

## Racism in the Pandemic

Erik: Hi. I'm Erik.

Jo: I'm Jo.

Jim: And I'm Jim. And this is speaking of race for whatever that is worth.

Erik: So, man guys, how are you doing during our pandemic? Are you keeping socially distant?

Jo: Yes, I'm fairly isolated.

Jim: Yeah, I guess so. How about you, Erik?

Erik: I'm trying to. My neighborhood actually doesn't really look any different than it does on any given day. Except if anything, there are more people outside talking to each other than usual.

Jo: Mhm. That's true. They're all out like exercising.

Erik: Or just standing there talking to each other.

Jim: Yeah, yeah.

Erik: Which is not socially distant anyway. So. You know, COVID 19 is in the news every second of every day, it seems like, cause there have been some, there's been some discussion about race and COVID 19, but most of it, it seems like to me anyway, has been circulating around this notion that it's a Chinese virus.

Jo: Mmm.

Erik: You know, even the president of the United States at least the person who's currently in the White House anyway, you know, even calls it the Wuhan virus or the Chinese virus. And I've noted that there's been a number of growing attacks, in fact, on people that appear to white people to be Chinese. But there's a whole lot more to race and COVID 19 than just people acting bigoted toward people who look Chinese, right?

Jo: Totally.

Jim: Yeah. Yeah.

Erik: So maybe we could talk about some of that today.

Jo: Let's do it.

Erik: All right, let's do it. So just yesterday, right? Somebody got up on stage and said something about COVID 19 and African-Americans. Jim, you know the most about that, right? So what's that situation?

Jim: I just read what the surgeon general had to say.

Erik: So the surgeon general gets up and says what.

Jim: Surgeon general yesterday said that people of color are clearly not biologically or genetically predisposed to get COVID 19.<sup>1</sup>

Jo: That's a step in the right direction. There was this rumor going around for a while that people who have brown or black skin might be immune to COVID because of melanin, which is completely senseless.

Erik: Like people used to think in the 19th century that somehow African-Americans were just less prone to this.

Jo: Yeah. Yeah. You didn't hear about that?

Jim: No, no, I didn't see that one.

Erik: I imagined that that would come up, but I didn't I hadn't heard it.

Jo: It was speculative and it was going around the Twitterverse. So that one's ended. Right. So Surgeon General Jerome Adams yesterday in this briefing says, Jim, they're not that African-Americans and other people of color are not biologically or genetically predisposed to get COVID 19. Right, but...

Jim: But they're socially predisposed to get it.

Erik: All right. What in the world does that mean?

Jim: That's a damn good question, because, again, in that same talk, he uses the white supremacist tropes about alcohol and drugs as being a part of the lifestyle of people of color. And so he's, I guess, suggesting that you can't go and see your family and do drugs with them or something like that. I don't know.

Jo: So, Jim, what I think you're saying is that the surgeon general, who himself is African-American, was implying that people of color in the United States are more likely to be using drugs and alcohol than other people. You were not the only person to pick up on that implication, and he had to apologize after that briefing yesterday and say that his recommendations about avoiding drugs and alcohol are for everyone, not just for people of color in the United States.

Jim: A good recommendation for the surgeon general to make.

Jo: That's very fair right.

Jim: Yeah.

Jo: But that aside, I don't know nearly as much about Jerome Adams and his politics as I should, but I did think that his broader point that people of color in the United States are not genetically or biologically predisposed towards COVID or other infectious diseases, but that they are what he refers to in that statement as socially predisposed was a really good one, especially from a medical anthropology perspective. What he's really pointing to there is the fact that we know more than any other risk factor. Poverty is the strongest predictor of health problems. I mean, poverty is what makes people sick in unequal ways across race groups in the first place. There's other stuff, too, but that's super important. So I wanted to take some time today to talk about what are the sort of historical conditions, given that we're partly a history podcast, right?

Erik: Yaaaaay.

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<sup>1</sup> Summers Juana Summers, "U.S. Surgeon General: People of Color 'Socially Predisposed' to Coronavirus Exposure," NPR, <https://www.npr.org/sections/coronavirus-live-updates/2020/04/10/832026070/u-s-surgeon-general-people-of-color-socially-predisposed-to-coronavirus-exposure>.

Jo: That, that set up the situations that we're now in where people of color are in fact getting and dying from COVID at a much higher rate than white people in the United States.

Jim: And I think it's really important that he's focusing on on the social preconditions, because he's one of the very few people that have actually spoken in that particular vein in these daily popularity contests on TV.

Jo: Yeah.

