

Susannah Copson and Chloé Duteil, "A Pandemic Within a Pandemic": The Racialised Dimensions of Covid-19 in the United States.'

I. Structural racism

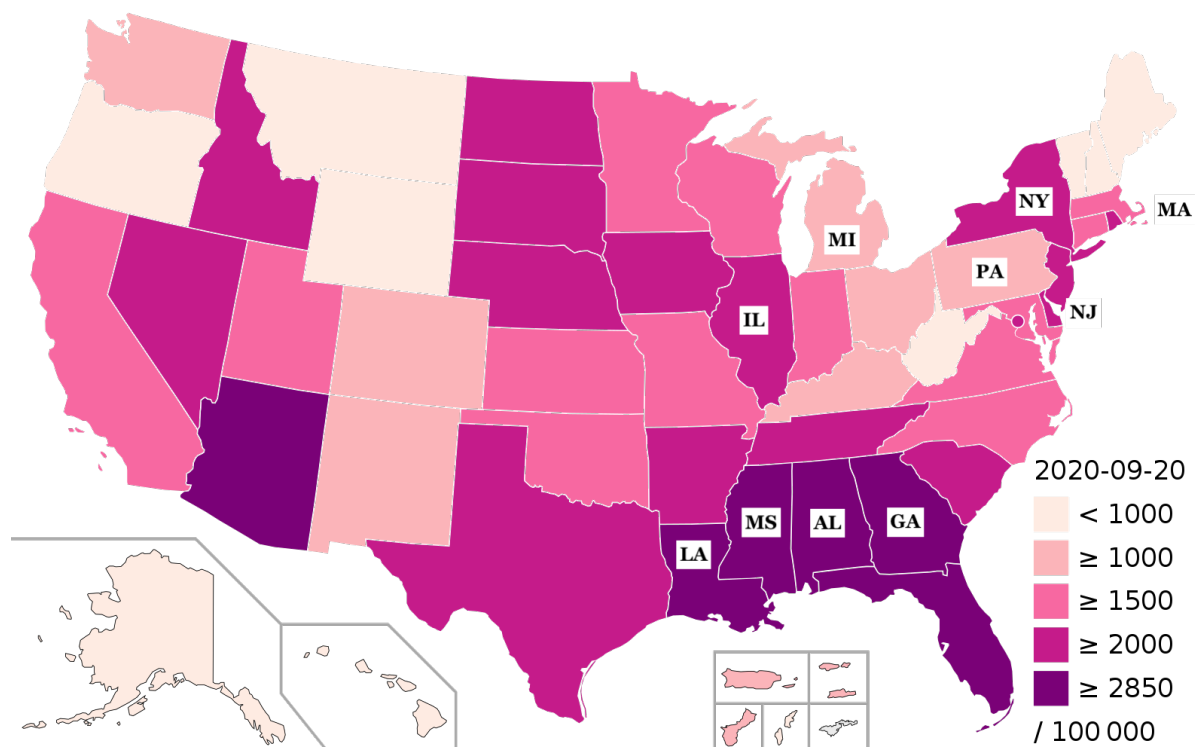
The coronavirus pandemic in the United States has laid bare the deep social, political, and economic inequalities suffered by African Americans that have rendered them particularly vulnerable to Covid-19. It has reasserted the usually abstract and yet manifold incarnations of structural racism. Equally, it has brought together the fragmented knowledge of the inner workings of race in society, synthesising existing - but also novel - niches in which racism has played out.

Our research scoping project engages with national, state, and city news outlets and publications from across the U.S. and Europe to examine reporting on the racial dimensions of Covid-19 in the U.S. North and South through the lenses of region, risk, and access to healthcare. Drawing on a wide range of publications has allowed us to compare, contrast, and give prominence to the entanglements of race and health in specific geographic contexts and social situations. Whilst the publications that we sampled are part of wider dynamics in narratives on race in the U.S., they also brought to the fore adapted forms of reporting that have been invaluable during the pandemic. Interviews with those impacted by the virus through loss or hardship, for example, have made the impact of Covid-19 more tangible, more real, and more urgent. Photographic images have given a human face to the inordinate death toll on Black communities, making it possible for heart-breaking experiences to become visible, and reducing the social distance felt between sufferers and observers removed from the crisis. Sharing the names, faces, and stories of those who died, obituaries became forms of socially-distant memorials that helped place mourning at the centre of the Covid-19 narrative.

