IDEAS

We Still Don't Know Who the Coronavirus's Victims Were

One year into a racial pandemic within a viral one, the gaps in our collective knowledge are still startling.

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To reflect on the racial pandemic of the past year is to reflect on the ravages of multiple viruses, all mutating from the original American virus: racism. People of color—already forced into the shadows of society—were infected, hospitalized, impoverished, and killed at the highest rates by COVID-19. All the while, they received the fewest medical and economic protections—prolonging, deepening, and spreading their suffering.

The groups of people who suffered the most from COVID-19 in the United States did so almost completely out of the view of data. We could barely see them. Dead before death. Tracking the spread of the coronavirus among the incarcerated, the undocumented, and the unhoused did not seem to matter, just as their lives did not seem to matter. The invisible in life becoming the invisible in death remained the American way.

By the end of last April, dozens of states had started reporting racial data that revealed COVID-19 was infecting and killing Black, Latino, and Native Americans at higher rates than white people. For roughly a year now, we have been aware of the pandemic's racial disparities. We have been given a crash course on the distinction between equality and equity—on when we need

equality, on where we need equity.

When it comes to human value, we need equality. Equality is valuing all phenotypes, ethnicities, and cultures equally, placing all groups on the same level. To create a world where every human group is valued equally is to create a world where every human is valued equally.

But when it comes to policy, we need equity. Not equality. Policy *equality* is providing the same to unequally resourced groups. Policy *equity* is allocating resources to unequally resourced groups based on need. As an example, providing middle-income people with the same resources as billionaires prolongs the inequality in resources. Providing middle-income people with more resources than billionaires reduces the inequality in resources. Policy equality only replicates and amplifies the inequality that is there from the start. Policy equity, on the other hand, repairs that inequality.

Ibram X. Kendi: What the racial data show

If we are to recognize and combat the racial health disparities this pandemic has revealed, we need data equality and policy equity. We create data equality—and ensure that every single American is valued equally—by guaranteeing universal access to health care and collecting and reporting every single variable of the identity of every single American every single time they receive medical care of any kind. And we should be standardizing how we gather racial data—collecting racial data the same way across all jurisdictions. In the case of COVID-19, we should be collecting full demographic data whenever an American is tested, hospitalized, or killed. Data equality can ensure that the

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groups suffering the worst from this disease are brought out of the shadows.

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Policy equity would mean that the groups suffering the worst receive the most attention, treatment, and resources. And yet, over the past year, neither data equality nor policy equity completely materialized.

More than a year into a pandemic that has killed at least 574,978 Americans and infected 32.3 million as of Thursday, we still have only partial visibility into precisely who coronavirus patients really are. Data inequality, and all its shadows, is the norm. No one knows how many Black Americans died from COVID-19. No one knows exactly how many Native Americans were hospitalized. No one knows precisely how many white Americans were tested for the coronavirus. No one knows precisely how many Asian Americans and Pacific Islanders were terrorized by other Americans.

States collected racial data in different ways, complicating comparisons and muddying regional and national datasets. And no state reported 100 percent of deaths, hospitalizations, cases, and tests by race. Alabama reported racial data for only 57 percent of cases and 72 percent of deaths, and did not report on tests and hospitalizations. New York still has not reported race and ethnicity data for cases, and Texas has reported racial data on only 3 percent

of cases as of March 7, 2021, according to the COVID Racial Data Tracker.

This sporadic and disparate data reporting calls to mind the sporadic and disparate reporting on police shootings. But in both cases, these data and the human stories behind them are enough to show the full gravity of America's systemic ills.

The COVID Racial Data Tracker, which collected publicly released state data, shows that Black Americans have been the most likely to die of COVID-19, at 1.4 times the rate of white people. Native Hawaiians and Pacific Islanders have been the most likely to be infected with the virus.

Ibram X. Kendi: Stop blaming Black people for dying of the coronavirus

But high reported death rates have not translated into high vaccination rates. White Americans, who are the least likely to die of COVID-19 and who have had the highest vaccine-hesitancy rates, are overrepresented among the fully vaccinated. As of April 29, white Americans accounted for 67.4 percent of the fully vaccinated; they make up 61.2 percent of the U.S. population. By contrast, among the fully vaccinated, only 10 percent are Latino Americans and 8.4 percent are Black Americans, despite making up 17.2 percent and 12.4 percent of the U.S. population, respectively. Asian Americans, too, are underrepresented among the fully vaccinated, while the vaccination rates of Native Americans and Pacific Islanders are nearly proportional to their populations.

