant residents.

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[15] https://research.newamericaneconomy.org/report/immigrants-and-the-growth-of-americas-largest-cities/

Table 1: Top 10 Metro Areas by Largest Share of Overall Population Growth, 2014-2017, Attributable to Immigrants

Metro Area	Share of Growth Attributable to Immigrants
Cincinnati, OH-KY-IN	98%
Birmingham-Hoover, AL	88%
Miami-Fort Lauderdale-West Palm Beach, FL	87%
Baton Rouge, LA	79%
Seattle-Tacoma-Bellevue, WA	59%
Grand Rapids-Wyoming, MI	57%
San Francisco-Oakland-Hayward, CA	56%
Greenville-Anderson-Mauldin, SC	56%
Sacramento-Roseville-Arden-Arcade, CA	54%
New York-Newark-Jersey City, NY-NJ-PA	53%

Figure 4 Top 10 Metro Aras by Largest Share of Overall Population Growth

"In 2015, over a billion people migrated: 244 million went abroad and 763 million moved within their home country[16] according to the world economic forum." See figure below.

Figure 8: Top 25 Destination Countries for International Migration, 2015
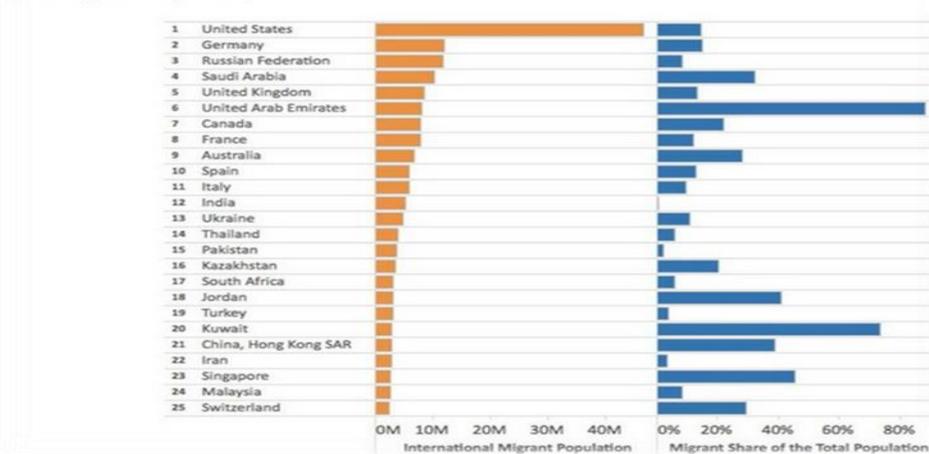
The interwovenness between COVID-19 and superdiversity are highlighted since we believe that superdiversity overlaps with poverty, socio-economic inequality, systemic unequal rights (e.g. no protection by human rights, education and labour human right laws). People from all over the world live close together in super-diverse cities and neighbourhoods. In practice, there are a number of social and urban planner models that represent how immigrants, refugees and natives live together in superdiverse cities. First there is the chessboard model (Soomeren et al. 2015). According to the chessboard model people live in groups of Our Kind of People (OKP). Such a group can cover a block or a small part of a neighbourhood. A second model is the segregation model. In the segregation model, people of similar descent live in the same neighbourhood. We all know the Chinese neighbourhoods in large mainly western cities, now we have Turkish and

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[16] https://www.weforum.org/agenda/2017/10/how-migration-is-changing-world-cities-charts/

Moroccan neighbourhoods in southern- and northern Europe. A degenerate model are ghettos, as is the case in the Parisian banlieues. These are neighbourhoods where there is a lot of poverty, an illegal economy and where houses are dilapidated. Finally, we know that refugees and immigrants pitch their tents in starter areas in superdiverse cities. In Brussels, for example, this is Brussels North station and the Maximilian park[17].