II. Pandemic racism

Although the coronavirus is not itself discriminatory, African Americans have been overrepresented in Covid-19 infection and death rates; one of the most vulnerable groups in a 'patchwork pandemic' catalysed by structural and systemic racism. In Michigan, Black Americans made up 35% of Covid-19 cases and 40% of deaths while constituting only 14% of the state's population, and the death rate among Black Detroiters was higher than in New York (NY). In Chicago (IL), Black Americans make up 29% of the city's population and 70% of deaths – a rate nearly six times that of white residents. In Georgia and Alabama, African Americans constitute 45% of deaths, but comprise 32% and 27% of the population respectively. In Mississippi, Black Americans make up 72% of the death toll and 38% of the population. In Louisiana, only 32% of the state's population are Black, but 70% of fatalities.

Early on in the pandemic, a range of pre-existing health conditions were identified as comorbidities for the virus, but so now too has race.



Confirmed cases of COVID-19 per 100,000 residents in the USA by state or territory as of 15 September 2020, by Ythlev via [Wikimedia](#). [SS BY-SA 4.0](#). Modified to list state names on 19/09/2020.

III. Racialised risks and impacts

Covid-19 has magnified the accumulation of disadvantages and decades of institutional and societal discrimination. Black communities are not disadvantaged by one single factor: the inequalities are mutually reinforcing and inextricable, creating a matrix of discrimination that has endangered African Americans and requires intersectional analysis. Racism is a key social determinant of health that puts minority groups at the centre of the pandemic and amplifies disparities through structural and micro-level factors common to Northern and Southern regions of the U.S..

The way in which Detroit (MI) has been hit by the virus is a symptom of race-related issues specific to the city, including: the flight from the South during the Jim Crow era, the boom and devastating crash of the automobile industry, and the suburbanisation of the city: a white flight that left inner-city African-American residents vulnerable to lost tax revenues and degraded municipal services. Detroit, however, may have been better prepared to deal with the crisis because, due to the city's experience of economic difficulties, residents know 'what it's like to come together for one another.' The story of Chicago in the pandemic has also been deemed a 'tale of two cities', a label that did not surprise local leaders, for whom there was no reason that 'stubborn disparities' and institutional racism – 'matters of life and death' for

the city's mayor – would not play out heavily in the pandemic. The pandemic has hit minority communities in the South especially hard. Here, pollution from chemical plants and toxic waste sites has been linked to higher rates of comorbidities for Covid-19, particularly for those suffering higher rates of cancer and respiratory illnesses. This impacts predominantly Black residents living below the poverty line in Alabama and Louisiana, where access to healthcare is scarce. Two of the U.S. counties with the highest coronavirus fatalities were in 'Cancer Alley' (LA), an industrial zone along the Mississippi River between New Orleans and Baton Rouge that generates high levels of pollution. Residents in this area feel abandoned, struggling against the weight of environmental and systemic racism as well as the pandemic. Many people here already shouldered the brunt of racism when the virus started spreading in communities, leaving in its wake additional concerns about healthcare.

IV. Prejudice and distrust

The historical roots of racism in healthcare

Manifestations of institutionalised racism are omnipresent in the medical sphere, where Black Americans have typically faced restricted access to quality healthcare and experienced so-called implicit bias, or, more accurately, medical racism. Over time, the cumulative effect of these discriminatory practices have led to a deep-set mistrust in healthcare institutions; which is also visible in attitudes to Covid-19. Trust cannot be (re)built overnight during a pandemic, as it can be difficult for African Americans to put their faith in medical institutions. This mistrust is multifaceted, rooted in history, and exacerbated by continuing inequitable practices. For many, historical medical abuse and the legacy of the Tuskegee Syphilis Study have made trust in healthcare systems impossible. Suspicion of medical personnel and the government has proved detrimental to public health efforts in the face of the pandemic, particularly in Tuskegee (AL). Many residents are descendants of victims of the trials and place little faith in public health guidance, prompting the need for alternative education efforts - for example, unofficial-looking leaflets have been distributed to raise awareness of Covid-19.

Continuing practices of neglect and prejudice

Residents on Chicago's South Side have sought care for coronavirus symptoms further away from their local hospitals, which have long been underfunded and provided inadequate healthcare. Recent research suggests that Black people's pain is not believed to be as real as white people's, and those with coronavirus symptoms are less likely to receive testing than white people. Mistrust has tangible ramifications in how African Americans engage with healthcare today: they are often suspicious of vaccines, and reluctant to participate in clinical trials. Some reports suggest that only 25% of Black people are considering getting a Covid-19 vaccine once it becomes available; clearly negative predispositions are difficult to overcome in healthcare.

