How COVID-19 is Shining the Light on Institutionalized Racism

Howard Ross, Udarta Consulting, Howard@Udarta.com
Different Responses
Black and African American COVID-19 Mortality Rates

Percentage of Population
Percentage of COVID Deaths

Center for Disease Control
• 1 in 2,000 Black Americans has died (or 50.3 per 100,000)
• 1 in 4,300 Asian and Latino Americans has died (or 22.7 and 22.9, respectively, per 100,000)
• 1 in 4,700 White Americans has died (or 20.7 per 100,000)

The latest overall COVID-19 mortality rate for Black Americans is 2.4 times as high as the rate for Whites and 2.2 times as high as the rate for Asians and Latinos.
COVID-19 is Killing an Inordinate Amount of Black People

• Predominantly black counties had accounted for more than half of all U.S. coronavirus cases and almost 60 percent of coronavirus deaths.
• In Louisiana, black people accounted for 70 percent of coronavirus deaths despite making up 32 percent of the population.
• In Chicago, where black people are 32 percent of the population, black residents accounted for 67 percent of coronavirus deaths.
• In Georgia black people make up 83 percent of the coronavirus hospital patients even though they constitute one-third of the population.
• Hispanics make up 23% of small business employees
• 49% of Hispanics say that someone in their household has lost their job or suffered a reduction in pay
• 34% of COVID-19 deaths in NYC were Hispanics
• 20.1% of Hispanics do not have health insurance
• Hispanic unemployment rates are increasing 25% faster
• 66% of Hispanics say they would not get paid if they had to miss two weeks of work
• 19 million Hispanics work in “essential” jobs
  • 1 out of 3 in food services
  • 1 out of 5 truck drivers
  • 1 out of 4 medical assistants, childcare workers, taxi drivers and telecommunications workers
Coronavirus takes higher toll on Native Americans

• Health care is promised by the federal government yet often falls far short of the need.
• In Arizona, American Indians and Alaska Natives represent 7 percent of confirmed COVID-19 cases, but only are 4.6% of the population.
The Anti-Defamation League and the Southern Poverty Law Center both report a dramatic rise in anti-Asian incidents and hate crimes.
“When white America catches a cold, black America gets pneumonia!”
A System at Work
Socio-Economic Factors

• African Americans have an average lower income and one-seventh the acquired wealth of white families (less of a nest egg to fall back on)

• African Americans have a lower percentage of salaried versus hourly jobs

• Roughly 1 in 6 Black and Hispanic households spend more than 50 percent of their income on housing

• Black unemployment is still roughly twice white unemployment

• Impact: Greater incentive to work, less economic reserves, less access to food, medical support, mask, gloves, etc.
Socio-Economic Factors

- Higher percentage of “essential” jobs which lead to higher exposure and potential contamination, not only for the individual but also for their immediate family.
  - 30% of Bus Drivers and Delivery people
  - 30%+ of Food Service workers, Janitors, Cashiers, Stockers
Health Disparities

According to US Vital Statistics, African Americans:

- Are 50% more likely to suffer from High Blood Pressure
- Are 65% more likely to suffer from Diabetes
- Are 75% more likely to have a stroke
- Are 50% more likely to have some form of cardiovascular disease
- Are 60% more likely to suffer from Childhood asthma
- Have more than twice the infant mortality rate
- Have significantly more cases of HIV infection
Health Disparities

• According to a Georgetown University Study, DC African American residents are:
  • 6 times more likely to die from diabetes-related complications
  • 3.5 times more likely to live below the poverty level
  • 3 times more likely to be obese
  • 3 times more likely to smoke
  • 3 times more likely to die from prostate cancer
  • 2 times more likely to die from coronary heart disease
  • 2 times more likely to die from stroke
  • 1.5 times more likely to die from breast cancer

• Any or all of these co-morbidities make African Americans more vulnerable to COVID-19!
Health Disparities

“Climate also creates challenges in the Black community. Predominately Black neighborhoods are more likely to be exposed to pollutants and toxins. We simply have to look at the Flint-to-Detroit corridor where kids and families are overexposed to lead. Many have developed Legionnaires’ disease and other extreme health complications.”

-- Brookings Institute
Bias, Assumptions & Structural Racism

- Historical narratives about race have created both structural arrangements (where people live, where they work, etc.) and differential treatment that creates a dominant/non-dominant relationship between whites and people of color, especially African Americans.