These people (immigrants and refugees and also expats) are often connected with family and friends in their motherland. The new citizens in superdiverse western neighbourhoods, cities and regions are immigrants, refugees (legal and illegal) and expatriates. Together they are in the majority (Steinmetz, 2020). Together they are the country's workers from all the poor regions of the world, cleaners, meat processors, public transport drivers, market vendors, logistics staff and in a number of European countries even nurses in hospitals mainly from Eastern Europe and India. Together they try to take care of their children with more than one job a day. Together with their family and/or peers, they did immigrate in order to be less vulnerable. Less vulnerable because with their joint 'small' incomes they can support their children and survive. That does not always succeed. As soon as a child or adult has an accident on the street or at work or becomes seriously ill, the problems start. Those joint 'small' incomes are then far from sufficient. Certainly if the person affected by fate has no or a very meagre health insurance and, moreover, no longer contributes to the joint income. In short, the superdiverse western society is that of a dichotomy between dire poverty and a good income or very rich. Eurostat (February, 2020[18]) tweeted the following tweets about the number of people at risk of poverty or social exclusion in the European Union in the period 2010-2018:

> "Among people living in the EU, 21 % of nationals, 29 % of foreign EU citizens and 45 % of non-EU citizens living in the EU faced the risk of poverty or social exclusion in 2018; The incidence of severe material deprivation in the EU in 2018 was approximately twice as high among non-EU citizens (13 %) as it was among foreign EU citizens (7 %) or nationals (6 %); Across the EU, a lower share of foreign EU citizens (8 %) lived in households with very low work intensity in 2018 than the share observed for nationals (10 %)."

People aged 20-64 at risk of poverty or social exclusion, by citizenship, EU-27, 2010-2018

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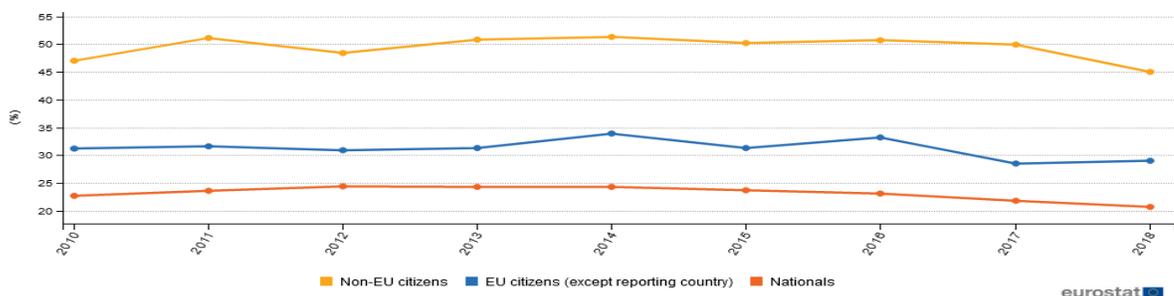
[17] https://nos.nl/artikel/2188866-brussel-weet-zich-geen-raad-met-honderden-migranten.html
[18] https://ec.europa.eu/eurostat/statistics-explained/index.php/Migrant_integration_statistics_-_at_risk_of_poverty_and_social_exclusion

Furthermore, discrimination and intolerance are on the rise in Europe (European Union. Events of 2018):

"Populist extremist parties and ideas again exercised an outsize influence over European politics during the year. Parties aligned with radical right populism won re-election in Hungary, joined ruling coalitions in Italy and Austria, and gained ground in elections in Sweden and Slovenia, and in state elections in Germany. Poland's populist government remained in power, but lost momentum in local elections in 2018. Elements of the populists' anti-immigration, anti-refugee and anti-Muslim policy agenda continued to be embraced by some mainstream political parties in several EU countries, including in Germany. There were instances of racist intolerance or violent hate crimes in many EU states including Bulgaria, France, Germany, Greece, Hungary, Italy, Slovakia, Spain, and the United Kingdom. Anti-Semitism remained a concern in EU member states."

Fasani et al. (2020, pp. 1-5) shows the contribution of immigrants in the EU to key occupations during the COVID-19 pandemic:

"Migrant workers (and especially Extra-EU ones) are over-represented in low-skill key professions (e.g. personal care workers in health service, drivers, transport and storage labourers, food processing workers)."

Figure 3: Share of Immigrants among Key Workers
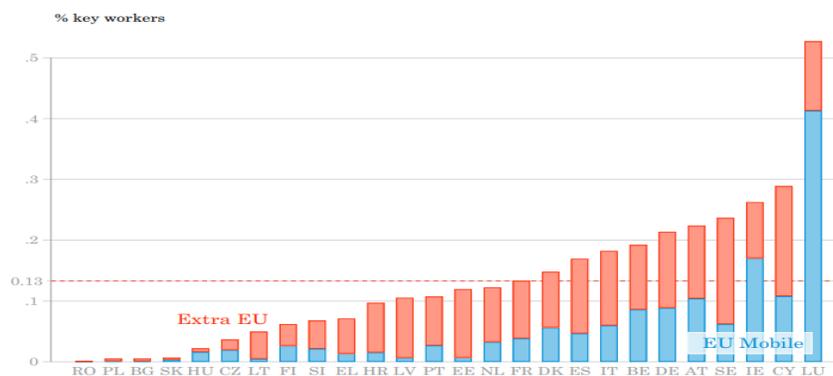
Note: The bars report the percentage of immigrants over total key workers for each Member state. The red dotted line represents the average share of immigrant key workers across the Union (13%).

