

Muslims and the COVID-19 pandemic: myth-busting the demonisation of Muslim communities

Abstract

This article draws upon research carried out in Muslim communities in the UK throughout the Covid-19 pandemic and the experiences of religious and community leaders in responding to the challenges facing Muslims as a disproportionately impacted group. We apply a Critical Race Theory framework and draw upon Muslim stakeholder voices to provide a counter-narrative which confronts highly racialised narratives around Muslims in the context of Covid-19. The pandemic saw Muslims depicted in online spaces as resistant to public health directives and contributing to the spread of Covid-19. These narratives demonised Muslims through re-appropriating pre-existing tropes around Muslims as a threat, in the process re-affirming these racialised narratives in the context of Covid-19. Identifying the content of these narratives against a CRT theoretical backdrop allows for an understanding of how Muslims' relationality to whiteness informs their demonisation in online spaces. Having established the claims made around Muslims in online spaces, we draw upon real-world data driven accounts of Muslim community-led interventions in response to the threat of Covid-19.

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Introduction: British Muslims and counter-narratives in the COVID-19 pandemic

This article outlines online depictions of Muslims in the Covid-19 pandemic as non-compliant with public health directives before drawing on qualitative data to provide a counter-narrative around Muslim compliance in pandemic. Exploring these tensions reveals how the ongoing replication of discourses in the public political sphere which demonise Muslims (Sayyid Citation2014, 16) inform racialised master-narratives around Islam and Muslims in the pandemic. Our data demonstrates that such discourses have been predicated on implicitly assumed premises rather than the realities of Muslim engagement with public health directives in the case of Birmingham, UK.

Muslim communities in Birmingham, UK

Census data identifies 341,811 Muslims living in Birmingham, accounting for 29.9% of the population and demonstrating 45.8% growth since 2011 (ONS Citation2021). There are 5 wards in Birmingham with more than 50% of the population being Muslim, those being Small Heath (85.9%), Alum Rock (83.7%), Bordesley Green (80.2%), Sparkhill (72.9%) and Sparkbrook and Balsall Heath East at 77.4% (ONS Citation2021). Across England and Wales there are 3.87 million Muslims, with Birmingham having the largest population of any local authority at 341,811, accounting for around 9% of all Muslims in England and Wales (ONS Citation2021). According to the ONS, in March 2020 64% of deaths with Covid-19 at Birmingham City Hospital were from individuals from BAME backgrounds (Awan and Breen Citation2024, 3). Pakistani and Bangladeshi groups make up 53.9% of Britain's Muslims communities (ONS Citation2023) and were among those which experienced the most extreme health disparities in the pandemic (Awan and Breen Citation2024, 3). Whilst ethnicity cannot be used as a proxy for religion, this demographic represents a significant proportion of Muslims in the Birmingham local authority, with disproportionate impacts of COVID-19 being measured across Black and South Asian minority ethnic groups more generally. Prior to the pandemic, Muslims have been framed as a suspect community in Birmingham through high profile phenomena such as the widely reported Trojan Horse Letter alleging a 'Muslim takeover plot' in schools in the city (Mackie Citation2014). Muslims in Birmingham have also been surveilled in more systemic ways. For example, early in the national rollout of Prevent, resourcing was distributed based on the size of Muslim populations in local authorities (Kundnani Citation2009, 12). This reveals a national state perspective on Muslim presence alone representing a public threat to be monitored, and as the local authority with the highest proportion of Muslims Birmingham received the most funding between 2008 and 2011 at £2,413,000 (Kundnani Citation2009, 13). For perspective, this was around one million more than the next highest funded authority in Bradford (Kundnani Citation2009, 13). This placed Muslims in Birmingham as the most surveilled community in the country. In addition, Project Champion saw the installation of closed-circuit television cameras in Washwood Heath and Sparkbrook from 2008 to 2011 (Isakjee and Allen Citation2013, 751). Approximately 290 surveillance cameras were installed – 72 being covert, hidden in 'street signs and street furniture' (Fussey Citation2013, 351). 150 cameras had Automated Number Plate Recognition capability to monitor vehicles entering and leaving these areas (Fussey Citation2013, 351). Project Champion was concentrated in wards which both had between 60% and 80% of their populations being Muslim (Isakjee and Allen Citation2013, 756). The implementation of Prevent had required a slow process of building trust with local Muslim communities, which Project Champion coming to light undermined (Isakjee and Allen Citation2013, 758). Prevent and Project Champion represent examples of the ways that longstanding tropes around public threat

have been realised for Muslims in Birmingham. The impact on trust in the community is also important to consider when thinking about the shift towards tropes around Muslims as a public health threat in the context of the pandemic. The framing of Muslims against these tropes will be developed further in the coming sections.

