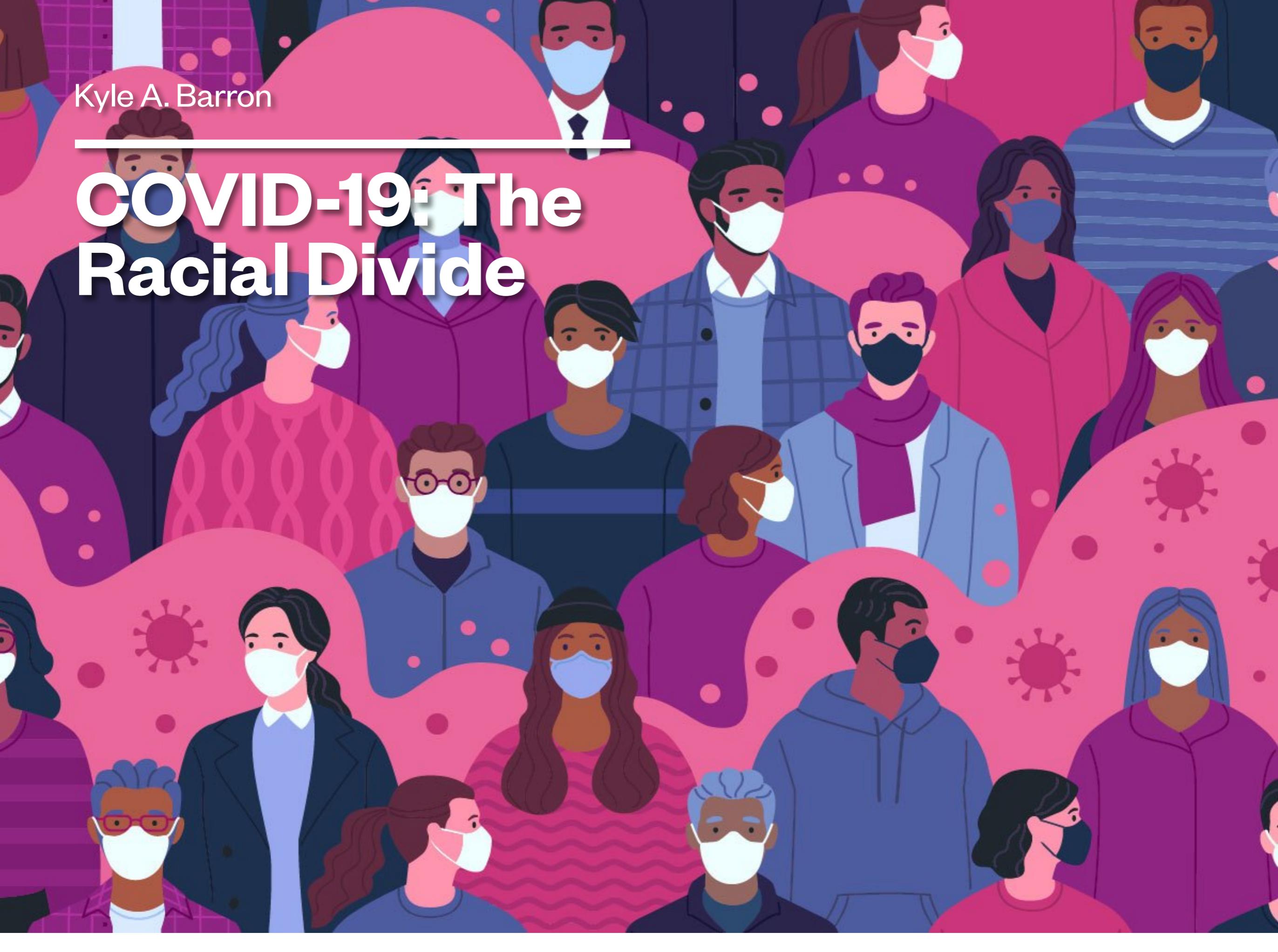


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