"On average 13% of key workers are immigrants in the EU. Figure 3 shows a wide variation across Member States: the share of immigrant key workers is close to zero in Eastern European countries such as Romania, Bulgaria, Poland and Slovakia, while it fluctuates around 20% in countries such as Italy, Belgium, Germany, Sweden and Austria. The largest figures are observed in Ireland (26%), Cyprus (29%) and Luxembourg (53%). In most countries, the share of Extra-EU key workers is larger than the EU-mobile one."

What are the consequences of this dichotomy for superdiversity and COVID-19? The political climate in Europe and the United States is not immigrant and refugee friendly. But it is not only words that hurt, but also acts of unkindness. In a manner of speaking, an immigrant or refugee in

Europe and the United States ends up in a prison (asylum seekers centre), on the street, in shelters or with large groups in small apartments in large flats. From that moment on, they have to take care of themselves. They get help from their own people who already know their way around and also native volunteers who do not subscribe to the immigrant and refugee unfriendly government policy. They get help in finding legal and illegal work, in getting a health insurance and opportunities to send their children to school. The motto is 'tying the threads together'.

The second and third generation of immigrants in western countries are rowing against the current. With difficulty they keep their heads above water. Their chances of getting an education that matches their potential are lower than those of native Westerners (Crul, 2018; Steinmetz, 2020). The same applies to their chances on the labour market. Ultimately, this has consequences for their income, which is subsequently lower than that of native Westerners. An appetite for thirst is virtually out of the question. In other words, the vulnerability of immigrants starts as soon as they set foot on Western soil. The story that stands before this is the story of the first generation and new immigrants. There are also immigrants and refugees in western countries who, despite all the opposition at school and on the labour market, manage to get away from it. Since life can only be lived once, it is impossible to determine whether immigrants and refugees would have made progress in social and economic terms without this social and economic oppression. Nor can it be determined whether without this repression their feeling of happiness in their 'new' homeland would be greater than it is now. The Black Lives Matters movement has hard demonstrated that coloured people suffer pain and experience severe stress every day with unpleasant consequences for their physical and mental health.

Earlier we launched the proposition that COVID-19 works as a magnifying glass on existing deprivation and exclusion of immigrants, refugees and partly expats. The Counsel of Europe warns us of the disadvantage and exclusion of immigrants, refugees and expatriates. She has developed a separate website (Intercultural Cities: COVID-19 Special page) for this purpose (https://www.coe.int/en/web/interculturalcities/covid-19-special-page#{%2262433518%22:[7]}). The main issues for which the Council of Europe warns are:

> "Threats to equality due to an increase in social inequalities, threats to positive interaction through the temptation of privileging individual solutions, threats to diversity through increase in racism, prejudice and stereotypes, and discriminatory practices, and restrictions of human rights and fundamental freedoms: State boarders have been closed to contain contagion, travel restrictions have been imposed, and personal data collection and exploitation are being authorised to a greater extent than ever."

There is not much nail hard data to confirm a possible connection between being an immigrant or refugee on the one hand and being infected or deceased by COVID-19 on the other. Much of the evidence is circumstantial. What I did find outside the United States of America is listed below. The Guardian reports at the first of may 2020[19] that:

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[19] https://www.theguardian.com/world/2020/may/01/british-bame-covid-19-death-rate-more-than-twice-that-of-whites

"The death rate among British black Africans and British Pakistanis from coronavirus in English hospitals is more than 2.5 times that of the white population, according to stark analysis by the Institute of Fiscal Studies.

The highly respected think tank also found that deaths of people from a black Caribbean background were 1.7 times higher than for white Britons.

"NHS England figures published last week showed that hospital deaths per 100,000 among British people of a black Caribbean background were three times the equivalent number among the majority white British population. However, unlike previous analysis, the IFS research, published on Friday, strips out the role of age, gender and geography and shows that they do not explain the disparities."