Muslims, racialisation and relationality to whiteness

There is a complex interplay between dynamics of religious identity and race which informs how racialisation plays out for Muslim groups. Whilst these dynamics are interwoven, there are temporal moments where religious identity or race take primacy in how Muslims are racialised. For example, moments such as the 7/7 bombings or the Syrian refugee 'crisis' represent instances where religion has been a prominent feature of how Muslims have been racialised in mainstream media. There has been a concerted effort to apply CRT to British Muslim groups specifically, with significant contributions from Gholami (Citation2021), Meghji (Citation2021), Breen and Meer (Citation2019), Breen (Citation2018, Citation2016), Crawford (Citation2017) and Housee (Citation2012). In the UK context, Muslims being racialised as other-to notional ideas of Britishness or Englishness has been propagated by far-right groups which have positioned themselves as distinctly hostile to Muslim groups. While these groups exist at the fringes of far-right ethnonationalist notions of Britishness or Englishness enmeshed with racial whiteness, they have co-existed alongside more mainstream longstanding anti-immigration narratives which at least partly informed the case for 'Brexit' following the outcome of the 2016 referendum. This anti-immigration sentiment was a response to the Syrian refugee movement, and the complexities of perceived threats from ISIS. Through this, migrants and refugees are 'othered' based on their perceived Muslimness as an indicator of proximity to extremism and are constructed as a threat to their place of arrival – potential criminals looking to harm white non-Muslim majorities or seeking to claim state-sanctioned insurances (welfare) to the detriment of long-term citizens (Kerrigan, Breen, and Bakkali Citation2025, 78). These complexities were perhaps most notably embodied in the public political debates and widespread news media reporting around the case of Shamima Begum, and concerns about risk to public safety around her citizenship and/or potential return to the UK. The political tensions around the Syrian refugee 'crisis' and the case of Shamima Begum echoed more longstanding concerns about Muslim communities and threats to public security which informed mainstream counter-terror legislation in the UK through programmes such as Prevent following the 7/7 bombings of 2005. The interplay of race and religion has been a consistent factor in counter-terror programmes in the UK, which have constructed both Irish and Muslim Brits as 'suspect communities' at various points in time (Hickman et al. Citation2012). Counter-terror programmes following 11th September 2001 and the London bombings of 2005 saw a shift away from focusing on the 'ethnic Irish' to the 'religious Muslim' (Hickman et al. Citation2012). These dynamics will be unpacked further as we progress, but there has been a process of racialisation specific to Muslim groups which has been constructed around perceptions of 'threat'. These tropes have been perpetuated and distributed through mass mainstream news reporting which has consistently demonised Muslims (Ameli et al. Citation2007). This was most prevalent in UK tabloid media from the Salman Rushdi affair through the 1980s to 11th September 2001, the 2005 London bombings and reporting more widely on the war on terror which consistently portrayed Muslims as a threat to the West (Miladi Citation2021, 118). Such narratives have perpetuated these tropes and have invariably informed mobilisations of 'resistance' in the political far-right. Whilst the extreme rhetoric of far-right ethno-nationalist groups may not be explicitly absorbed into mainstream political rhetoric,

moments such as Brexit and the debates which informed it demonstrate both anti-immigration sentiment in response to Muslim refugees, but also buy-in to the notion of these groups being a potential 'threat' rather than groups made vulnerable as a result of ISIS and its activities. This has been accompanied by the mainstreaming of these ideas over a 25 year period, within which the state itself has developed and enforced counter-terror legislation specifically focused on threats posed by Islamic extremism.

However, racialisation for Muslims cannot be confined or reduced to only the ways in which Islam as a religious identity is posited in relationality to whiteness. Many Muslim groups also share minority ethnic backgrounds which also impact on their own relationality to whiteness. If we take the example of the UK, 65.9% of all British Muslims are of a South Asian background with 6.4% being Indian, 15.3% Bangladeshi and 38% Pakistani (UK Census Citation2021). Furthermore, 7.2% are of an Arab background and 9.8% are Black British with only 2.4% being white British (UK Census Citation2021). Collectively, in the UK around 83% of all Muslims are of South Asian, Arab or Black backgrounds. The prevalence of these ethnic groups in the representation of Muslims in the UK means that individuals will also face processes of racialisation which impact South Asian, Arab and Black British groups more widely. Understanding how racialisation plays out for Muslims allows us to understand how racial meanings become ascribed to Muslim bodies (Selod and Embrick Citation2013, 652). The interplay between religion and race means that cultural identifiers as embodiments of faith play a distinctive role in how racialisation plays out. This informs a racializing process where characteristics are ascribed based on physical or cultural traits based a range of cultural identifiers such as language, clothing and religious practice rather than skin tone (Garner and Selod Citation2015, 12). The racialisation of 'Muslimness' as a set of essential and immutable embodied characteristics means that white Muslims may also face anti-Muslim racism (Garner and Parvez Citation2020, 136), despite their racial proximity to whiteness.

It is the complexities of Muslim identity which leads us to draw on the CRT concept of differential racialisation (Delgado and Stefancic Citation2001), as racism is simultaneously about how religion and race figure in relationality to whiteness. Racialisation for Muslims then is differential to that experienced by others who share their ethnic identity but not their religion and will also be differential where faith is the only dynamic of identity shared. The ways that racialisation plays out in relation to religious identification is an important factor in the differential racialisation of Muslims against a backdrop of embedded whiteness in public political forums and mainstream state mandated legislation which identifies extremism as opposition to Fundamental British Values (Prevent Citation2011). This represents a codification of whiteness into Fundamental British Values in a way which specifically posits Britishness as oppositional to perceived Muslim threat (Breen and Meer Citation2019, 599). It is also important to acknowledge that Prevent operates in context across education, social care and healthcare services (Heath-Kelly and Strausz Citation2019, 90). Whilst research on Prevent in healthcare settings is under-represented, the definitions for extremism remain consistently problematic for Muslims as stakeholders. In this context, healthcare is a further site within which Muslims can be surveilled, and where signs of 'radicalisation' are measured against the notional Britishness enmeshed in FBV. Concerns have been raised about the limited requirement for training and the duty for staff to exercise judgement without considering what expertise is required to do so (Heath-Kelly and Strausz Citation2019, 97). The duty to act is also wrapped up with upholding the individual's

professional integrity and reputation, informing an institutional culture that denies all knowledge of mistaken identification of threats (Heath-Kelly Citation2017, 35). The racialised outcomes of Prevent in healthcare are evidenced in Muslims being referred 8 times more than non-Muslims (Aked Citation2020, 5). In particular, where individuals have pre-existing mental health conditions the likelihood of being referred is compounded where they are South-Asian and/or Muslim (Aked Citation2020, 6). This has led to concerns that, given the disproportionate impacts on British Muslims, the ways that counter-terror operates in healthcare settings constitutes institutional racism (Aked Citation2020, 18). Owing to how Prevent functions in these contexts, 'security' in Britain has become encoded in notions of civic participation and national belonging, which are in turn anchored in repertoires of whiteness (Breen and Meer Citation2019, 596). Within this understanding whiteness is a series of racialised codes, bound up with particularistic sets of public policy norms (Breen and Meer Citation2019, 600). This can be read as a purposeful strategy for sustaining the marginalisation of Muslims at the fringes of citizenship, even where those individuals may be ethnically white, or even British themselves.