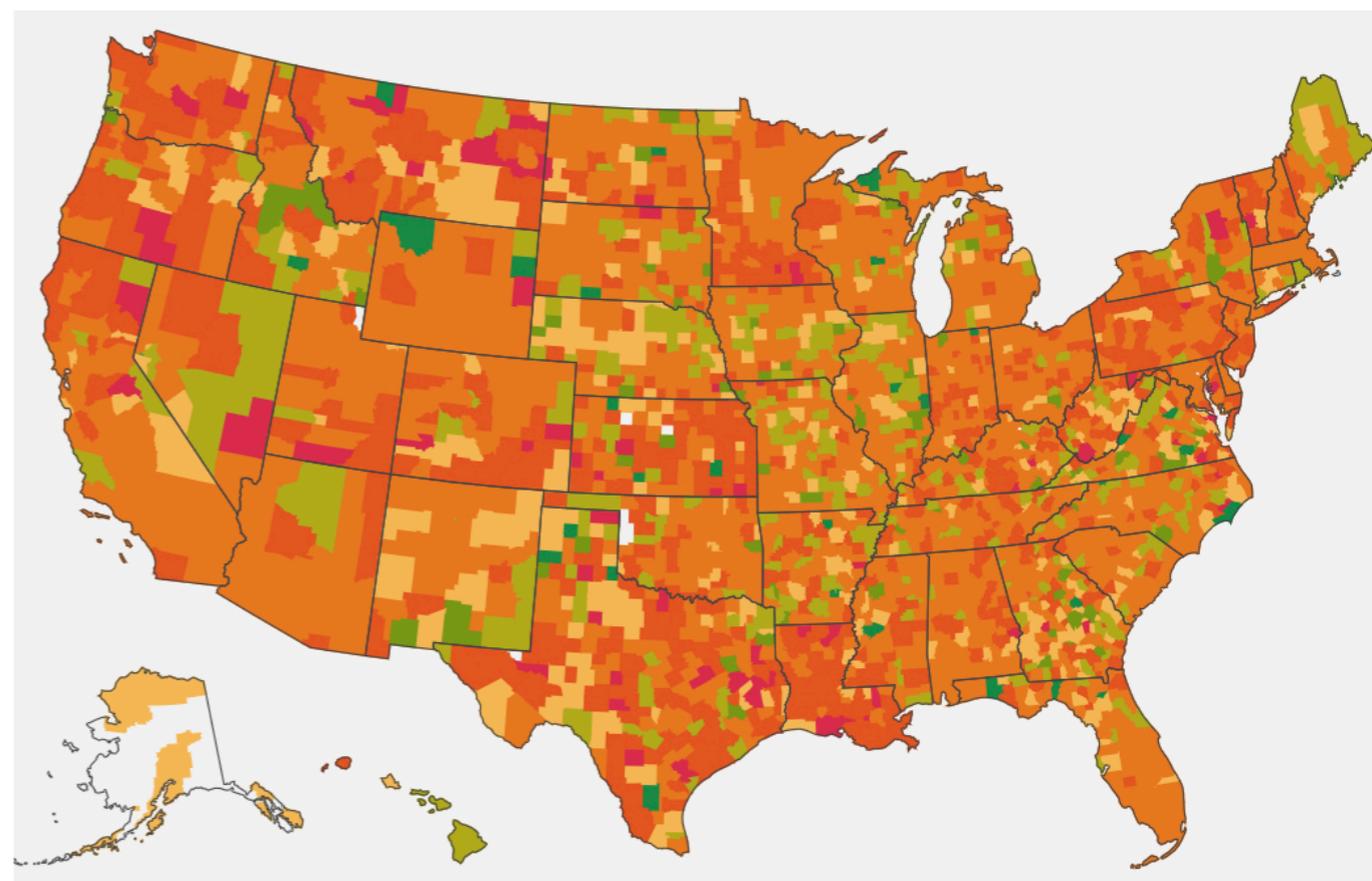
