**Manish Pareek, Department of Respiratory Sciences (04.07.22)**

I’m Professor Manish Pareek, I’m a Professor of Clinical Infectious Diseases. I’m based jointly across the Leicester Royal Infirmary site, so the RKSB [Robert Kilpatrick Clinical Sciences Building], and also the Maurice Shock Building – my team’s based across the two sites.

So my work is predominantly around working on infectious diseases and public health intervention programmes, particularly for under-served groups, so I’ve done a lot of work over the last fifteen years or so on migrant populations, and so we’ve been focused on looking at the risks of infections in certain populations, but also then trying to develop and deliver public health screening programmes for populations – more recently, my group has been working on Covid and ethnicity, so we were amongst the first to identify the disproportionate risk among ethnic minority individuals, and we’ve done quite a lot of work informing the government and WHO as well. Most recently I’ve been working on – so I’m chief investigator of a study called UK-REACH, which is the world’s largest study of healthcare workers and Covid and ethic minorities, and it’s been running for about two and a half years now, and we’ve recruited several thousand healthcare workers who are following up, really.

One of the areas that I think about in Leicester, specifically, has been around migration, and – there was a migration network several years ago, you might be aware, which dropped off, and didn’t really go anywhere, and then we kind of re-energised that through a LIAS ‘Migration, Mobility and Citizenship’ tiger team and now network - I was one of the founding directors of that. So with that we worked across Social Sciences, Human Geography, Law, historians – and I work quite closely with individuals from a range of groups, partly because I see – as a clinician, I of course see patients in the clinic, as well as obviously doing research with other communities – but I do also have a real interest in people’s life stories and journeys, particularly their migration stories, and trying to understand their circumstances, from when they came – why they decided to leave their country of origin, why they came to the UK in our case, and how they’ve got to us, and the challenges that they face when they arrive.

My view – as an academic, we can only address a problem if we come together to address it from a range of different viewpoints. When I give advice to groups I always say, you know, take the risk, be patient, understand that things aren’t always going to be easy immediately, and there’s a lot of building of trust, and understanding the other discipline’s viewpoints and ways of working – similarly from their side, it works kind of vice-versa. In the end, my experience is that’s it’s usually of some benefit for everyone.

I find that just walking through the central campus is quite enjoyable, up from the Student Union and down.. it makes me realise that although we’re not that far away from the hospital, it’s in a way – although you may not believe it, compared to the sort of slight busyness of the hospital and everything else that’s going on – is that is does feel a bit calmer and a bit of time to think about what you’re doing.