Islamophobia, differential racialisation and the demonisation of Muslims in the pandemic

For Muslims, Islamophobia often co-exists with racialised oppression faced by Muslims of colour (Garner and Parvez Citation2020, 136), and these intersections across identity mean that racialisation cannot be understood as a uniform process. As identified above, differential racialisation has been used in CRT scholarship to explore the nuances of racialised experiences (Delgado and Stefancic Citation2001), taking account the nuances of intersections around racialised identities. It also identifies how white majority societies racialise groups in different ways at different times in relation to existent power structures (Glynn and Breen Citation2024). For Muslims in white majority societies, these nuances are compounded through their position as both a religious and racialised minority. Specifically, with race being a social construct, who is and is not included changes with time and context (Mohamed Citation2020, 276).

The racialisation of Muslims has also been framed through critical discussions on Islamophobia (see Allen Citation2010; Breen Citation2018; Meer and Modood Citation2013, Citation2012, Citation2009; Mondon and Winter Citation2017; Sayyid Citation2010). Islamophobia is not just ideological and underpins hate crimes and violence towards Muslims (Allen Citation2010, 5), and extends beyond white majority societies. For example, Muslims have been diametrically opposed to the Hindutva nationalist Hindu ideology underpinning India's ruling Bharatiya Janata Party (Deshmukh Citation2021, 317), contributing to communal violence against Muslims in nationalist strongholds (Deshmukh Citation2021, 321). However, Islamophobia also operates in tacit or unseen ways (Breen Citation2018, 20–21). Mondon and Winter's (Citation2017) discussion on liberal and illiberal Islamophobia identifies dual forms of Islamophobia which co-exist as relationally opposed but mutually affirming each other (Mondon and Winter Citation2017, 2156). They argue that through this dual model racist discourse can be naturalised and 'common sense' (Mondon and Winter Citation2017, 2156). Where illiberal Islamophobia encompasses the kind of explicit anti-Muslim racism rejected in the liberal public political sphere, liberal Islamophobia is more tacit, where processes which racialise Muslims are presented as the non-discriminatory upholding of the liberal freedoms of tolerant societies (Mondon and Winter Citation2017, 2152). In de facto secular societies such as Britain, France and the US, critiques of religion provide a convenient cover for those wishing to argue that they

are attacking a belief and not people, in a context where racism is presumed unacceptable (Mondon and Winter Citation2017, 2156). This has also been argued by Meer and Modood (Citation2009), who argue that 'while curbs on the defamation of conventionally conceived ethnic and racial minorities might be seen as progressive, the mocking of Muslims is seen to constitute healthy intellectual debate' (Meer and Modood Citation2009, 348). In these contexts, such attacks on Muslims are praised for confronting taboo subjects in the name of freedom of speech and secularism (Mondon and Winter Citation2017, 2156).

The coexistence of liberal and illiberal Islamophobias then allows for the liberal position to justify racist discourse by presenting it as opposed to illiberal, explicit anti-Muslim racism – even though these are both articulations which racialise Muslims (Mondon and Winter Citation2017, 2156). Liberal Islamophobias may also extend to presumptions around household structures and language barriers being presented as common-sense concerns which positioned Muslims as a constant or difficult to manage threat to public health in the pandemic. It is important to recognise these discourses drew their perceived 'common-sense' neutrality against a backdrop of state mandated public health interventions. This process allows for a disavowing of Islamophobia through 'legitimised' critiques of religious practices through the medium of liberal Islamophobias. In the context of Covid-19, this can be seen in racist logics which demonised Muslims presented through a lens of 'common-sense' advocacy for lockdowns and social distancing measures.

The Covid-19 pandemic saw a rise in Islamophobic narratives across social media platforms comprising a range of demonising claims, from falsified accounts of Muslims ignoring lockdown restrictions and social distancing, to attributing the origin of Covid-19 to Muslims (Awan and Khan-Williams Citation2020, 4). These narratives included sharing unsubstantiated conspiracy theories, memes and even falsified videos online (Mahzam Citation2020, 2). For example, in the UK far right groups circulated pre-lockdown pictures and videos of Muslims praying, congregating in groups and attending Mosques (Hussain Citation2020). These kinds of posts embodied a subtext attributing the spread of Covid-19 to Muslims (Mahzam Citation2020, 2), and bolstered unfounded narratives that Muslims were receiving preferential treatment by police and health authorities (Awan and Khan-Williams Citation2020, 3). In Leeds, complaints led West Yorkshire Police to issue a statement to confirm that a picture posted online of Muslims congregating outside a Mosque was taken pre-lockdown (Awan and Khan-Williams Citation2020, 5). Similarly, a pre-pandemic video depicting collective worship at a Mosque in Small Heath, Birmingham was posted during lockdown, and similar complaints were raised to police following social media posts regarding a Mosque in Shrewsbury which did not exist (Awan and Khan-Williams Citation2020, 5). The subtext to these narratives represents a racialising process, juxtaposing Muslim resistance to public health directives with reaffirming notions of white innocence and superiority (Corbin Citation2017, 456).