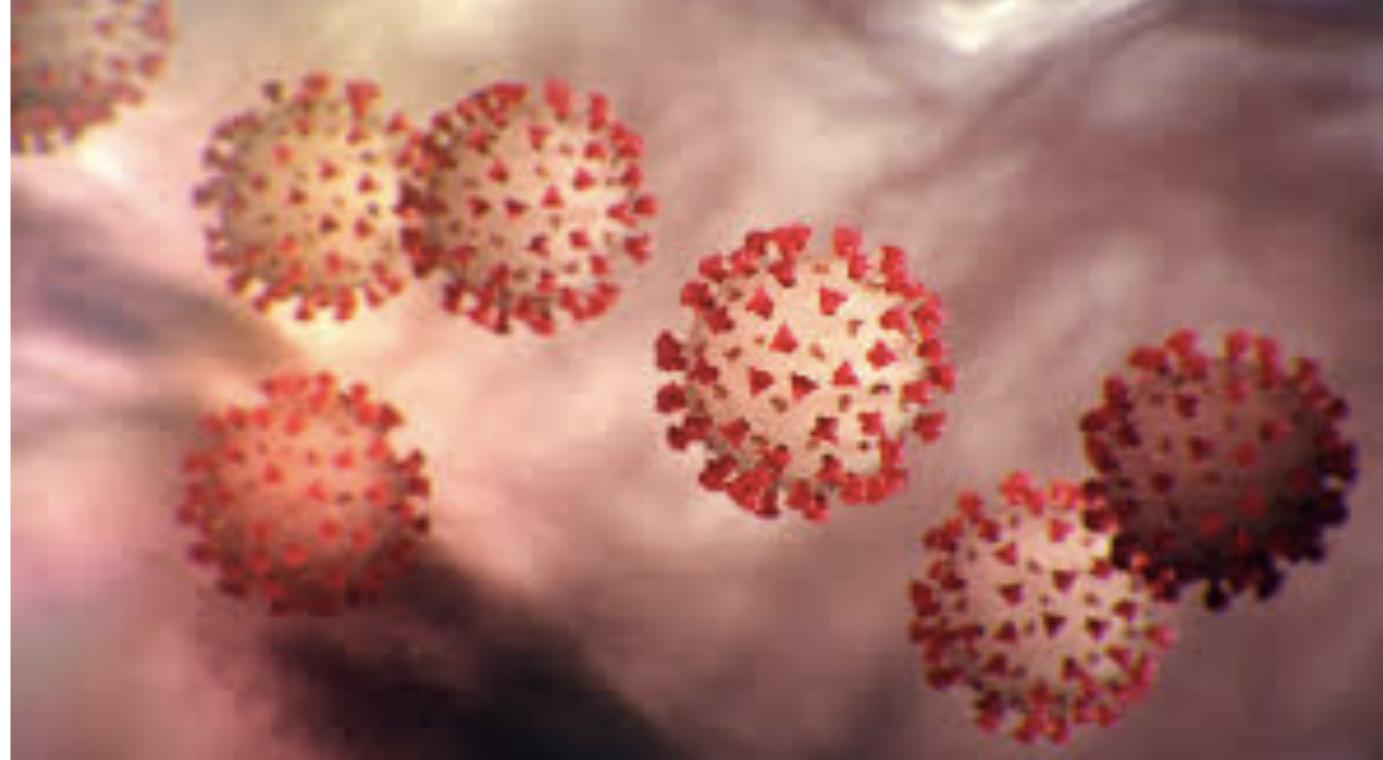
COVID-19: The Racial Divide