V. Coping mechanisms and responses

Medical professionals' responses

Nevertheless, the pandemic has made the issue of racism too salient for many medical professionals to remain silent, and has given momentum to racial justice agendas. Healthcare professionals, some through the “White Coats for Black Lives” movement, started addressing the issue of racism in healthcare as well as the racialised scope of Covid-19. Healthcare workers in Chicago and Boston (MA) organised marches and vigils; many of them having first-hand experience of people dying because of their race. In rural areas, many healthcare professionals have also worked to confront the problems faced by Black communities. Lowndes County (AL) has only one doctor, who has relied on ‘telemedicine’ to reach his numerous patients. Despite his efforts, the lack of accessible healthcare, poverty, and poor housing conditions have catalysed the rising infection rates in the county. In such cases, state-level support and better medical resources are sorely needed.

The battle for a fairer healthcare system is also taking place through the work of individuals shaping responses to Covid-19 with their combined experience on the ground and in policy-making positions in New York; actively mobilising their resources in New Jersey or forming a consortium of doctors to care for low-income communities in Philadelphia (PA). Public figures such as Senator Elizabeth Warren and Representative Ayanna Pressley have urged the importance of disaggregated data in coronavirus testing to identify racial disparities. This could provide key evidence for health inequalities, further motivating social and policy reform towards racial justice and equity.



Doctors and nurses march at the Black Lives Matter protest in Washington, DC, 6 June 2020 by [Clay Banks](#) via [Unsplash](#).

State-level responses

A number of U.S. states, such as Michigan and Illinois, have set up task forces to address the deadly disparities that have rendered African Americans vulnerable to Covid-19. The members of these groups, including public health experts, government officials, and community leaders, aim to provide long-needed nuanced, localised work: making testing more accessible in underserved communities and creating bonds between poorer residents and doctors in Michigan, and launching outreach campaigns with targeted information in Chicago. Some states have been criticised for experimenting in ‘human sacrifice’ by prematurely lifting lockdown measures. Many Black people occupy more low-paying frontline roles that do not offer health insurance, and consequently are at increased risk. In Georgia, protest groups have appealed to Governor Kemp to express their concern – it is hoped that this may prompt states to be more racially aware in their actions. Improvements were seen in Mississippi when efforts to reopen the economy were halted by a spike in cases. The pandemic has been a wake-up call for authorities to implement changes, like expanding Medicaid, indicating a potentially brighter future in terms of equal access to quality healthcare.

Local communities' responses

Communities and organisations in the U.S. have increased their efforts to meet the needs of their localities and alleviate the devastating effects of the crisis on Black Americans. Local organisations in Detroit have provided nutritious food to low-income residents, college students in Queens, New York City, have donated PPE to those in need, and activists have sought to help slow the spread of coronavirus by reaching out to residents in Chicago. In New Orleans (LA), the spirit of neighbourliness has been imperative in confronting disasters, a lesson learned from Hurricane Katrina. More recently, local store-owners have instituted credit systems to help customers afford essential items in a time of crises. The Black Belt Community Foundation works throughout Alabama's poorest regions, distributing money and masks to those most in need. In these seemingly small but meaningful ways, communities have worked together to stay afloat in the face of such unprecedented times.

VI. Health equity and racial justice

Throughout the course of the pandemic, the pervasiveness of structural and racial inequalities – compounded by the murder of George Floyd – has become the driving force of agendas for change across the United States, reinforcing the need for both immediate and long-term action. Communities have come together to support themselves and one another through the interrelated pandemics of racism and Covid-19. A diversity of Black Lives Matter activists, government officials, community leaders, health professionals, and other organisations are fighting to change conditions that perpetuate inequalities, aiming to reform routine responses that have had little positive impact on the everyday lives of many African Americans. The successes in calls to eradicate disparities and discrimination, including getting an increasing number of localities to declare racism a public health issue, serve as a reminder of the power there is in citizen action to push forward change for racial justice and equality in health. It is hoped that these movements will keep their momentum, and that meaningful changes will be made at national, state, and city levels to confront the pandemic of modern-day racism.

Susannah Copson gained a BA in History (First Class) here at the University of Liverpool, and has just completed a LLM in International Human Rights Law at the University of Essex. She is now a Legal Research Intern at Open Society Justice Initiative.

Chloé Duteil is an AHRC-funded PhD student in History researching coastal environments in Brittany and Wales (University of Liverpool and Lancaster University).