The complex interplay between race and religion in the racialisation of Muslims makes differential racialisation useful in understanding such complexities and the positioning of Muslims relative to whiteness owing to its emphasis on intersectional dynamics of identity. The ways in which Muslims have been racialised temporally following events such as the 11th September 2001, the

7th July London bombings of 2005 can also be usefully understood as moments of intensified differential racialisation. The time specific nature of these tropes is consistent with how differential racialisation functions, with the ascription of racial meanings fulfilling social, economic, political or cultural 'needs' at different points in time as determined within majority white societies of settlement (Delgado and Stefancic Citation2001). The Covid-19 pandemic also represented a moment where Muslims were racialised in ways which reconstructed pre-existing tropes around being a threat to security into being a threat to public health through perceived non-compliance to lockdowns and social distancing measures. This demonstrably played out through the scapegoating and demonisation of Muslims online as 'super-spreaders', with fabricated and outdated imagery being used to convey false stories of non-compliance (Awan et al. Citation2023). We accept these narratives are not mainstream, however such racialised representations do inform master-narratives surrounding Covid-19 which become repackaged as 'common-sense' pro-public health rhetoric. This allows Islamophobic racialisation to be presented as race-neutral rhetoric, holding individuals to account for neglecting public health measures. Such temporal moments of intensified racialisation result in specific and distinctive implications for Muslims, which can be understood as instances of differential racialisation. This also allows us to think about racialisation as a fluid process, with relationality to whiteness intersecting with time and social context (Kerrigan, Breen, and Bakkali Citation2025) to inform how racialisation plays out differentially for Muslims. Whilst these moments of intensification are temporal, they exist against a more constant backdrop of sustained racialisation informed by the interplay of race, religion and relationality to whiteness for Muslims, which temporally led to a set of differential conditions for the racialisation of Muslims in the pandemic.

CRT, counter-storytelling and counter-narratives

The counter-stories in this article were captured through semi-structured interviews, and whilst they do not focus on experiences of racism, they collectively inform a counter-narrative documenting how Mosques and other Muslim community organisations worked to support implementing public health measures in the pandemic. For counter-narratives illocution, or intended action, distinguishes them as their purpose is to counter an identifiable pre-existing narrative. Where narratives are constructed without the conscious intention to interrogate or confront existing master-narratives these constitute alternative-narratives (Bamberg and Wipff Citation2020, 27). These narratives may offer alternative insights that conflict with other concurrent narratives but are not typically mobilised to delegitimise them (Bamberg and Wipff Citation2020, 27). In contrast, counter-narratives embody a sense of politics and purpose synonymous with CRT. Counter-stories and counter-narratives challenge the idea of 'neutral' research and contest such premises as they have silenced and distorted epistemologies of people of colour (Martinez Citation2020, 3). They also confront master-narratives and their claims to neutrality based on the erasure of minoritized voices (Martinez Citation2020, 21). Indeed, we have identified the ways that Muslims have been constructed as a public health threat through state policies and public political discourses. In this context and with this theoretical framing, counter-narratives represent a suitable methodological vehicle given what our findings revealed about Muslim engagement with public health measures during the pandemic in Birmingham, UK.

The research design

The qualitative data presented in this article draws on interviews with Muslim communities in Birmingham, UK. The project was funded through the UK Research and Innovation Agile Response to COVID-19 scheme by the Economic and Social Research Council and spanned from February 2021 to December 2022. The project comprised three stages of data collection, with questionnaires being conducted at stage one, interviews at stage two and focus groups at stage three. The project overall draws data from a total of 133 participants, comprising 58 male and 69 female participants. This article draws insights from interviews conducted at stage two of the project of which 28 were conducted with 15 male and 13 female participants. Participants ranged from community members, community leaders, Mosque leaders, Imams, Chaplains, Muslim community organisations, and non-faith community organisations with significant Muslim stakeholders. They were primarily of British Pakistani and Bangladeshi backgrounds, with some participants from Black British, north African, white and dual heritage backgrounds. Participants were recruited purposefully through contacting Mosques, religious leaders and other community organisations with large Muslim cohorts in Birmingham, UK. Individuals and key gatekeepers within these organisations assisted in distributing the stage 1 questionnaire across existing networks, identifying potential interview participants at stage 2 and facilitating focus groups at stage 3 of the data collection. Pseudonyms are used throughout the presentation of findings here for participants and organisations to avoid providing any identifying information.

Interviews were impacted by lockdown restrictions, with 19 being conducted online and 9 in person. Participants included Muslim community members, Imams, senior Mosque administrators, community organisation leads and community leaders across Small Heath, Sparkbrook, Bordesley Green, Washwood Heath, Alum Rock, Handsworth/Winson Green and Lozells. Participants were mainly of British Pakistani and Bangladeshi backgrounds, with some participants from Black British, north African, white and dual heritage backgrounds. The project was subjected to our institutional ethical approval process via the Birmingham City University Faculty of Business, Law and Social Sciences Ethical Approval Committee, ref: Breen /#9324 /sub2 /R(A) /2021 /Jun /BLSS FAEC – COVID BAME Highlight Religious community organisations' interventions around the impact of Coronavirus on Muslims in Birmingham in post-Covid Britain.

Conducting data collection in the context of the pandemic presented some ethical challenges, including encountering participants relaying stories of personal bereavement, stress in frontline work environments and experiences of contracting or supporting loved ones with Covid-19. Where these instances occurred, participants were asked if they wanted to take a break, but we did not encounter any instances where participants chose to. During stage 2, carrying out interviews online was initially required due to lockdown restrictions. However, as restrictions relaxed, we continued to offer them as a way of participating in familiar settings without additional risk of exposure to Covid-19.