- Policies and practices have reinforced the narrative (e.g. Voting rights, access to loans, segregation in housing, education, employment)

- Unconscious bias impacts African Americans in untold ways, especially in healthcare
“The fact that we have all internalized these biases makes us no less responsible for their negative effects. Understanding how implicit bias operates within each of us does not let us off the hook, rather it illuminates the ways that we may be unknowingly contributing to inequities...and pushes us to think...about how to create inclusive communities in which everyone belongs and has what they need to thrive.”

National Equity Project
Dominant narratives (family, media, society) coupled with structural arrangements and differential outcomes all prime us consciously and unconsciously to believe that people in non-dominant groups are inferior to people in dominant groups and lead us to make assumptions about people.

Disparities, policies, and practices developed for social or economic reasons consolidate and protect power and bestow unearned advantages to dominant groups and unearned disadvantage to non-dominant groups. Cultural narratives about people being “less than” justify mistreatment and inequality.

Inequitable outcomes and experiences resulting from policy decisions in health, housing, employment, education, and life expectancy – reinforce dominant beliefs and ideology; the dominant narrative uses those disparate outcomes as evidence and justification of normalcy and superiority.
An Empirical Analysis of Racial Differences in Police Use of Force

White Police Officers were found to be:

- 17% more likely to use their hands with Blacks
- 18% more likely to push them into walls
- 16% more likely to use handcuffs
- 19% more likely to draw weapons
- 18% more likely to push them to the ground
- 24% more likely to point a weapon
- 25% more likely to use pepper spray or a baton

Blacks, Hispanics make up larger shares of prisoners than of U.S. population

U.S. adult population and U.S. prison population by race and Hispanic origin, 2017

- White: 64%
- Black: 33%
- Hispanic: 16%

Share of U.S. adult population vs. Share of U.S. prison population.
Law firm partners were sent a brief from “Thomas Meyer” with 22 spelling, grammar, technical analytic errors...

4.1/5
10.2 Errors Found

“HAS POTENTIAL”

“GOOD ANALYTICAL SKILLS”

“GENERALLY GOOD WRITER BUT NEEDS TO WORK ON...”

3.2/5
14.6 Errors Found

“NEEDS A LOT OF WORK”

“AVERAGE AT BEST”

“CAN’T BELIEVE HE WENT TO NYU...”

Dr. Arin N. Reeves
Bias in Healthcare
“Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients”

Alexander R. Green, MD, MPH; et. al.
Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

African American patients are consistently prescribed less pain medication for the same presenting physical problems, including children

University of Virginia, Univ of Washington, Johns Hopkins University, Duke University
“The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization”

“Men and whites were significantly more likely to be referred than women and blacks.”

Kevin Schulman, MD, et. al, NEJM
“Negative implicit attitudes about people of color may contribute to racial/ethnic disparities in health and health care. We systematically reviewed evidence on implicit racial/ethnic bias among health care professionals and on the relationships between health care professionals’ implicit attitudes about racial/ethnic groups and health care outcomes. Fifteen relevant studies were identified through searches of bibliographic databases and reference lists of studies that met inclusion criteria...evidence of implicit racial/ethnic bias were found among health care professionals in all but 1 study.”
“Negative implicit attitudes about people of color may contribute to racial/ethnic disparities in health and health care. We systematically reviewed evidence on implicit racial/ethnic bias among health care professionals and on the relationships between health care professionals’ implicit attitudes about racial/ethnic groups and health care outcomes. Fifteen relevant studies were identified through searches of bibliographic databases and reference lists of studies that met inclusion criteria...evidence of implicit racial/ethnic bias were found among health care professionals in all but 1 study.”
Bias Impacts Basic Communication

- 6500 Professors from 89 disciplines at the top 259 schools were sent emails from researchers pretending to be students.
- Names were chosen to express ethnicity (e.g. “Brad Anderson”, “LaToya Brown”, “Sonali Desai”, “Mei Chen”)
- White male names were 25% more likely to get a response
- Professors in higher rated schools and higher salaried subject areas showed the highest level of bias

Amygdala Hijacking

Causes...

Reactive Responses
- Fight
- Flight
- Freeze

Protective Responses
- Desire for control
- Authoritarianism
- Increased “Otherization”

Narrowed Thinking and Interpretations
- Permanence
- Pervasiveness
- Personalization (internally and externally)
Black communities have been hit hard by the coronavirus. Some think black Americans are to blame.

Racial resentment may fuel the belief that African Americans should take more personal responsibility.