4. Crisis communication and Leadership

Before, during and after this COVID-19 pandemic, communication is a must. We do this in order to offer hope and security to mankind, locally and globally. The most common greeting is 'stay safe and keep healthy'. Unfortunately, not everything is rosy. There are government leaders who take the opportunity to set groups of people against each other, ridicule COVID-19 and tell us that it's a nobody, a flu. During this COVID-19 pandemic we have a lot of trouble with the male ego that knows everything better and tries to get the COVID-19 pandemic in line with their own 'narcissistic' agenda. This proposition is mainly anecdotal evidence, not hard evidence. However, we do know that in countries with female heads of government, the number of infected and deceased people is significantly smaller than in countries with male heads of government[20].

Earlier we discussed female leaderships styles. Female leaderships styles[21] are: a) don't lean in when you've got nothing to lean in about, b) know your own limitations, c) motivate through transformation, d) put your people ahead of yourself, e) don't command; emphasize, f) focus on elevating others, and g) don't say you are humble; be humble. The core of the female leadership's styles is not lying and not distorting reality. In the practice of communicating by mail, (newspaper) articles, social media and YouTube there are many ways of lying, also in this COVID-19 period. The most common way is simply debiting untruths or complot theories (COVID-19 does not exist, it is a Chinese fabrication created in a laboratory in Wuhan[22]), the second way is to twist reality (the number of victims infected or dying is not so bad) and the third way is to put reality into a different perspective through false comparisons (it is only a flu).

Our proposal for communication and marketing is: a) deploy more women and b) make more use of their leadership styles. Brunner (2018) has researched female leadership styles in Europe, in male-dominated organisational environments, see her next quote.

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[20] https://www.forbes.com/sites/avivahwittenbergcox/2020/04/13/what-do-countries-with-the-best-coronavirus-reponses-have-in-common-women-leaders/#3a49d373dec4
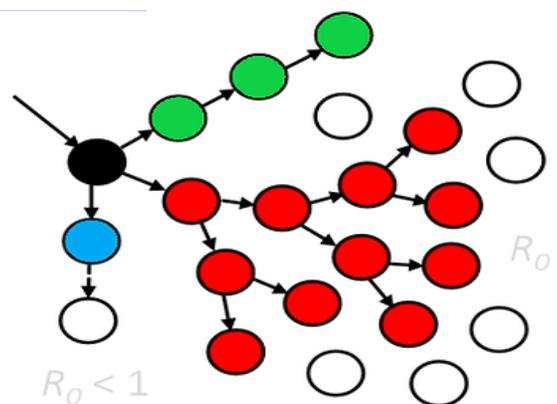[21] https://hbr.org/2020/04/7-leadership-lessons-men-can-learn-from-women
[22] https://www.nrc.nl/nieuws/2020/05/22/het-laboratorium-in-wuhan-waar-corona-begon-of-toch-niet-a4000475

> "The findings show that female leaders follow different strategies that play at individual, group and network level in order to overcome emerging challenges when ascending in their business environment. As a result, these strategies enable women in leadership positions to act as institutional change agents."

In communicating the further course of COVID-19, a clear definition of vulnerable groups is needed that is also substantiated. COVID communication worldwide now focuses on older people. This was motivated by the results of Chinese research[23], which showed that older people in particular are victims of COVID-19 (either infected or dead). Regardless of where these results are located, they should not have been translated one-on-one to other parts of the world. Mainly because the population structure (age, gender, colour, social class and income) can sometimes be very different in one part of the world than in another. In science we call this the law of generalizability. After all, Chinese researchers have never claimed that their findings can be automatically translated to the rest of the world. In short, with today's knowledge, vulnerable groups are still the elderly, as well as immigrants and refugees who cannot apply the social distancing rules because of their work (stacked jobs) and shelter (small housing with many people), young people who are unwilling to comply with government measures (also because governments have not made efforts to gain their consent) and right-wing radicals who see COVID-19 as a big conspiracy and take to the streets to demonstrate by force.