Introduction

The coronavirus has affected millions of individuals nationwide, some more than others. This zine will cover racial disparities found in COVID-19.

While our lives have drastically changed due to the coronavirus pandemic, certain aspects of society have persisted amidst the pandemic. Social, economic and health inequalities have placed many individuals that are apart of racial and ethnic groups at a greater risk of contracting and dying from COVID-19. Factors such as: income inequality, access to health care, education inequality, and many other social inequalities have lead to racial disparities in COVID-19 in the United States. This zine project will discuss these disparities and provide an explanation as to how they relate to Assimilation theory and systemic racism.

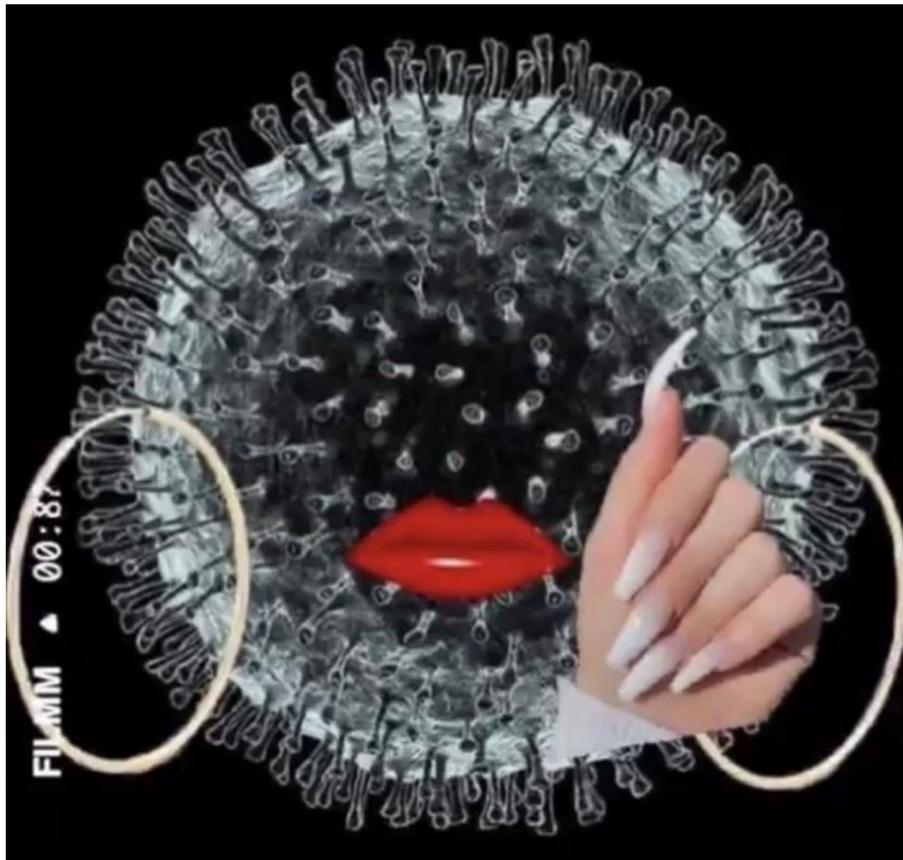


RATE OF CHANGE IN NEW CASES OVER 7 DAYS



SARS-CoV-2

aka Ms. Rona



What is SARS-CoV-2?

SARS-CoV-2 also known as COVID-19, is a novel upper respiratory virus that was first identified in Wuhan, China, in December of 2019. Coronaviruses are a large family of viruses that are commonly found in many animal species. COVID-19 is a new disease, never before seen in humans that has swept the world by storm. To date, there are around 54.6 million cases world wide. In the United States today, there are 11.1 million cases and 264 thousand deaths.

Symptoms:

- Fever
- Cough
- Fatigue
- Shortness of breath
- Headache
- Loss of taste or smell
- Sore throat
- Runny nose
- Nausea or vomiting

Pathogen Transmission



We can consider transmission to be the process at which individuals go from a state of be susceptible (to a disease) to being infectious. When thinking about the transmission of pathogens there are three key factor at play: [1] The rate of contact over time, [2] the probability of coming in contact with an infections individual or agent, [3] and the probability of getting sick given the contact with an infectious individual or agent.