Three interview schedules were used, a generic one designed for Muslim community members, one for Muslim community leaders and one focusing on Muslim women's experiences. The following areas were covered in all interviews – impacts of the pandemic on the community; experiences of Covid-19 (illness, caring, bereavement), impacts on religious observance; family dynamics; engagement with organisations during the pandemic; national and local public health

measures (lockdowns, social distancing, testing, vaccines, mask wearing) and community needs moving forward. In addition, interviews with community leaders also focused on – roles and responsibilities in the community; involvement in interventions in the pandemic and interactions with authorities (National Public Health, Local Public Health, Council, Police etc). The areas covered with female Muslim participants focused on family dynamics; caring responsibilities; home schooling and impacts on work based on preliminary insights in initial scoping literature.

It is important that we consider positionality here. This has traditionally been discussed as an ‘insider/outsider debate’ where insiders are generally those who identify with participants and outsider researchers do not share identity characteristics with the group under study (Shaw et al. Citation2020, 285). However, subscribing to this kind of binary obscures the complexity of identity dynamics (St. Pierre Citation1997, 368), where a more helpful approach would see a transparent acknowledgement of the intersecting dynamics of identity with overt recognition and awareness of the ‘multiple positionality’ of the researcher (Khawaja and Morck Citation2009, 38).

In the case of our research team, the Principal Investigator’s (PI) identity as a white, British born Catholic of both Northern Irish and Irish descent meant there were points of understanding where lived experiences of growing up in 1980s Britain during conflicts over Northern Ireland allowed for relatability with Muslim experiences as a suspect community. Indeed, early on following 9/11, British Muslims were described as the ‘new Irish’ owing to their construction in the public political sphere as a threat to British society (O’Sullivan Citation2003). Similarly, growing up Catholic allowed for relatability in having a strong faith identity in childhood. Whilst presenting as white British meant these points of potential relatability were initially hidden from participants, dialogues around identity were a key part of preliminary conversations in an effort to convey transparency and develop rapport. By way of contrast, the research assistant, a British born Muslim woman of Bangladeshi and Irish descent, was able to secure access to and relate with and develop rapport with female Muslim participants based on lived experiences around faith identity and gender much more closely than would be possible for the PI. Similarly, the Co-Investigator (Co-I), a British born Muslim man of Pakistani background, also had shared experiences with participants around faith identity and gender. For the Co-I and research assistant faith identity was shared with participants, and this can help understanding the vulnerabilities around conditions of securitisation and surveillance Muslims experience through shared lived experiences (Brohi Citation2024, 430). Similarly, identity dynamics may afford communicating across language barriers which may be present when religion and ethnicity are not shared between researcher and participant (Brohi Citation2024, 431). This dynamic also existed with the research assistant being multi-lingual, and there were instances where this allowed for overcoming language barriers when negotiating access, although interviews were conducted in English aside from where Islamic phrases in Arabic were used. The use of Islamic phrases occurred in interviews across the research team and whilst religious identity meant an implicit familiarity for the Co-Investigator and Research Assistant, over a decade of research experience with Muslim communities also meant that the PI had a good degree of familiarity.

As project lead, a significant point of reflection for the PI was considering how to produce research with Muslim, often minority ethnic participants with the aim of transcending

marginalisation and othering. Khawaja and Morck (Citation2009) argue that doing this as an outsider 'requires reflection on the ways in which one is always implicated in the processes of othering, whether by overcoming or reproducing them' (Khawaja and Morck Citation2009, 42). To this end the PI led on theoretical framing of the research having published on whiteness and CRT previously. For the PI, the approach taken was to critically reflect on their own positionality and draw upon their own relationality to whiteness to decode and confront master-narratives around Muslim groups (see Breen Citation2018, 72). Against this backdrop, participant voices are then used to construct counter-narratives around British Muslims in a partnership which frames their lived experiences against an experiential understanding of critically confronting whiteness as a white researcher. This aim informed our collective efforts as a research team in confronting the effects of whiteness in the racialised depiction of Muslims in the Covid-19 pandemic.

A reflexive thematic analysis was conducted through immersing ourselves in the data to identify codes, before refining them through interpreting explicit or surface level meanings to give more implicit meanings (Braun and Clarke Citation2021, 61). Initial themes developed in the process and were refined, arranged and rearranged until shared patterns of meaning emerged representing our substantive themes (Braun and Clarke Citation2021, 62). Finally, there are limitations to the narratives we captured since our points of access for participants were predominantly Mosques or Muslim organisations. This meant that participants were predominantly practicing Muslims and/or Muslims with roles in or active engagement with community organisations. This means we have not captured narratives for non-practicing Muslims or Muslims who do not engage with Mosques or community organisations. It is important that we acknowledge that as such what is presented here is a counter-narrative, rather than a claim to the definitive counter-narrative of Muslims in the pandemic in Birmingham UK. Our counter-narrative documents the co-ordinated efforts of an Islamic Trust Organisation, major Mosques in the city, a national Islamic burial organisation and local leaders in public health to develop community-centred interventions in response to the threat posed by Covid-19. The remainder of the article will draw upon findings to deliver a two-part counter-narrative based on the substantive themes: Adherence to rules and regulations and Mosques and community-led interventions.

Delivering the counter-narrative part 1: adherence to rules and regulations

The depictions of Muslims online during the pandemic were characterised by a sub-text which constructed Muslim communities as resistant to and actively non-compliant towards lockdown and social distancing measures. Conversely, our participants consistently discussed observing guidelines around social distancing, hand washing and mask wearing, and encouragement from Mosques and other community organisations to adhere to these measures. When asked about public health guidelines, Mahmoud commented:

I think it's embraced by the community, the majority of individuals don't have an issue with that. I think some find it difficult to have a mask on for a certain period of time, but as far as cooperating with what the government have to say, they're more than happy to do so.