Secondly, when communicating about the further course of COVID-19, clear language is needed in such a way that everyone can understand it and also know that there are many uncertainties. A great example is the number R0 (first infection) that stands for the infection rate. If this number is 1 or lower then the number of infections and possibly also the number of people who die remains the same or less. If R0 is higher than 1 the number of infections and possibly also the number of people who die increases exponentially. R0 is calculated by dividing the number of infected people on day X by the number of infected people on day X minus 4 (the number of days before an infection is measurable). With this measure one can rightly ask the question: "is this really a measure for the degree of infection and can this measure also be used for the number of people who are going to die? See the following picture:

[23] https://www.scientificamerican.com/article/how-chinas-bat-woman-hunted-down-viruses-from-sars-to-the-new-coronavirus1/

At an infection rate (R0) of 1, the number of infected persons remains constant (green), at a higher infection rate it increases (red: R0=2). Only if the degree of infection falls below 1 (blue), the number of infected persons decreases. RIVM (National Institute for Public Health and the Environment in the Netherlands[24]).

A third important topic on which communication should focus is the treatment and recovery of COVID patients. We will have to make a distinction between light, moderate and severe infections. For each type of infection it should be clear what possible treatments are. This could be home quarantine or hospitalisation in the front porch of the COVID-19 intensive care (IC) or the IC itself. It also needs to be clear how, once people are infected, further infection can be prevented. Furthermore, it must be made clear how the consequences for people who are seriously infected can be minimized. Finally, it must be indicated what the subsequent physical and psychological damage is in people who have been declared 'cured' by physicians.

A fourth topic concerns the local and global consequences of COVID-19. Themes are the degree of social distancing (private, in public transport, at work, on the street and during trips or holidays), education (online and face-to-face), health care (for COVID-19 patients and 'normal' patients), services and products local or global production (i.e. our food), income and labour, fraud and crime and economical use of nature and climate.

To this end, we have provided an outline of possible topics that need to be addressed during communication. But that's not all. Depending on the circumstances, different communication models will have to be chosen.

> "Communication models[25] are systematic representations of the process which helps in understanding how communication works can be done. Models show the process metaphorically and in symbols. They form general perspectives on communication by breaking communication from complex to simple and keeps the components in order. Communication models can sometimes encourage traditional thinking and stereotyping but can also omit some major aspects of human communication.

> Methods and channels of communication to be used and the purpose of communication, must be considered before choosing a specific communication model. Models are used by business companies and other firms to foster their communication, explore their options and to evaluate their own situations. It is also used to understand how the receivers will interpret the message. See figure below."

During the COVID-19 pandemic, there is now a strong emphasis on communicating from top (premier and ministers) to bottom (the people). In many countries this is done on the basis of the insights of scientists, especially doctors. Parliamentary democracy and privacy regulations in

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[24] https://www.nemokennislink.nl/publicaties/coronacrisis-modelleren-in-de-mist/
[25] https://www.businesstopia.net/communication

particular GDPR[26] are also often ignored with an urgent appeal to tackle the COVID-19 pandemic quickly and efficiently. The communication model used is called linear communication. Gradually, society opposes this model. This is because there is also a need for insights from scientists other than just physicians. In short, there is a need for an input from economists, philosophers, mass psychologists, anthropologist, other social scientists and climate experts. The need now shifts to what is also called the interaction model, because the user of the communication has a legitimate input. This also leads to a democratic debate on the anti-COVID-19 measures and scenarios to be taken.
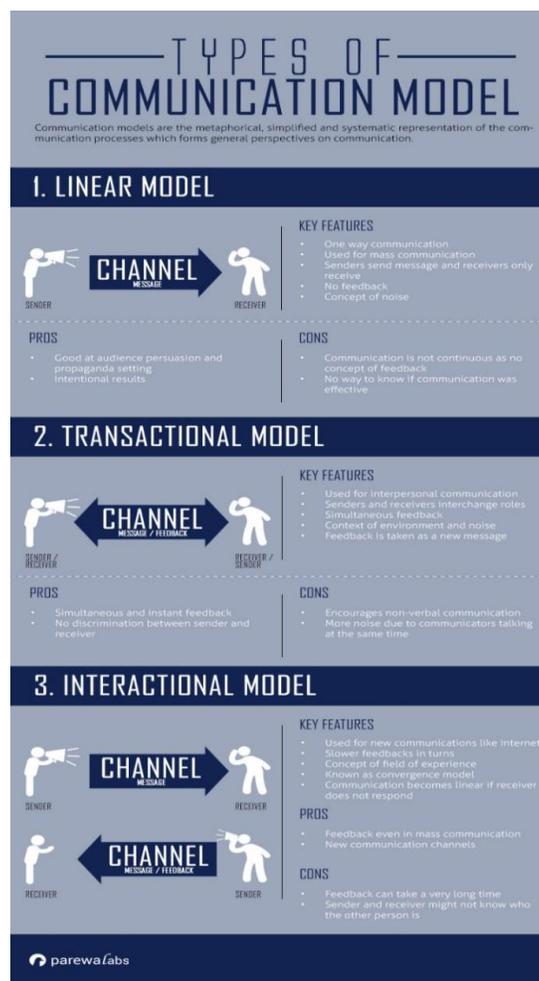
Marketing

