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Two Major and Compounding Crises in the US Examined: COVID-19 and Racial Injustice

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Abstract

As of mid-2020, two major crises currently afflict the United States, overlapping and compounding one another: COVID-19 and racial injustice. Globally, as of August 4, 2020, there have been 18,142,718 confirmed cases of COVID-19, including 691,013 deaths, reported to WHO. Of that, the United States has had 4,629,459 confirmed cases with 154,226 deaths. This means that while the US comprises only 4.25% of the total world population, it makes up 25.5% of all cases and 22.3% of all deaths. The coronavirus is classified as a pandemic with a significant number of undetected, asymptomatic cases, as many people travel, interact and transmit the virus to others, leading to massive outbreaks. There is increased risk with increased age and underlying health conditions, but one pattern that has become clear in the US has been the disproportionate increased risk of contraction and death for BIPOC (Black, Indigenous, People of Color). Recently, The New York Times sued the CDC in order for them to reveal information that confirms drastic disparities in the impact of COVID-19 on African American, Latino and Native American communities. Latino and African-American residents of the United States have been *three times* as likely to become infected as their white neighbors, according to this new data. Why is this? The systems and institutions we have in place are fundamentally impacted by racial inequity. Due to long-standing systemic health and social inequities, racial minorities are at increased risk of getting sick and dying from COVID-19, according to the CDC.
This research project investigates the COVID-19 health crisis in the US, how it is connected to racial injustice with health and social inequities placing racial minorities in disproportionate harm, on top of how the Trump administration's actions/inactions have heightened these issues in such a way that the compounded crisis exposes the most severe, long-lasting and deadly consequences of the politics of structural racism.

Social Determinants of Health & Inequities

Social determinants of health include the conditions (social, economic, and physical) where people live, learn, work and play, affecting a wide range of health risks and outcomes. Resources such as "safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins" have a significant influence on population health outcomes, according to the US Department of Health and Human Services.

Many inequities in social determinants of health that put racial minority groups at increased risk of getting sick and dying from COVID-19 include discrimination, healthcare access and utilization, occupation, educational, income, and wealth gaps, and housing, according to the CDC.

With these inequities, racial minorities are disproportionately at heightened risk of contracting and dying of COVID-19. These inequities are not a reflection of these people's abilities, value, or work ethic. Rather, they are a reflection of the systems in place that allow for the exploitation, unfair practices and unequal power, access, opportunities, and treatment for BIPOC. These inequities are consequences of structural racism.

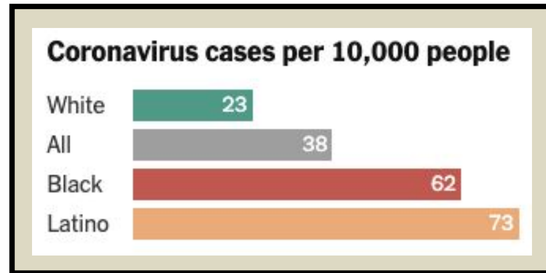

Figure 1. Data from the CDC, retrieved after The New York Times sued the CDC under the Freedom of Information Act, reinforces evidence that Black and Latino Americans are disproportionately hit by the COVID-19 pandemic. Data is through May 28th and does not include the surge in cases through June-July.

The Trump Administration's Action/Inaction

As it is known, structural racism and inequities existed in the US long before the Trump administration. However, Trump's actions have heightened and *worsened* these crises, which compound to disproportionately harm BIPOC.
Jan. 30, the WHO Emergency Committee deemed the coronavirus outbreak a Public Health Emergency of International Concern (PHEIC). On Feb. 3, the WHO released the international community's Strategic Preparedness and Response Plan, centered on improving the capacity to detect, prepare and respond to the outbreak. In 2018, Trump disbanded the National Security Council directorate at the White House—established under the Obama administration in 2014 after the outbreak of Ebola—responsible for planning the US's preparedness for future pandemics. Upon receiving criticism that this move directly contributed to the federal government's sluggish domestic response, Trump claimed "I don't know anything about it," while admitting in another interview that it was a business move. Feb 7, the federal government had strict rules on who qualified for coronavirus testing, and first test kits developed by the CDC turned out to be faulty, according to the FDA. This forced the suspension of the launch of a nationwide detection program for the coronavirus for a month, allowing for the virus to spread undetected and untested across America.
By Feb. 26, Trump stated that the "USA in great shape" and on Feb. 28 referred to the virus as a "hoax." The US became the hardest-hit country by the coronavirus, with both a lack of PPE for frontline health workers—some wearing literal trash bags—and a lack of testing by March 26. In April as cases increased to 26,000/day, Trump stated that wearing masks was "voluntary" and "I don't think I'm gonna be doing it," thus allowing for the politicalization of basic health and safety measures, and a lack of continuity with what his own health experts were stating. By June and July, Trump has boldly claimed that we "are getting under control," and "I think we are in a good place" even as cases increased to over 45,000/day.
<https://youtu.be/8lY9gKNRwXI>

Structural Racism

Structural racism is defined as "a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial inequity." Structural racism in the US is the "normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy – the preferential treatment, privilege and power for white people at the expense of Black, Latino, Asian, Pacific Islander, Native American, Arab and other racially oppressed people."

Key indicators of structural racism are inequalities in "power, access, opportunities, treatment, and policy impacts and outcomes, whether they are intentional or not."
With this working definition of structural racism, it is clear how the CDC's reference to "long-standing systemic health and social inequities" for racial minorities is clearly a form of structural racism. Intentional or not, there are clear racial inequities that have compounded and exacerbated the effects of the COVID-19 pandemic, and emphasized these disparities.

BIPOC Disproportionately Harmed: The Stats

- "If they had died of COVID-19 at the same actual rate as Whites, about 16,000 Blacks, 2,200 Latinos and 400 Indigenous Americans would still be alive," APM Research Lab states.
- The New York Times sued the CDC to reveal information that confirms drastic disparities in the impact of COVID-19 on African American, Latino and Native American communities. According to this data, Latino and African-American residents of the United States have been **three times as likely** to become infected as their white neighbors.

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