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# Black Communities Are on the 'Frontline' of the COVID-19 Pandemic. Here's Why

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Photo: ROBYN BECK (AFP via Getty Images)

Every new day of the coronavirus pandemic has brought with it a dizzying amount of change. Teachers are now forced to explain class projects to their students over Zoom, while friends and family use FaceTime to inquire about loved ones, alternating between laughter and anxiety while holding pixelated drinks in their hands. Asian Americans have reported hate crimes and assaults in droves with mounting xenophobia driven in part by the president's branding of the disease as the "Chinese virus." A record [3.3 million people filed for unemployment last week](#) as restaurants, bars, salons, laundromats, clothing shops and bookstores across the country shuttered their doors. As a recession looms, more are guaranteed to follow. Sadly, as of Monday night, nearly 160,000 cases had been confirmed in the United States, killing more than 2,000 people.

Public officials and health experts across the country warned

that we may be in this for the long haul, and the effects of this public health crisis will be deeply felt by everyone in the country. The most recent estimate from the Centers for Disease Control and Prevention (CDC) have the virus infecting between [160 million and 214 million](#)—approximately 48 to 65 percent of the U.S. population.

“I expect that almost everybody will know of somebody who’s died of COVID-19 within the next year,” Dr. Mark Mitchell, associate professor for climate change, energy and environmental health equity at George Mason University, recently told The Root.

This news would be devastating enough. But even as the mode of infection may be indiscriminate, the inequality deeply embedded in the American landscape guarantees the coronavirus will hit some communities much harder than others. The pandemic then, like everything else, is deeply political. There’s a rich and tumultuous history that brought us here. As Andre Perry [recently wrote](#) for the Brookings Institution, decades of segregationist housing policy meant black people and other communities of color endured a kind of “social distancing” long before this moment—being systematically pushed into the most polluted, least desirable neighborhoods in a practice known as redlining. With housing segregation and social discrimination came poverty, disinvestment and lower health outcomes—all of which now put black communities at particular risk for COVID-19.

Few decision-makers have specifically pointed to redlined

communities and communities of color as “vulnerable populations,” even though data shows they are much more likely to have chronic conditions like asthma, hypertension and diabetes—all of which place them at higher risk for COVID-19. They’re also less likely to have access to medical care when they do get sick, [less likely to be insured](#), take time off or [receive paid sick leave](#). And “shelter-in-place” orders crucial for mitigating the spread of the virus can be dangerous for people who have lead in their homes, live in polluted areas or don’t have adequate heating or cooling during extreme weather. As Perry succinctly points out, it is undoubtedly true that the virus doesn’t discriminate—but our country’s policies do. And if our government has any interest in preserving these communities, and preventing a staggering and unnecessary loss of life, the time to start prioritizing them is now.

### **A ‘Natural Progression’**

Redlining was born out of a moment, not unlike the one the country is currently barreling toward. In the 1930s, as a prolonged economic crisis spurred the need for The New Deal, federal lawmakers sought to increase rates of homeownership by Homeowners Loan Corporation to save property owners who were defaulting on their mortgages. Security maps were drafted to give a lay of the land: neighborhoods that were considered safe investments were coded in green, government officials and private organizations marked the riskiest neighborhoods in red. Frequently, they were the neighborhoods with the highest rates of black people and people of color living

in them. The maps became a way to protect the investments and properties of white Americans, while for redlined neighborhoods, systematic disinvestment and neglect fulfilled the “risk” prophecy.

In America, the policies and circumstances that governed our families and neighborhoods can be mapped in our bodies. Not all black communities were formally redlined, and gentrification and housing shortages in urban areas have reshaped many cities, but the legacy of that disinvestment, as well as the structural and personal racism African Americans still face, can be measured in their physical health.

The U.S. has high rates of diabetes and hypertension, and these rates are even higher among African Americans, says Dr. Mitchell, who has worked for years as a public health physician (he also noted that COVID-19 was the first infectious disease he had seen where hypertension—high blood pressure—puts people at risk for developing severe symptoms). Black people also disproportionately suffer from asthma, a particular risk given COVID-19’s effect on the respiratory system, as well as disorders like sickle-cell anemia and lupus, which greatly reduce the resiliency of the immune system. Then there are psychological stressors, which studies have shown can greatly impact one’s ability to fight off sickness.

“Relative poverty is the most stressful event that large numbers of people are exposed to,” says Mitchell. “Racism has also been shown to also be a very, very large stressor.”

“There is a longstanding set of chronic illnesses and conditions

that have been going on in our frontline communities that are a part of this overall vulnerable community paradigm that folks should be talking about,” says Mustafa Santiago Ali, Vice President of Environmental Justice, Climate, and Community Revitalization at the National Wildlife Federation. When we spoke on the phone a couple of weeks ago, Ali was on Capitol Hill, trying to persuade lawmakers to consider the coronavirus’ potentially devastating impact on communities of color. Ali defines “frontline” communities as those likely to be impacted most severely by the crisis. As the number of coronavirus cases continues to rise exponentially, he is alarmed that no one seems to be talking about the particular vulnerabilities of black, indigenous and Latinx communities.