What consequences does the above argument have for communication and marketing during this COVID-19 pandemic? In the world of marketers this is called crisis marketing. Why would be a legitimate question in this place. The why should be sought in as explained before the major

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[26] The General **Data Protection** Regulation (EU) 2016/679 (GDPR) is a regulation in EU **law** on **data protection** and **privacy** in the **European** Union (EU) and the **European** Economic Area (EEA). It also addresses the transfer of personal data outside the EU and EEA areas.

changes in systems, which were already there but magnified by the COVID-19 pandemic. We refer here to all systems around private life (nuclear family, single with or without children and family), the different work environments (home, public places and office), (public) transport (bicycle, moped, scooter, car, tram, metro, train and airplane) and recreation (at home or abroad).

> "Marketers[27] talk frequently about how being agile and flexible helps them capitalize on shifting market dynamics, changing customer demands and competitive threats. But in reality, most are working to a well-defined marketing plan driven by a budget and technology strategy that was locked down months ago."

Marketers often do their work on the basis of well thought-out marketing plans for new and existing products or services. In COVID-19 marketeers had to start from scratch without too much basic information, such as characteristics of the virus, ways of spreading, vulnerable and at-risk groups and thus what possible measures could have an effect. There was no such knowledge because the development of this knowledge was deliberately stopped after the last major virus pandemics such as SARS, and Ebola.

> "Pharmacists[28] thwarted a proposal from the European Commission two years ago (2018) to use European research funds to better prepare for epidemics. Research by the Brussels-based lobby watchdog Corporate Europe Observatory (CEO) has shown this to be the case. The Commission wanted to launch a research line in 2018 that would facilitate the development of vaccines in preparation for an epidemic. However, due to the lack of support from the pharmaceutical industry, this did not happen."

Which does not mean that nothing at all was known. Social distancing for instance was already applied during the plague pandemic in Europe between 1347 and 1352 common era. Known crisis marketing rules[29] are the following: a) race to pause your marketing ("at minimum, pause your social media and e-mail marketing campaigns"), b) develop a short-term program ("the entire tone of the public discourse and mindset will change by the day, if not by the hour"), c) read the waves (each week after the first week during and immediately after the crisis period, set a new plan for your marketing based on your read of the overall public tone and climate), d) set a new long term plan ("every crisis is different. However, eventually, as with all things, the waves of public emotion will begin to calm. The situation will stabilize into a short-term tone and mindset among the public, business community, and your target audiences"), e) adjust to the new normal ("if the crisis has caused long-term changes in your market or in the world at large, you may need to completely rework your marketing messages, your marketing strategy, and your marketing plan") and f) the crisis response silver lining ("go ahead: panic for a moment when a crisis hits—who doesn't? And then take heart: There's a lot to do to keep your mind focused and sharp. Further, your business has a lot of opportunity ahead if you plan wisely").

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[27] https://www.cmswire.com/digital-marketing/marketing-in-a-time-of-crisis/
[28] https://www.nrc.nl/nieuws/2020/05/24/farmaceuten-voorkwamen-onderzoek-naar-epidemieen-a4000654
[29] https://www.frog-dog.com/magazine/how-to-change-your-marketing-in-a-crisis

4. Conclusions

This article focuses on the relationship between COVID-19 and other vulnerable groups than just the elderly. Other vulnerable groups that have become visible through the COVID-19 magnifying glass are immigrants and refugees, young people and right-wing radicals. This article also pays attention to all the consequences of COVID-19. We do this by means of African philosophy of life Ubuntu, made accessible by the South African philosopher Mogobe Ramose. Furthermore, we show that superdiverse cities are not just the promised land, but can also lead to severe poverty, exclusion and discrimination. Finally, we discuss the desired communication and marketing during this COVID-19 pandemic. We can learn two lessons from this. Lesson 1 is stop lying and twisting. Lesson 2 is deploy more female leaders because, unlike men, they have more emphatic qualities.

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