This sentiment was shared among many participants, against a backdrop of national figures showing Pakistani and Bangladeshi men being 1.6 and 1.5 times more likely to die from Covid-19 than white British groups in the first three months of the pandemic (ONS Citation2020). Munira expressed frustration with vulnerability to Covid and the portrayal of Muslims during the pandemic 'I think no one really cared for us because we were Muslims and even the media made it out as if we were the problem. Amina discussed Muslim adherence to public health guidelines:

the community in my area were doing everything properly like cleaning and handwashing, it was other people who were not following those rules but again it was Muslims who got criticised.

Alongside these frustrations many participants also discussed their own sense of vulnerability and fear around contracting Covid-19. Participants also identified that part of the rationale for adhering to measures was informed by a sense of responsibility to others. Imran expressed:

It's not just about me, it's about protecting everyone around me as well. God forbid I have something and I did pass it onto somebody else, how would I live with that kind of thing? It's just ... keeping myself protected but keeping my family and everyone around me. ... I just feel like you should do what you can to protect yourself and others around you, 'cause I don't know how I would live if I'd known that I'd given it somebody.

Similarly, Akbar's adherence to measures to reduce the spread of Covid-19 was informed by concerns about the health of family members, specifically his father who was a heart patient suffering from cancer: 'my parents, we didn't see them, we didn't go, physically to talk to them. We would go and sit in the driveway, like four metres away from them, and talk to them through a window' (Akbar).

The above accounts clearly demonstrate the commitment participants had to protecting family members through adhering to social distancing measures. Overall, senior faith leaders reported seeing the adherence to public health measures having a significant impact on social connectedness during periods of national and local lockdown. Ghasan, a senior figure in a national Islamic Burials Organisation (IBO) recalled the impact that adhering to social distancing and lockdowns had on the community:

Social breakdown. Even now (July 2022), there is the social breakdown of communities. Before Covid people used to walk into, the Asian culture was you don't give prior notice coming to visit ... but now people are reluctant to go into each other's houses. It also made people wary of going to sibling's houses or visiting the sick. The other thing is the Muslim culture, and as Muslims we embrace each other when we meet. So that's all stopped now, people are reluctant, even now, to even shake their hands.

The examples above discuss adherence to public health measures in the Muslim community which clearly provide a counter-narrative to the online narratives depicting Muslims as refusing to adhere to lockdowns, social distancing, mask wearing and hand washing (Awan and Khan-Williams Citation2020, 5). Our findings have captured participant voices which collectively demonstrate narratives of vulnerability, adherence to public health measures out of concerns for

others and anxieties about spreading Covid-19. Whilst the above is representative of experiences across our participant cohort, there were a few instances of participants expressing concerns around public health measures not being adhered to. For instance, Ghasan recalled colleagues at the national IBO attending a house in Sparkhill to collect a body where more than 80 people were present. Akbar also raised that, once lockdown restrictions had allowed Mosques to open, there were some variances in how far social distancing measures were enforced. He stated that, whilst most Mosques were enforcing social distancing measures consistently, some smaller Mosques were just like, 'No, there's no such thing. We carry on as normal'. Kaia, a project coordinator for a Muslim Aid Organisation, also identified variances among members of the community and their perception of the seriousness of Covid-19 early on:

If I'm totally honest, it was a bit mixed because we'd have people that are clearly not listening to any of the rules or anything, and the other aspect, you'd have people that were very scared, afraid to even come out their houses ...

The above represent instances where public health measures were not adhered to. However, it is important to consider the context around these accounts. For example, Akbar's insights indicate that approaches to social distancing were varied across smaller Mosques. Kaia's account does indicate variation in the community; however, she also emphasises that many were taking the threat of Covid seriously. It is also important to acknowledge that Akbar and Kaia and Ghasan represent Muslim voices with varying positions of responsibility in the community expressing concern about public health measures not being adhered to. We do not claim that our counter-narrative is one where all Muslims adhered to public health directives throughout the pandemic. Our account can only speak to the narratives presented to us by our participants, and there was variation in those narratives. However, most narratives focused on compliance, and on Muslim community leaders and Mosques not only adhering to but proactively developing initiatives to reduce the threat of Covid-19.

Delivering the counter-narrative part 2: mosques and community-led interventions

Mosques in the city of Birmingham responded to the pandemic by taking unprecedented measures to combat Covid-19 with senior community leaders having significant influence on adherence to public health measures. Faith leaders were instrumental in coordinating the closure of Mosques ahead of the first lockdown in March 2020. Anwar, a senior member of a National Islamic Governance Organisation (IGO), recalled:

The [IGO] issued in early mid-March 2020 a recommendation and that's all it was to encourage Mosques to close literally the next day. And although we sent it out, we were individually trying to have conversations at our local Mosques. And I was asked by [Midtown Masjid] as a local [IGO] representative "Could you come to a meeting at Midtown Masjid? We'll invite as many Mosques as we can" first time ever it happened like that because there's a lot of local differences and politics between different Mosques.

The meeting held representatives of around 60 - 80 Mosques and was coordinated by an Islamic Trust Organisation (ITO) prior to any guidance being issued by the government regarding a national lockdown. In addition to Mosque leaders, representatives from a national Muslim Health Association (MHA) were present as well as several doctors working with Covid patients and the Director of the Local Public Health Authority. Anwar recalled We said 'look, we need to listen. We need to do something'. And on that night, something like 90% of Mosques agreed that from the next morning we were gonna close our Mosques. This effort would lead to all Mosques in Birmingham voluntarily closing a week prior to the first national lockdown on the 23rd of March 2020. This is a significant example which clearly contributes a counter-narrative to online narratives which made claims about Muslims worshipping in large congregations during the national lockdown (see Awan and Khan-Williams Citation2020). Conversely, we see a city-wide initiative pro-actively initiating the closure of Mosques ahead of any government announcement.