Erik: I mean, am I right in thinking that it's not just COVID 19, but all of these different kind of medical issues are surrounding bigger questions of health and structural racism like we just talked about with Dr. Emerick. I mean, I guess what I'm wondering here is that on the one hand, we want to steer clear of racial essentialism when talking about race and disease. But on the other hand, if you try to bring up structural racism, they do seem to show a kind of correlation with vulnerable populations.

Jo: Erik I think the answer to the thing you're trying to get us to fit between can actually be best stated by returning as Dorothy Roberts, who wrote the book *Fatal Invention* in 2011. We talk about her when we did our third episode on Race and Health back last year, and she said at the time, "race is not biological, but it does kill people".<sup>2</sup> And that's essentially, I think, what you're trying to say right?

Erik: Yeah, I think that basically that's it, right?

Jo: Yeah. So why don't we start out with like a state of affairs? First of all, what's going on with COVID and race? Because actually there aren't all that many reliable statistics, especially in the United States right now about that. There are only a few states that are reporting COVID data by race right now. A couple of the states that are reporting data according to race, are Wisconsin and Michigan. And there's there's been a fair amount of attention in the press just this week around Milwaukee and Detroit, where there are really pronounced racial health disparities anyway, regardless of COVID. So, for instance, in Chicago, about 60% of coronavirus deaths that have been recorded are among black people. But the population of the city is only about 30% black. And in Milwaukee County, black people only make up about 25% of the population. But 75% of COVID deaths. And we see similar patterns in New York City, where black and Latinx and other people of color are accounting for this outsize proportion of deaths from COVID. Again, I think this goes back to some of the stuff we talked about on our third episode dealing with race and health last year.<sup>3</sup> At the time we were talking about pathways that link race with hypertension or high blood pressure, and I think revisiting some of those now might help shed light on why it is that, as Jerome Adams, the surgeon general, said, that people of color seem to be socially predisposed to coronavirus.

Erik: Could this have anything to do with the concept of weathering that we've talked about before?

Jo: Yeah. So the concept of weathering is to remind listeners, is the idea that people who are socially marginalized, there's this constant activation of our stress responses that is the fight or flight response that is supposed to be temporary, right? And that puts our bodies sort of basic functions on hold. So when we have a fight or flight stress response, our digestion slows down our body puts a bunch of blood sugar into our systems. And those chronic activations of the stress system have been linked to all kinds of health problems like heart disease and dyslipidemia, which is a fancy word for high cholesterol, and diabetes and obesity. And of course, there's other studies that have been done that show that people of color have those activities, stress responses all the time because they're dealing with systemic discrimination. Right. So that's a one way to have a lot of active stressors to be discriminated against all the time. So that weathering process also affects the immune system. And of course, what do you need

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<sup>2</sup> Dorothy Roberts, *Fatal Invention: How Science, Politics, and Big Business Re-Crete Race in the Twenty-First Century* (New York: New Press/ORIM, 2011).

<sup>3</sup> J. Bindon, E. Peterson, and Lesley Jo Weaver, *Race and Health, Part 3*, podcast audio, Speaking of Race, 37:51, 2019, <http://speakingofrace.ua.edu/podcast/race-and-health-part-3>.

to fight off a COVID infection? You need good immune function. It's quite possible that there is kind of a direct pathway between the stress of discrimination and the immunosuppression that happens when your hormones are over activated and greater susceptibility to COVID.

Erik: Jo, I know that when you talk about this with your students, you stress that this is in fact a continuation of stuff that was happening in the 18th and 19th century to Africans under slavery. Right.

Jo: As I mentioned a minute ago, poverty is one of the biggest sources of health disparity we know of. But it's too simple to just say, oh, it's poverty. A lot of this is stuff I actually learned from Jim when I first started teaching the course on race with him at Alabama. So I can't take credit for it all, but he taught me well. And so thank you, Jim. And so if you look at slavery, for instance, in 1864, every free black person in the US there were eight slaves, and slaves constituted the second largest source of white wealth in the country after landownership.<sup>4</sup> And so that was a really obvious direct way in which white people were sort of getting a financial leg up at the direct expense of people of color in the United States, which is a really obvious one, but in less obvious ways. That process has continued since abolition. And so if you look at, for instance, the inter-war years during the New Deal with the National Housing Act and the Social Security Act, those were policies that were put in place explicitly to create an American middle class that would be built on property ownership and employment. But each of those acts advantaged people who are mostly white because they were the people who could afford to buy homes, and they were the people who were formerly employed and therefore would be able to benefit from Social Security. So, for instance, at the time that the Social Security Act was passed, about 90% or so of black women who worked outside the home were working in the informal sector as cooks or as housekeepers. And so they wouldn't have even been eligible for Social Security. This was also around the time when the Federal Housing Administration established neighborhood rating categories that brought redlining into being, which is hugely important.

