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In Black Communities' Fight Against COVID-19, The Real 'Pre-Existing Condition' Is Poverty

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4-5 minutes

In North Carolina and across the nation, black communities are contracting and dying from COVID-19 at disproportionately high rates. But there has been little consensus about why that may be the case.

Some health officials cite "pre-existing medical conditions" as a key factor. Black Americans are more likely to suffer from hypertension, heart disease, asthma and diabetes than white Americans — all conditions that could make them more susceptible to contracting COVID-19 and less likely to recover from it.

Other public health experts believe that structural inequity is the larger contributor. Workers in black communities are less able to work from home and more likely to use public transportation, two factors which add an increased risk of exposure to coronavirus.

Here are four things our guests recommend considering when discussing racial health disparities, COVID-19, and how to protect vulnerable communities from health and economic devastation in the future.

Abuela, Big Momma and Pop-Pop Aren't the Issue

In a White House coronavirus briefing on April 10, U.S. Surgeon General Jerome Adams addressed new reporting on disproportionately high cases of coronavirus in black communities and other communities of color. Stressing the need for personal accountability, he urged marginalized people to "step up," evoking culturally specific terms of endearment for the elderly. "If not for yourself, then for your abuela. Do it for your granddaddy. Do it for your big mama. Do it for your pop pop." Sandy Darity argues that the personal responsibility narrative is not productive when it comes to racial health disparities and COVID-19. Lack of resources and access to testing have more to do with the gap than personal behavior. "This is a very conventional kind of argument," Darity says of Adams' commentary. "It is not correct. It's not valid. And I think it needs to be challenged and reconsidered."

Remember that Social Determinants Impact Health

Aside from lack of testing, there are several other factors that contribute to higher health risks for black and brown communities. Lori Carter-Edwards says that in order to understand the complexity of the issues, we need to explore how things like low-wage employment, reliance on public transportation, and food and housing insecurity intersect to create less than optimal conditions for good health. "Social determinants of health are the conditions in the places where we live, learn, work, play, pray and age," says Carter-Edwards. All these factors "contribute to the cascading effect for why blacks may have a greater propensity for the mortality and morbidity related to COVID."

The Federal Government Can Cover the Country's Tab

COVID-19 has provided yet another reminder of how stark the racial wage gap is in America. Historically under-resourced communities will have a much slower economic recovery period once the immediate health threat passes. But Darity believes that there's still time for the federal government to make structural changes that will mitigate inequity — and he doesn't believe they're unrealistic amendments. "The federal government can, in fact, pay for virtually anything it wants to pay for. It's a matter of will, not a matter of financial capability. I've been an advocate of a federal job guarantee, which is an assurance of employment for all adult Americans through the public sector, with a provision that these public sector jobs would provide a wage that is above the poverty level." Darity also suggested that universal Wi-Fi and universal health care access are ways that the federal government could intervene to level the financial playing field in the years to come.

To Close the Racial Wage Gap, Revisit Reparations

In addition to initiatives designed to address disparities along income lines, Darity also proposes that the government take another close look at ways to close the racial wage gap. "The case for reparations is actually reinforced by the current pandemic because of the relationship between the kinds of health inequalities that we are observing and the wealth inequalities that are so substantial and pervasive. The way we could eliminate the racial wage gap is through a reparations program. That's an appropriate policy to keep on the table fully in the present moment."