Shahid and Dogra (Citation2022) identified that a lack of early consultation with community leaders in the UK 'cost lives, with subsequent government reports and documents showing the lesson learnt that communities has already forewarned about' (Shahid and Dogra Citation2022, 15). In the case of Birmingham following the first confirmed case of Covid-19 on the 5th of March 2020 (DPH Citation2021, 11), we saw active consultation and collaborative working between the Local Public Health Authority and Muslim community leaders, proactively led from within the communities themselves. For example, Khalil, the lead for the Islamic Trust Organisation (ITO) who led the coordination of Mosque closures in the first lockdown, explained that the closure of Mosques was controversial: it is unprecedented, for us to make a decision like that.

The decision to voluntarily close further demonstrates the willingness of senior Muslim leaders in making difficult decisions to protect the community. Shahid and Dogra (Citation2022) raise that, nationally, communal cultural practices are significant but were not given timely attention (Shahid and Dogra Citation2022, 8). This likely increased risk of exposure and transmission of Covid-19 which tailored health messaging, co-produced and delivered by trusted community leaders, could have reduced (Shahid and Dogra Citation2022, 8). In our research, we found Muslim community leaders addressing the impacts of restrictions on the ability to religiously practice in ways which minimised risks of transmission of Covid-19. Practice within Mosques would change from the 4th of July 2020 with restrictions lifting to allow groups of up to 30 to engage in collective worship under socially distanced conditions (MCB Citation2020). The requirements of social distancing raised challenges around access to Mosques, in particular around collective worship but also around Eid Al Adha celebrations. Anwar (IGO) recalled the safeguarding measures which were enforced:

It was when we reopened the Mosques [in 2020], it was July time and an Eid [Al Adha] was falling just immediately as they were about to open up. And there was a worry that we'd get fined. So what we agreed was the registration process. I remember sitting for four hours outside the Mosque the day before Eid, registering people so that they had a ticket coming to the Mosque, so that we had only a hundred people in the Mosque socially distanced each time. But then once one lot finished we'd spray, the next lot came in. But it was how we managed the 400, 500 people that needed to be processed for that Eid prayer.

The above demonstrates efforts to facilitate the observance of Eid whilst safeguarding members of the congregation without breaking locally agreed protocols. Anwar explained we had good trust with the police as well, we didn't end up with lots and lots of Mosques being fined for non-compliance. Actually, we had a very good take up of good behaviours across the Mosques. Furthermore, Shaykh Osman (Imam) explained that efforts to safeguard congregations even extended to temporarily taking measures which outside of the pandemic would be considered Haram or forbidden in Islam:

When the pandemic started and the difficulty that we faced is to make people abide by the restrictions set in place. That was a shocker because they don't want to use hand sanitiser, many of them have got alcohol. First we said that "if you are coming to the Masjid you've got to use the hand sanitiser." Now if you are not using it then you are causing harm to other people. So even if it is not lawful in normal circumstances, in emergency circumstances Sharia allows you to do that. Some people were convinced, some people they said, "no I'm not going to go to the Masjid." Then we looked for halal options, once we got the halal options, we gave them.

Shaykh Osman's account is significant because it highlights two key factors, the decision to require religiously active Muslims to use alcohol-based hand sanitisers as a pre-requisite for engaging in collective worship, but also the rationalisation of this practice through Islamic doctrines. Earlier in this article participants discussed ethical responsibility to others, and we see consistency with this here in the moral duty to protect others. Drawing on Islamic doctrines was a recurring theme where Mosques worked to encourage members of the community to engage in public health interventions. These accounts sit in stark contrast with online narratives which implicitly suggested Muslim leaders were actively leading non-compliance with public health directives through facilitating collective worship during lockdowns (see Awan and Khan-Williams Citation2020, 5; Hussain Citation2020).

As identified by Wong et al. (Citation2022), the pandemic revealed that understanding the perspectives of those hesitant to vaccinations in Muslim groups is important for future immunisation programmes especially in increasing coverage of such health interventions (Wong et al. Citation2022, 7). Invariably, this recommendation by Wong et al. (Citation2022) reflects exactly the kinds of initiatives which were embedded in the approaches which Muslim leaders pro-actively undertook in our research. For example, several participants including the Director for the Local Public Health Authority, the lead for the Islamic Trust Organisation and the CEO of Heath Walk Masjid (one of the largest Mosques in the City) confirmed that the first vaccination centre in the country set up within a place of worship was opened in an influential Mosque the city. This had been coordinated and led by a Shaykh within the community, who had delivered sermons drawing upon Islamic scripture to encourage engagement with the vaccination programme. Sharif outlined a slightly different approach when setting up a vaccination centre at Heath Walk Masjid:

With the vaccination centre, we had to be sensitive in the messaging. What we didn't want to do is come across as "[Heath Walk] are saying, everybody has to be vaccinated, get to the vaccination centre, it's-it's a religious obligation upon you, you have to do it" ... We presented facts, we presented the medical experts, their opinions, we emphasised that, if we've been told we can help save lives, then it's our religious duty to help save lives always. So when you combine

those things together and then an offer is made to say, “look, for those who want to take the vaccine, we have a vaccination centre on our doorstep, within the Mosque so any concerns [can be] alleviated”, naturally, people will then take the vaccination without being forced and told, you have to do it.