Jim: Yeah. In terms of accumulating wealth, that really was the demarcation right there.

Jo: Yeah.

Erik: I mean, not to mention that it contributed to the ghettoization of big northern cities. Right. Big concentrated areas with little food, little health care, people packed in in poverty.

Jim: It just contributes to the to the weathering, to the stress load.

Jo: Well, one thing we really haven't talked about yet is what happens when you have that concentrated urban poverty, which I think is is worth spending some time on, because, number one, most of the stats that we have on COVID are coming from urban areas like Chicago or in New York. And number two, more than half of Americans, much more than half live in urban areas now anyway.

Jo: So let's look a little bit more of this urban poverty thing. So this is something that David Embrick actually mentioned when we were talking about structural racism recently. And in our interview with him, he made the point that nobody wants to live in poor neighborhoods with lack of access to services. But we sort of explain this culturally is a phenomenon where people like to live near people who are like them, right. But but that isn't true. It's the concentration of poverty that we're talking about now. It's the direct result of practices and policies that many Americans have forgotten, like the ones we were just talking about. And there's all kinds of effects. There's been some really cool studies that have been done on what we refer to as neighborhood effects. So what happens to people when they live in neighborhoods that are undesirable, that are, you know, sort of poor neighborhoods? And a lot of those are consequences that are directly related to COVID exposure right now. So if you live in a poor, urban neighborhood, you're more likely to have to use public transport, for example. You're much less likely to own a home, which means that if you lose your job during the COVID pandemic, as millions and millions of Americans have done, you may not be able to pay rent and you may get kicked out. You also may

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<sup>4</sup> David Roediger, *How Race Survived Us History: From Settlement and Slavery to the Obama Phenomenon* (Brooklyn, New York: Verso, 2010).

live in a more crowded housing situation with lots more people around and maybe more difficult to socially distance in those conditions. You may lack health insurance, especially if you lose your job and you may be working in a job that's relatively low paying and doesn't allow you to work from home. Right. So each of those has really direct impacts on how likely a person is to have to go out during this period of social isolation. Right?

Jim: So what else is playing into this concentration of effects on people of color?

Jo: There have been a couple of other recent policies that have created an even sort of greater concentration of urban poverty among people of color. One is mass incarceration that started with the war on drugs, which began in the 1970s. And as Jim once told me, and as I've been shocked to repeat to my students, the United States currently incarcerates a larger proportion of black men right now than were jailed during the height of apartheid South Africa.<sup>5</sup> So to talk about that, yes, scary. And to talk about that, it sounds very, I think, abstract. But having people put away at that incredibly high rate that has real ripple effects for generations. Right. So people who are in jail, they can't vote. People who are in jail can't work and accumulate any kind of wealth that they might be able to pass on to their children and.

Jim: It impacts the health of families.

Jo: Sure. Absolutely. Yeah. And another, I think, big structural issue that we haven't talked about that much that really would have spanned both rural and urban areas is what happened during the Great Recession in 2008. There was already a very large pronounced wealth gap between white and nonwhite families in the US prior to the Great Recession around 15 to 20 times. So white families were worth 15 to 20 times as much on average as black families in the United States. Before the recession. During the recession, at the height of the recession, around, say, 2009, that that gap skyrocketed to like 45 times. So the average white family was worth 45 times the average black family during the Great Recession because of all the things we've just been talking about, because of the lack of opportunity to accumulate wealth across generations through things like homeownership that would have allowed people to, you know, sort of leave heritable property to their children. But also because during the Great Recession, so many more people of color were laid off and lost their jobs than white people, just like right now. And so before COVID hit again, that that wealth gap leveled off a little bit after the Great Recession, but it's still pretty much higher than it's ever been in recorded history in the United States between white and nonwhite families. And so even before COVID hit, this huge system of inequality was set up.

Erik: And we're not just talking about African-Americans, right?

Jim: Yeah.

Jo: Oh, not at all. No. I mean, there was a really great NPR story about the Navajo Nation just a couple of days ago, where somewhere between 30 and 40% of people don't have running water in their homes.<sup>6</sup>

Jim: Can't wash your hands.