Density-Dependent Transmission

The way that contact is accounted for epidemiological models is dependent on the details of pathogen transmission. The density-dependent transmission model concludes that as the number or density of host increase so does the number of infectious contacts. This model provides an explanation as to why we see more coronavirus cases in highly populated areas such as New York City and New Orleans. In most cases, more urban and metro areas tend to have a larger African American, Latine, and immigrant populations.

COVID-19 Cases

United States COVID-19 Cases & Deaths:

TOTAL CASES
11,136,253

TOTAL DEATHS
246,232

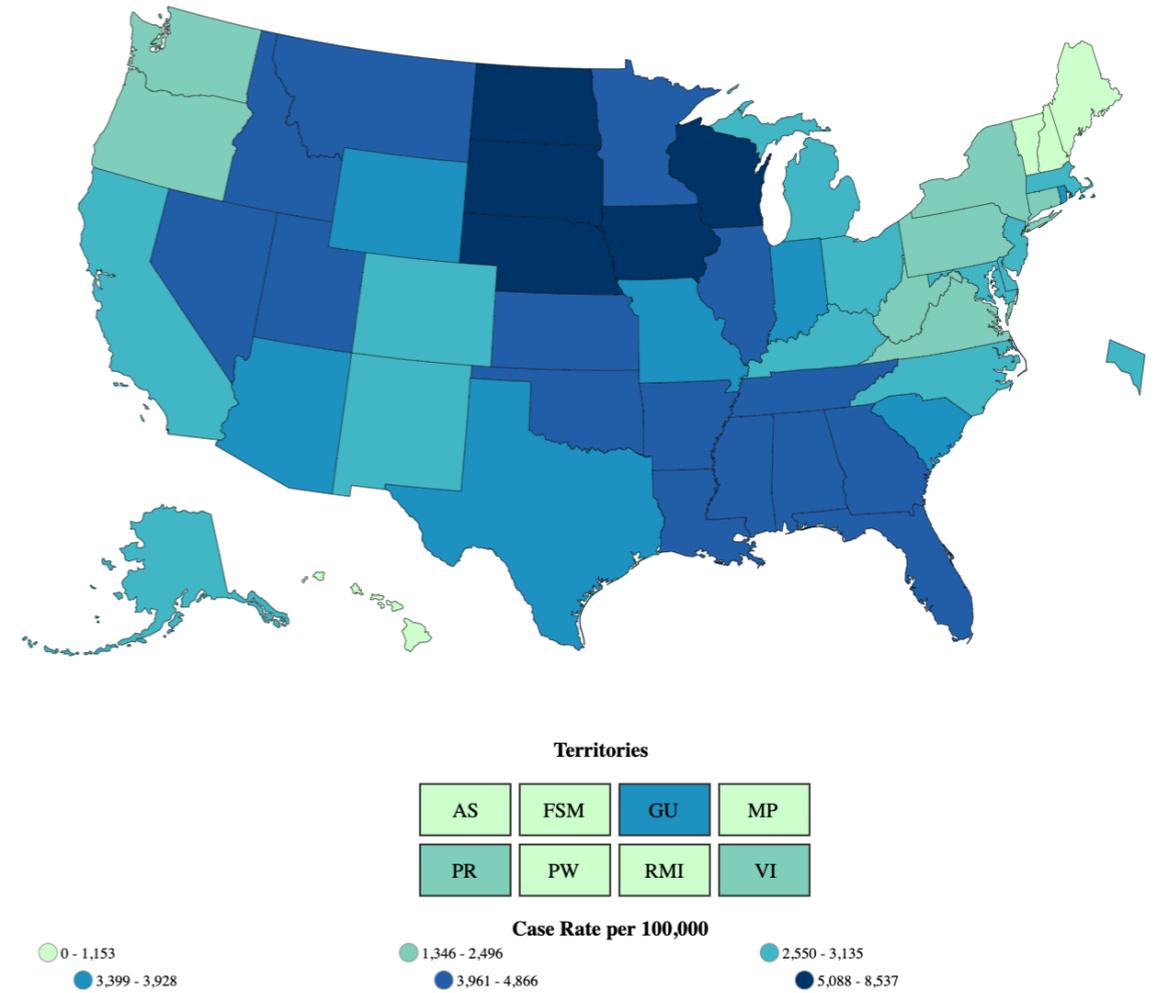


Figure 1: COVID-19 case rate pre capita reported to the CDC by State. (updated: November 17, 2020)

Racial Disparities in COVID-19

There is growing evidence that shows that racial and ethnic minorities are disproportionately affected by COVID-19. Social inequalities in the United States have put racial and ethnic minorities at a greater risk of contracting and dying from COVID-19.