Many of these problems can be traced back to housing segregation and discrimination. Black neighborhoods, as well as predominantly Native and Latinx communities and low-wage areas, tend to have more air pollution, toxins and other environmental hazards. Because they were systemically disinvested from, there’s less access to the sorts of services essential to keeping a population healthy such as clinics and primary care physicians, healthy food, reliable transportation, and safe, affordable housing.

Not only are black people more likely to have the kinds of chronic conditions that leave them vulnerable to COVID-19, they’re also potentially less likely to be aware they have them or receive treatment for them. According to a [ColorLines](#) study from last year, the percentage of Black Americans who are

uninsured sits at 9.7 percent, nearly double the 5.4 percent rate among white Americans. In 2017, the uninsured rate in the Latinx community far eclipsed either of these rates, standing at a whopping 17.8 percent. The same ColorLines study also found that black Americans were more likely to be underinsured and live in “medically underserved areas.” The disparities don’t end when access is equal either. One [2003 study](#) found racial and ethnic minorities received worse health care than non-minorities; researchers found explicit and implicit bias played roles.

This isn’t a secret to public health officials. In 2009, the [CDC](#) found black people were disproportionately hospitalized for H1N1 at a rate of 35 percent, despite being just 13 percent of the U.S. population. The CDC theorized that asthma and diabetes made them especially susceptible to the virus. While research has long established correlations between residential segregation and environmental racism, recent studies have made this connection even more explicit. [One study](#) from the University of California Berkeley and the University of California San Francisco found residents of historically redlined neighborhoods were more than twice as likely as others to go to the emergency room for asthma.

Anthony Nardone, a UCSF med student who was the lead researcher for [the analysis](#), told The Root these health disparities are “a natural progression of the policies that were put into place 80 years ago, and perhaps even before that time.”

## **‘Sacrifice Zones’**

These factors all contribute to elevating a person’s individual vulnerability to getting deathly sick from COVID-19, but as the pandemic has made clear, coronavirus is a communal, not a personal problem. And the conditions black, Native and Latinx communities live in not only ensure that they’re more likely to develop severe symptoms from the coronavirus, but that it will have a profound effect on their communities. Not only are these communities more likely to get sicker than others, but occupational and housing segregation also ensures they’ll have a harder time recovering and protecting themselves when they do get sick.

Historically redlined communities tend to be more dense than others—the combined effect of redlining, gentrification, and an ever-present need to pool resources. There are 3.3 people in the median Latinx household, compared to 2.62 for [the rest of the U.S. population](#), according to the CDC. Black and Latinx households are also likely to be multigenerational, increasing the risk of sickness spreading, particularly [among the elderly](#). African American and Latinx workers are the racial and ethnic groups [least likely](#) to be able to work from home or receive paid sick leave, and are over-represented in the industries most devastated by the economic fallout of the coronavirus. Not only is shelter-in-place less of a viable option for these households, but many of these families were also the first to have important financial lifelines cut off.

The recently-passed stimulus package does a lot to help

Americans impacted by the coronavirus to access better, more robust unemployment insurance. However, this money doesn't automatically cover the cost of health insurance—without this, the poor, undocumented and uninsured face greater barriers getting help from a health care system that is already being pushed past its breaking point.

America's racial caste system does far more than guarantee the black and brown underclass gets sicker and loses more resources in times of crisis. Home is not a safe place for everyone, and protection protocols like shelter-in-place, essential as they are, are substantially more difficult for people living in dense, highly-polluted areas or who are regularly exposed to toxins, like lead or asbestos, in their homes. New York City, the current epicenter of the coronavirus in the U.S., is expected to keep a shelter-in-place policy until at least mid-April, with Mayor Bill de Blasio suggesting that these protocols could last [well into May](#). That means hundreds of thousands of low-income New Yorkers will be forced to stay in the 135,000 city-owned apartments that are suspected of having lead paint, but [haven't been properly inspected](#) or had the potentially deadly toxin removed.

Ali refers to the communities caught in these crosshairs as “sacrifice zones”—places like [“Cancer Alley” in Louisiana](#), a town where many of the black residents descended from sharecroppers now have disproportionately high levels of cancer due to the level of air pollution. They are defined by disinvestment, and by the fact that they have little sway over



the policy decisions that could mean life or death for them. Since Trump took office, his administration has relaxed important environmental regulations, allowing industries to dump more hazardous waste and toxins into communities whose bodies bear the literal scars of decades of unchecked pollution; in the midst of the pandemic, the White House has [given industry even more leeway to overstep these guidelines](#). Even if they are spared by the coronavirus, some marginalized communities may not escape the hazards of their own homes.