Jo: And that. Yes, yes. Washing your hands a lot more difficult. There's also a question of access to health care. The number of hospital beds per individual on the Navajo Nation is very, very low. And so the CDC has flagged Native Americans as high risk for for these reasons and for others. And, of course, it's it's set up just like it is with African Americans to magnify an already incredible, inequitable situation.

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<sup>5</sup> M. Alexander and C. West, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York: New Press, 2012).

<sup>6</sup> Laurel Morales, "As Coronavirus Cases Rise, Navajo Nation Tries to Get Ahead of Pandemic," NPR, <https://www.npr.org/2020/04/04/826780041/as-coronavirus-cases-rise-navajo-nation-tries-to-get-ahead-of-pandemic>.

Erik: I think another whammy on top of just the lack of access to health care are lifestyle inequities, right, about where food is located, the kinds of food that are available to populations. And I think this goes for both urban and rural environments. Right?

Jim: One of the things that the health experts have been focusing on is the co-morbidity factors that are so prevalent in nonwhite and African-American populations. In particular, we can lean on Anthony Fauci as one of the few individuals in the daily briefings that has some sort of handle on this. And when he began to talk. Yes, a little bit anyway. And then when he began to talk last week about the disparity statistics that began to be publicized, although the CDC was among the last of the divisions nationally that ever put any racial statistics out, he emphasized the fact that it was about co-morbidity.

Dr. Fauci: We've known literally forever that diseases like diabetes, hypertension, obesity and asthma are disproportionately afflicting the minority populations, particularly the African-Americans. Unfortunately, when you look at the predisposing conditions that lead to a bad outcome with coronavirus, the things that get people into ICUs that require intubation and often lead to death, they are just those very co-morbidities that are unfortunately disproportionately prevalent in the African-American population. So we're very concerned about that. It's very sad. It's nothing we can do about it right now except to try and give them the best possible care to avoid those complications.<sup>7</sup>

Jim: So he he's basically making the argument that, hey, you know, these are just health conditions that come along with being African-American in the U.S. He leaves that open for other so-called experts to misinterpret whether this is a biological or a genetic phenomenon, which is why we applauded the surgeon general for focusing on the social predisposition. Yep, but if you look at another physician who has some national prominence, the physician and Louisiana Senator Bill Cassidy was just interviewed last week on NPR. And Louisiana is showing very disparate levels of deaths between black and white citizens.

Senator Cassidy: But if you're going to look at the fundamental reason African-Americans are 60% more likely to have diabetes, the virus likes to hit what is called an ace2 receptor. Now, if you have diabetes, obesity, hypertension and diabetes and hypertension are clearly risk factors for problems from COVID, then African-Americans are going to have more of those receptors inherent in their having the diabetes, hypertension, the obesity and inherent in them having to overrepresentation of that. So there's a physiologic reason which is explaining this.

Jim: By throwing this out as a physiological phenomenon and also misinterpreting some data that I'll get to in a second. He leaves this more on the biological plane than on the social plane. And of course, you know, the obesity epidemic has a humongous social component to it when you start talking about poverty and food deserts and food insecurity.

Erik: Absolutely, absolutely.

Jo: Mhmm.

Jim: So that's a whole that's a whole another mini series in itself. But he's giving you, you know, talking about ace receptors. He's giving you a pretty sciencey sounding explanation. And he's an M.D. So it really makes it sound like there's some natural fundamental difference because of race that makes blacks more prone to have bad outcomes with with the virus.

Erik: Yeah you're right.

Jo: That really does. So what did he get wrong?

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<sup>7</sup> Lois Parshley, "The Deadly Mix of Covid-19, Air Pollution, and Inequality, Explained," Vox, <https://www.vox.com/2020/4/11/21217040/coronavirus-in-us-air-pollution-asthma-black-americans>.

Jim: Well, first off, let's talk about the the source of his ace2 receptor comment that's coming out of a non peer reviewed article from China. And in that somehow they make the claim that Asians have five times the number of these ace receptors as whites and blacks.

Erik: Wait, what in the world is that?

Jim: Okay, so that would be that that would make this that would make Asians much more susceptible to the very bad effects of this. The Ace2 receptor he's talking about is the ACE2 receptor. And you see it in all kinds of tissues, especially. You see it also in the lining of the lungs. And this is what the coronaviruses like sayers like COVID bind with. And one of the sources that causes the problem, the more of these you have in the lungs, the more virus binding you get, the more inflammation and problems you have with with breathing and with lung function.

Jo: Okay.