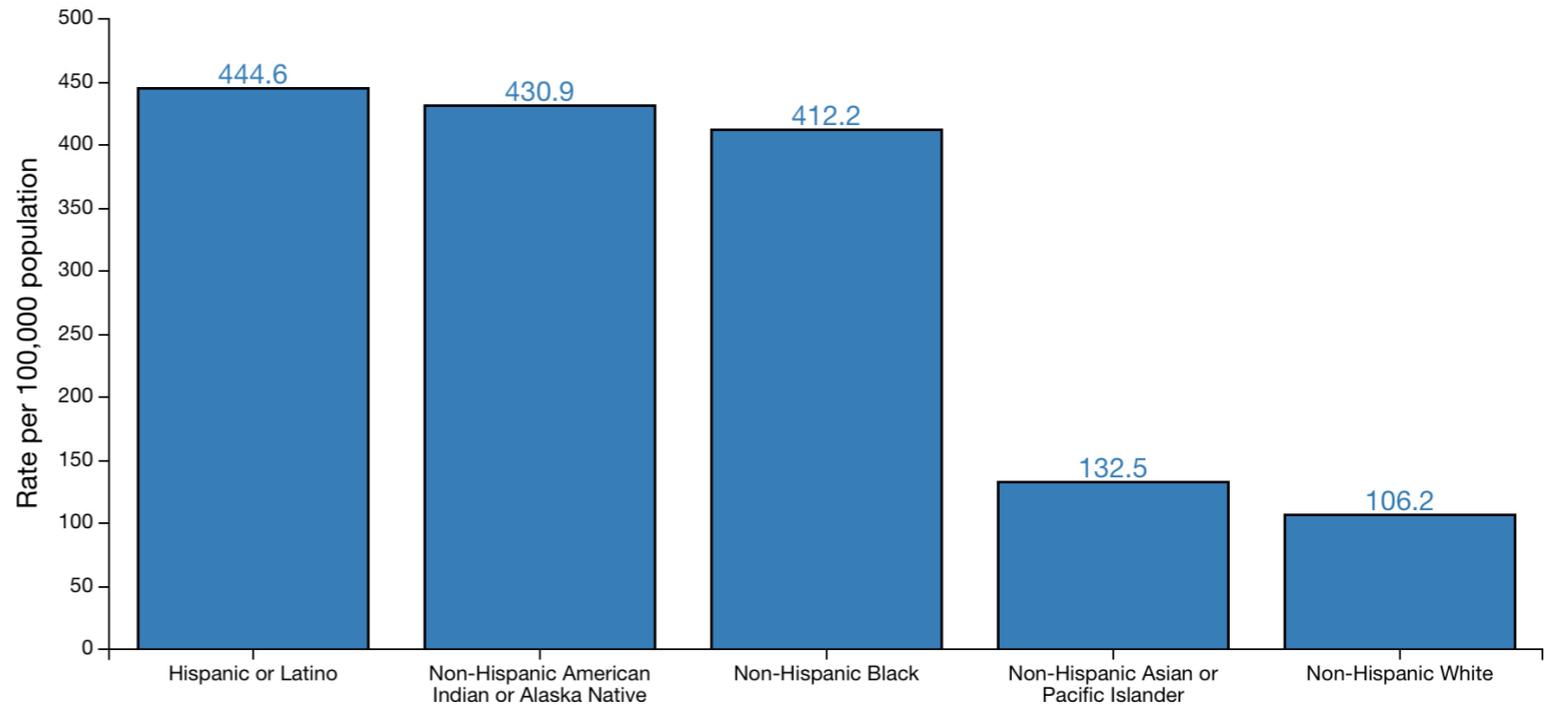


Figure 2: Hospitalization rates per capita by race and ethnicity

In the United States, African Americans, Indigenous people are hospitalized at a much higher rate than Whites [figure 2]. The Centers for Disease Control and Prevention (CDC) acknowledges that African Americans are roughly 2X as likely to die from COVID-19, and Indigenous peoples are almost 6x as likely to be hospitalized due to complications with COVID-19 [figure 3].

COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

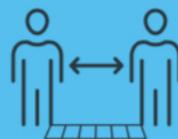
Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES ¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION ²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH ³	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION

¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.



cdc.gov/coronavirus

CS319360-A 08/08/2020

Figure 3: COVID-19 Cases, hospitalization rates, and deaths by race and ethnicity

Why do we see racial disparities in COVID-19?

Access to health care

In the United States access to health care is one of the biggest factors that contributes to racial disparities in COVID-19. Racial and ethnic minorities are more likely to be uninsured. This puts racial and ethnic minorities at a disadvantage when it comes to paying for medical expenses. Other factors such as a lack of transportation and ability to take time off from work put greater restraints on access to health care.

African Americans also tend to hesitate on receiving treatment for a number of reasons; one being a distrust in America's health care system. We can look to the mistreatment of African Americans in the Tuskegee Syphilis study.

Cultural and racial differences, including language and communication barriers, between health care providers and patients. Educational and economic disadvantages limit the ability ethnic and racial minorities' entrance to college, further limiting the diversity of health care professions.