Many Americans are infected with the belief that a cause or the cause of higher black infection or death rates is that black people are not taking the viral threat seriously, and that white people have lower infection and death rates because they are taking COVID-19 seriously.

Evidence points in the opposite direction.
“During the April 10 White House coronavirus briefing, U.S. Surgeon General Jerome Adams said black communities “are not helpless” and ought to “avoid alcohol, tobacco, and drugs.” In an NPR interview, Sen. Bill Cassidy (R-La.) said African Americans’ high rates of underlying health conditions such as obesity and diabetes contribute to their vulnerability to the coronavirus. Asked if those health disparities stem from systemic racism, Cassidy responded: “That’s rhetoric, and it may be. But as a physician, I’m looking at science.”
Empathy

- “Empathetic neural responses...decreased significantly when participants viewed faces of other races”
  - Xiaojing Xu, Xiangyu Zuo, Xiaoying Wang, and Shihui Han, Peking University
- “When the target is an out-group member, people may have powerful motivations not to care about or help ‘the other.’”
  - Mina Cikara, Carnegie Mellon University, Emile Bruneau, MIT, and Rebecca Saxe, MIT
- “Empathy is diminished when people (black or white) who hold racial biases see that pain is being inflicted on those of another race.”
  - Salvatore Maria Aglioti of Sapienza Università di Roma
Americans are 17% More Likely to Attribute Health Outcomes to Behavior of Blacks Than Other Groups

According to the survey, black people were more likely than white people to be buying nonperishable foods, hand sanitizer, cleaning products, toilet paper, and bottled water. “Ironically, the very people calling black people ignorant are ignorant about black people.”

Ibram X. Kendi, The Atlantic
Everyday Logistics

- Transportation accessibility (2x as likely to rely on Public Transportation)
- Poor Healthcare accessibility
- High levels of pollution and poor air quality
- Lack of healthy food options
- Health insurance
Everyday Logistics

• Accessibility to safe markets, etc.
• Clean and well-maintained living environments
• Lack of green spaces and open recreational facilities
• Physical proximity
• Lack of trust in law enforcement
Psychological Impact

• Psychological safety -- Increased stress and vulnerability
• Questionable Trust in Government
• Limited Access to information
Psychological Impact

• Trust in Medical Research (Tuskegee)
• Learned Helplessness
• “Otherization” and Perceptual Safety (e.g. Anti-Asian hate crimes; Black men and masks)
“I thought about the errands I need to run this week, including a trip to the grocery store. I thought I could use one of my old bandannas as a mask. But then my voice of self-protection reminded me that I, a black man, cannot walk into a store with a bandanna covering the greater part of my face if I also expect to walk out of that store...For me, the fear of being mistaken for an armed robber or assailant is greater than the fear of contracting Covid-19.”

--Aaron Thomas
Black and African American COVID-19 Mortality Rates

Percentage of Population  Percentage of COVID Deaths

Center for Disease Control
Systemic Impact

• Privilege
• Supremacy
• “Colonizer” Mindset/”Colonized”

Power/Powerlessness

Possibility/Resignation

• White Fragility
• Micro-Behaviors
• Cultural Appropriation/ Cultural Accommodation
A Perfect Storm

Socio-Economic Factors

Psychological Impact

Health Disparities

Bias & Structural Racism

Everyday Logistics
1. Encourage Well-being and mindfulness practices
| **Get enough sleep. Sleep and immunity are closely tied.** |
| **Manage nutrition** |
| **Hydrate** |
| **Exercise** |
| **Practice stress reduction** |
| **Don’t smoke and limit substances** |
| **Stay connected** |
| **Find ways to practice "touch" with people or pets** |
| **Allow yourself to be vulnerable and ask for help!** |

howard@Udarta.com
1. Encourage Well-being and mindfulness practices
2. Be honest and transparent
3. Give people an opportunity to talk about the emotional impact of what’s going on
4. Acknowledge the differential impact; this is not an “equal offending” disease
5. Take into account and acknowledge the different situations of people
6. Expand benefits both formally and informally
7. Use technology creatively and wisely
8. Check in with your employees regularly to see how they’re holding up
9. Make decisions with empathy and communicate them with compassion
10. Find ways to reinforce the idea that we are all “in this together”
Find a way to contribute to others!
EVERYDAY BIAS
IDENTIFYING AND NAVIGATING UNCONSCIOUS JUDGMENTS IN OUR LIVES
HOWARD J. ROSS

Second Addition due out this Summer

Howard@Udarta.com

www.howardjross.com
Don’t Lose Hope!