Jim: The number of ace2 receptors in all the tissues is increased by taking ACE inhibitors for hypertension, TZDs for diabetes to regulate blood sugar level or ibuprofen. You probably heard early in this, you know that you don't want to take ibuprofen. Okay.

Erik: Yeah, I do remember that.

Jim: All of all of these are likely to increase the number of these receptors, especially especially, you know, where they can cause the problems in the lungs. And that may be what's causing the severity of coronavirus infection in folks with these conditions.<sup>8</sup> So yeah, it's it's physiological. Yes, but it is not genetic. It's not racial. And, you know, when when you understand what Jo was telling us about the racial disparity in disease load in the U.S. as a result of the centuries of racist oppression that we've had in this country, that gives you a much more full blown understanding of why we see the imbalance in severe cases and death. It's not something like we should feel bad about this and just try and give them the best possible care or we should try and stop obesity. These are very nice statements by Fauci and by Cassidy, but the problem is much more fundamental. It is a social problem and it requires social changes like Cassidy would never vote for in the Senate. So that just ain't going to happen, right?

Erik: Exactly.

Jo: So what you're saying, that's a hugely important point, right? That some of the drugs that we commonly give for the very illnesses that people of color in the United States get more because of stress, things like hypertension, drugs, diabetes, drugs, pain, drugs. Those ones increase susceptibility potentially to COVID. And it's so easy to, because again, we're talking at the cellular level here about receptors. It's so easy to make that sound like it's something inherent to the individual. But those vary depending on what you're putting into your body and what kinds of illnesses you already have, right?

Jim: Yeah. Yeah.

Jo: So it's not genetic. It's not biological at all. It's not racial. It's it's social conditions.

Erik: So if I'm hearing you, the two of you have laid out a story here that basically says that multiple centuries have ganged up on nonwhite people in this country to make it so that they would just have to be the most susceptible people to a pandemic. The very drugs that we give people to treat things that seem to be products of living in poverty, living in situations that are stressful and harmful, that those drugs, ironically, are things that are going to make them more susceptible to the pandemic that's coming.

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<sup>8</sup> Lei Fang, George Karakiulakis, and Michael Roth, "Are Patients with Hypertension and Diabetes Mellitus at Increased Risk for Covid-19 Infection?," *The Lancet. Respiratory Medicine* 8 (2020).

Jo: Yeah. And that, that is the non straightforward stuff that people like the surgeon general didn't mention when they said that people of color are socially predisposed to color.

Erik: So I don't want to be like a historical determinist or anything like that, but then it just seems like the United States especially, but maybe the former slaving west more generally has created a situation where already vulnerable populations are just going to kind of be stuck also suffering in this instance. I mean, it's depressing. Is there any light at all at the end of this tunnel?

Jim: Well, I think one thing is it is forcing people at the national level to acknowledge the health disparities. I mean, we're hearing that discussion at at a national level, unlike I've ever experienced in my lifetime.

Jo: That's very true.

Jim: That's positive. It doesn't necessarily mean anything will get done. But jeez, at least talking about it is a start.

Jo: Yeah. Both Fauci and Adams have just this week, really, begun to talk about this very, I mean, superficially, yes. In the way that we've been talking around the episode, they haven't given us explanations as to why it is that people of color are predisposed, but but forcefully saying things like we must address these underlying disparities. And that's kind of a new tenor to the conversation than what I've heard in the past.

Jim: Yeah, it's giving hope to a lot of people that have been arguing for, you know, changes in our health system for a long time.

Erik: So maybe this becomes a kind of a catalyst to get people to wake up to the long history that has created these disparities that are somewhat contoured around race and also class and that have created, I mean, just inequities that are going to end up costing people's lives. It seems kind of bleak, I guess. But I guess maybe you're saying just talking about it gives us a little bit of hope. Right?

Jo: Mhmm.

Jim: Yeah.

Jo: Yeah, totally. We can always hope.

Erik: Well, on that note.

Jim: I think that's a wrap.

Erik: I guess before we go, we should remind people to keep their eyes on the news for more information about race and COVID 19. I think there's more stuff that's appearing all the time. We're recording this on Saturday, April 11th, and I'm sure that by the time we get this out, there's going to have already been more material on this out there in the media.

Erik: So keep your eyes open. But we might end up having to come back to this here in a few weeks. I'm Erik, the historian of science.

Jim: I'm Jim, the physical anthropologist.

Jo: And I'm Jo, the cultural anthropologist. And you have been listening to Speaking of Race, you can find us on Twitter and Instagram at Speaking of Race and on Facebook at. So our podcast.

Jim: Hey!

Jo: Thanks for listening.

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