Discrimination

Racial and ethnic minorities are not free of racial discrimination in the United States. We see racial discrimination across every system in America, from our health care system to the criminal justice system; minorities are placed at a greater disadvantage over whites. For example, when it comes to buying a house whites are more likely to receive a home loan than African Americans. We often see that the lack of access to these wealth building assets leads to further economical and educational disadvantages.

Individuals who live in low income neighborhoods often end up sending their children to underfunded schools. This initially adds barriers to college entrance, making the accumulation of wealth more difficult for racial and ethnic minorities. Residents in low income neighborhoods also have less access to healthy and affordable foods. Therefore limiting healthy behaviors and habits, leading to comorbidities like diabetes and hypertension which increase one's chances of dying from COVID-19.

Assimilation & Covid-19

Assimilation can be defined as a process in which distinct groups come to share a common culture and merge socially. Over time, differences between groups narrow. Individuals must be able to adapt to the core culture, and are considered to be “assimilated” once they adopt language and social norms of the community and can actively



participate without encountering prejudice. It is important to understand that most Latine, African American, and indigenous people are not free of discrimination in the United States; therefore, they are unable to “fully assimilate”. We see the discrimination of ethnic and racial minorities across many societal systems in the United States from the criminal justice system to our education system. Because of the inability of these minority groups to fully assimilate due to the prejudice and discrimination that exist in the United States, these groups are disproportionately affected by COVID-19.