The initiative around utilising Mosques in this way has also been evidenced in Mamalipurath and Notley’s (Citation2022) study of Muslim interventions in Sydney Australia. Consistent with our insights here, their findings saw Mosques described as more than places of worship, as spaces which occupy a heterogenous social function, providing the communication infrastructure required to address the needs of Muslim communities in times of crisis (Mamalipurath and Notley Citation2022, 750). This allows Mosques to function as secure spaces for socio-cultural communication to provide reassurance around concerns in the community (Mamalipurath and Notley Citation2022, 750). This also involves civic practices and provision of direct support such as vaccines and food in times of need (Mamalipurath and Notley Citation2022, 750). This is consistent with narratives around Mosques responses to community needs in our project, through the provision of testing and vaccination centres in a trusted space within which questions and concerns can be discussed. The inclusion of religious leaders in community dialogue around health interventions is consistent with approaches taken with Muslim groups elsewhere. For example, Muslim religious leaders were asked to participate in a campaign to eradicate polio in India amidst vaccine hesitancy among Muslim groups (Obregón et al. Citation2009). Concerns included the potential lack of effectiveness of the vaccine, that it might be harmful to children, cause infertility and that the vaccine strategy was a deliberate attempt to reduce the Muslim population (Barmania and Reiss Citation2021, 17). Following the inclusion of Muslim leaders in the vaccination campaign, vaccine uptake increased and ultimately led to the eradication of polio in India, with the last case being reported in 2011 (Ghosh Citation2022).

Whilst the provision of vaccination centres by Mosques clearly demonstrates pro-active engagement with the national vaccination strategy, not all Muslims are religiously observant. This reality saw community-led organisations with large Muslim stakeholder communities also open vaccination centres to encourage uptake in the community. Shahid, the manager of Above and Beyond, an organisation with a large community of Bangladeshi stakeholders, was instrumental in coordinating a network of vaccination centres in Lozells. This intervention was a response to deaths in the community, with Lozells being among the wards with the highest numbers of deaths in Birmingham alongside Balsall Heath and Bordesley Green (Birmingham City Council Citation2023). Shahid drew upon a combination of networks in the community and across the medical profession:

A lot of our friends own wedding venues and they’ve been closed gathering dust. We had conversations [with] a lot of medical professionals, nurses, doctors as well, I spoke to them and said “look give us some insight, speak to our committee, what’s the vaccine about?” So we would have a lot of workshops so people with whatever questions they’d ask them, just for reassurance that you’re gonna be okay ... So we just started working with GPs ... one of the GPs she fully understood, she got what we were trying to do and she was saying, “look we’re gonna collectively do it, you just tell us how we wanna do it and we’re there.”

Shahid piloted the vaccination centre within the local Bangladeshi centre, offering 100 vaccinations initially. He reflected on the uptake it took us 45 min to fill the 100, our phones didn't stop ringing and ringing and ringing and we had done the 100, it took us about half a day. This account indicates that the provision of vaccine centres within spaces familiar to local Muslims was rapidly utilised within the community, similar to the accounts of the provision of vaccine centres in Mosques above. The pro-active engagement with the provision of vaccines again clearly demonstrates how far community leaders were invested in facilitating national public health directives in ways which were accessible to Muslim communities in Birmingham. Our accounts indicate that these initiatives were embraced within the Muslim communities of Birmingham, which provides a dramatically different picture of adherence to public health directives than that depicted in the online narratives outlined earlier in this article.

Conclusions and recommendations for future research

As we have seen, in stark contrast to the kinds of claims which characterised the online depiction of Muslims as non-compliant, our research findings document the ways in which community leaders in Birmingham as well as community members pro-actively engaged with and contributed to the promotion and uptake of public health interventions in the pandemic. A picture far from the Islamophobic online narratives, we documented adherence to public health directives informed by concern and fear around the threat Covid-19 posed to the community, concerns around ethical and moral responsibility to others as a faith community and proactivity in community leaders initiating and coordinating interventions. We contend that exploring the dissonance between online narratives around Muslims in the pandemic online with evidence informed counter-narratives reveals two principal insights. Firstly, applying a Critical Race Theory analysis to Muslim voices allows us to present the realities we have documented as a counter-narrative to purposefully contribute to delegitimising master-narratives of Muslim resistance to public health directives in the Covid-19 pandemic. This process of exposure also reveals the mechanics of differential racialisation for Muslims within this context, and the ways in which this was weaponised to present Muslims as a threat to publics in a public health crisis. This narrative maps onto and borrows from more longstanding racialised tropes around Muslims as a threat to national security, specifically in a post 9/11 world. These narratives represent processes of othering, which have been a consistent feature in the differential racialisation of Muslims as discussed earlier in this article. Whilst some Muslims are white, as a collective Muslims have been positioned as 'other to' whiteness, in the process experiencing collective Islamophobic marginalisation which then interplays with factors such as ethnic identity, faith, cultural identification, diasporic settlement and immigration status to inform nuanced experiences of racialised marginalisation. Affirming Muslim groups as an 'other' in their relationality to whiteness not only racializes them differentially as a religious group but also represents an important process in the reaffirmation of notions of white supremacy. This extends to online narratives of Muslims in the pandemic, whereby their portrayal as resistant to public health interests implies, by way of contrast, white complicity and investment in public health. The demonisation of Muslims in the pandemic represented a racializing process reaffirming constructed myths of white innocence and superiority (Corbin Citation2017, 456). Whilst our research was specifically on Muslim communities, our counter-narrative still documents the realities of Muslim commitment to public health initiatives in the context of the Covid-19 pandemic. There are clear implications here for policy and practice, as bringing Muslim community leaders into partnership with public health leaders was critical in facilitating community investment in public health directives. Whilst the pandemic was a specific event, there are lessons to carry forward in bringing trusted voices from religious and minority ethnic communities into the process of

mediating engagement with health and other public policy initiatives. Based on what we have presented here, drawing on marginalised voices to construct a counter-narrative in the tradition of CRT allows us to confront and expose false narratives which have demonised Muslims. However, the process of applying this approach also exposes the kinds of mechanisms through which Muslims are racialised differentially and temporally through their relationality to whiteness.

Data availability statement

The data that support the findings of this study are openly available in The BCU open access repository at <https://www.open-access.bcu.ac.uk/14257/>, reference number 14257.

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