Southern states—most of which as of March 31, had not put in place state-wide shelter-in-place orders—have put their black communities in, particularly vulnerable positions. Many of these states, like Alabama and Mississippi, have refused Medicaid expansion for years, cutting off healthcare access to many of their residents. And black Southerners, in particular, tend to have worse health outcomes and less access to medical providers than their counterparts in other parts of the country. When pressed by the media and by their own citizens about why stricter measures weren't being enacted, [Alabama Governor Kay Ivey](#) and [Mississippi Governor Tate Reeves](#) cited economic concerns as a defense for their “wait-and-see” approach.

This response marks [a clear divide between the South](#) and many other parts of the country and flies in the face of internationally proven guidelines for how to best mitigate the devastating effects of the virus. You only do what your networks do, and while the “business as usual” approach may certainly

feel better in the moment (and give Southerners another chance to scoff at the preciousness of coastal elites), refusing to incorporate social distancing measures also ensures that the virus will circulate undetected through many communities in the South until it is far too late.

The agreement among public health experts is widespread and unambiguous: it's not a question of *whether* shelter-in-place delays will cost lives, but how many. And because [nearly 60 percent](#) of all black Americans live in the South, this inaction will disproportionately and disastrously affect them.

A handful of lawmakers have attempted to battle back against these systemic inequities: New Mexico Congresswoman Deb Haaland, who has often been [a lone voice](#) in protecting indigenous rights, recently sounded the alarm to [protect Indian Country](#), particularly its native elders. On Monday, Congresswomen Ayanna Pressley (D-MA) and Robin Kelly (D-IL), along with Senators Elizabeth Warren (D-MA), Kamala Harris (D-CA), and Cory Booker (D-NJ), [wrote a letter](#) to the Department of Health and Human Services to collect racial and ethnic demographic data on testing and treatment of the coronavirus.

But few other policymakers have acknowledged—let alone fought for—the distinct needs and vulnerabilities of communities of color.

“I don’t think that most of our policymakers have thought that far down the road,” Ali said of the disparate impacts these decisions have on historically redlined and segregated

communities.

“They need to because what you focus on and what you prioritize is where resources go and where actions actually happen,” he continued. “You have not heard them say anything about indigenous communities and the impacts, or the lack of infrastructure. So for me, that means that they have not yet understood that there is a unique set of challenges and opportunities.”

### **There Is Opportunity in a Crisis**

Taking stock of all the evidence is overwhelming. During the course of this reporting, I found myself overcome with anxiety: the racial fault lines of the coronavirus were so clear, the problems facing historically redlined and disenfranchised communities so layered, I felt caught underneath the weight of processing it all. But what was most maddening was how invisible those most vulnerable to COVID-19 are: few media outlets have focused on communities of color as a high-risk group for the coronavirus; in all the press briefings given by the Trump administration, they have never once been mentioned.

A word that came up with every health and public policy expert I spoke to was exposure: the coronavirus has exposed the failures of our social safety net and health care system, it has exposed our fragility and interdependence, it has exposed the worst, most foundational of our problems. But these experts also offered some hope: times of crisis are also opportunities to make big, structural changes.

“Poverty and inequality [are] not unfortunate, like a car accident. It is manufacturing and it is manufactured by those in power,” said Rashad Robinson, president of the civil rights advocacy group Color of Change, “Unless we do something to change the rules and change the dynamics, they will continue to use this moment to manufacture more.”

Dr. Mitchell echoed that point. “The whole American society is going to be changing over the next year,” he said. “Things will never be the same as they were weeks ago. And this is an opportunity for people to influence how that change is made.”

There are simple changes that could greatly benefit all communities in the short term—Nardone, the leader of the 2019 redlining study, suggested a dedicated coronavirus hotline for people seeking information and resources. But he also points to one big policy proposal—a single-payer health care system like Medicare-for-all—that would protect millions of Americans against future pandemics.

Now is the time to think big, say these public health experts.

Some of the changes already enacted—like expanding unemployment insurance benefits to gig workers and independent contractors, or increasing the amount of money unemployed Americans will see each week—will greatly impact black workers. Ali reminded me that these changes had been advocated for for decades. Now, because of the urgency of the moment, these policies, and the funding for them, have “all of a sudden” materialized.

He’d like to see real investment into historically redlined

communities, including banking and increased access to medical providers. Dr. Mitchell stressed the importance of getting toxic industries out of marginalized areas—proposing investment in solar panels so communities of color can produce their own electricity, decreasing the kind of pollution and toxins that wreak havoc on their health.

These measures aren't just about equity and fairness—they have never been. As the coronavirus makes clear, these policies are about survival in a world where future pandemics are an inevitability, thanks in part to global warming. Ali points to a recent report from the Intergovernmental Panel on Climate Change, which found that infectious diseases carried by mosquitoes and other insects and animals will likely increase as the world's climate continues to change.

“This is a deadly test run we're going through,” he said of the coronavirus. And the strongest chance historically marginalized communities and communities of color have to protect themselves is to have a seat at the table when decisions about their health, their homes, and their futures are being made.

“We need to do things differently,” said Mitchell. “We can't build things back to what they were previously and not expect that they will be destroyed again.”