This discrimination initially has an effect on the economic advancement of ethnic and racial minorities. This economic disadvantage renders people's ability to afford to live a healthy lifestyle, which is why we see diseases such as asthma, diabetes, and hypertension commonly found in these communities. These diseases serve as preexisting conditions that can then increase the risk of an individual dying from COVID-19.

Systemic Racism & COVID-19

Since the beginning of American civilization, white European Americans have made the oppression of non whites to a fundamental aspect of society. These practices of oppression includes exploitative practices of whites, uneven distribution of social and economic resources, and the continuation of those social and economic inequalities. Systemic racism include a wide verity of racist attitudes, actions and emotions that flow through society. After the civil war African Americans where denied land and many other governmental provided resources that where given exclusively to white Americans. The lack of access to these wealth accumulating resources has had detrimental affect on the African American community and have created what I consider “generational curses” that persist even today. We see that many African Americans still struggle with gaining home loans, leading them to live in low income communities, which then leads too and underfunded education. We see this persisting cycle of social and economic inequalities that are rooted in America’s history of systemic racism.

Through out the COVID-19 pandemic we see see the effect that systemic racism has on 1,00s of racial and ethnic minorities. Because of these long-standing systemic issues we see often see ethnic and racial minorities working service-sector jobs. Jobs tend to have more direct public contact. As mentioned earlier, with density-dependent pathogen transmission as the number of host (people) increases so does the number of possible infections. With this in mind it can be concluded that because of the working conditions of many ethnic and racial minorities [imposed on them by systemic racism] they are placed at an increased risk of contracting COVID-19. This, in turn, increases the death rates per capita, leading to the disparates that we see in the COVID-19 data.





Policy Changes



Although our lives may have changed over the course of one year, many systemic issues regarding race have persisted for centuries. This pandemic has brought to light what we as the United States Values as a society. In order for changes to occur we must address the social inequalities that persist in society at the root. The first step to this is recognizing and addressing the issues, then reform those injustices. To rectify these health disparities upstream and downstream interventions must be made.

THE EDUCATIONAL REPARATION ACT

AS EDUCATION IS OFTEN CONSIDERED TO BE THE FOUNDATION OF OUR SOCIETY, DISPARITIES IN OUR EDUCATIONAL SYSTEM ARE THE ROOT OF MANY SYSTEMIC ISSUES IN THE U.S. TODAY. I WOULD LIKE TO PROPOSE A FEDERALLY FUNDED GRANT TO COVER THE FULL COST OF TUITION, ROOM, AND BOARD AT ANY COLLEGE OR UNIVERSITY [IN SAID STUDENT'S STATE OF RESIDENCE] FOR STUDENTS WHO ARE OF DESCENT OF A RACIAL OR ETHNIC MINORITY AND/OR WILL BE A FIRST GENERATION COLLEGE STUDENT. THIS

GRANT WILL BE A STEP IN THE RIGHT DIRECTION TO ELIMINATE EDUCATIONAL INEQUALITIES. A COLLEGE EDUCATION WILL ALLOW MINORITIES TO ACCUMULATE WEALTH, WHICH IN TURN WILL ALSO SHRINK THE RACE WEALTH GAP.

RELOCATION OF HEALTH RESOURCES

SOCIOECONOMIC STATUS IS A HUGE CAUSE IN HEALTH AND SOCIAL INEQUALITIES IN THE UNITED STATES. PEOPLE WITH HIGH WHITES SOCIOECONOMIC STATUS TEND TO HAVE MORE ACCESS TO HEALTH TREATMENTS AND TECHNOLOGY. AN UPSTREAM INTERVENTION I WOULD LIKE TO SEE TO COMBAT THIS ISSUE IS THE DISPLACEMENT OF VENTILATORS AND RAPID COVID-19 TESTING CENTERS. THE RESOURCES TO BE MORE CONVENIENTLY LOCATED IN RURAL AND LOW INCOME COMMUNITIES TO MAKE THEM MORE ACCESSIBLE TO MINORITIES.

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