Shadows remain, too, over these vaccination data. Race and ethnicity data are available for only 58.2 percent of those fully vaccinated, as reported in the CDC COVID Data Tracker on April 29. Racial disparities could be much worse or much better. Like much of the racial pandemic, we still do not know. We still cannot see.

We need the same variables and the same risk factors to be identified and collected for everybody in the same manner across the nation. We need data equality. And then equality needs to take a seat for equity. But it has not.

The course of the racial pandemic over the past year—from death disparities to vaccination disparities—has plainly revealed that the United States fosters policy inequity in health care. As a result, the most vulnerable receive the least medical protection, while the least vulnerable receive the most medical protection.

Equality is providing every group with the same access to vaccines. *Equity* is vaccinating groups based on need. When it comes to policy outcomes, what's equal is not always equitable. The United States chose equality for racial groups, refusing to provide Black, Native, and Latino Americans with vaccines first even though they were dying at the highest rates. The United States chose equity for age groups, providing the elderly the vaccine first because they were dying at the highest rates.

But the policy of vaccinating the elderly first (after health-care workers) was hardly race neutral. No policy is. Providing the first vaccines to elderly people privileged white Americans, who constitute a disproportionate amount of the elderly population in the United States. According to the Pew Research Center, the most common age of white Americans in the United States is 58, compared with 27 for people of color (29 for Asian Americans, 27 for Black Americans, and 11 for Latino Americans). Aside from their greater access, the elderly-first policy could be the main reason white Americans—despite their vaccine hesitancy—are overrepresented among the fully vaccinated. *Elderly* is an imprecise political proxy for *white*, just as *prisoner* is an imprecise political proxy for *Black*, and just as *immigrant* is an imprecise political proxy for *Latino*.

Patrice Peck: The virus is showing Black people what they knew all along

Among the elderly, an equitable approach would have first prioritized elderly Black men living in cities, who may have been the hardest-hit by COVID-19. Among the elderly, people of color should have been prioritized over white people because people of color have been dying at higher rates. Among the elderly, urban white residents should have been prioritized over nonurban white residents because urban death rates have been higher.

Not all white Americans benefited equally—as they often don't from inequitable policies that privilege them in the name of equality. Three out of four people in nursing homes are white, and while less than 1 percent of Americans live in long-term-care facilities, people in nursing homes accounted for about a third of all COVID-19 deaths. If government officials had taken an equitable approach among the elderly, then elderly people in nursing homes across the country would have been vaccinated before elderly people not living in nursing homes. This policy would have benefitted white people the most—and rightfully so.

Similar policy inequities reveal themselves when we examine protections for small businesses. About 90 percent of small firms owned by Asian Americans

ages 45 and older saw their revenue decrease last year, followed by 85 percent of older Black business owners and 81 percent of older Latino business owners—compared with 77 percent of older white business owners.

But just as racial groups most in need received the fewest vaccines, the most vulnerable business owners of color received the least assistance, perhaps contributing to Black and Latino women being the most affected by job loss during the pandemic. Think of it this way: The least vulnerable business owners received the most assistance. About 81 percent of older white business owners received the full amount they requested from the Paycheck Protection Program established by the CARES Act passed in March 2020. That drops to 71 percent for older Asian business owners, 63 percent for older Latino business owners, and 46 percent for older Black business owners. One in five older Black business owners received none of their requested assistance.

No three groups have faced America's data inequality and policy inequity more than the incarcerated, the unhoused, and the undocumented. The Department of Homeland Security says we have "a moral and public health imperative to ensure that all individuals in the United States have access to the vaccine." But only about one-quarter of state websites make clear to undocumented immigrants that they are eligible for the vaccine and that getting the shot won't affect their immigration status, according to the Kaiser Family Foundation. Vaccination sites typically make up their own rules, requiring a driver's license, Social Security number, or health-insurance card and turning away immigrants (and citizens) who don't have that documentation. Too often these requirements are communicated in English.

Walled off from vaccines, undocumented immigrants return to the shadows, where they're at risk of contracting the coronavirus and dying. The COVID-19 infection and death rates "among undocumented immigrants are undoubtedly much higher than they are in the general Latinx population," Kathleen R. Page and Alejandra Flores-Miller observed in *The New England Journal of Medicine*. The only available COVID-19 data on undocumented immigrants come from Immigration and Customs Enforcement detention

centers. The Vera Institute of Justice's dashboard of ICE reports 12,757 people in detention had tested positive for COVID-19 as of April 28. But Vera speculates that ICE is severely underreporting and undertesting; according to one model last year, the actual number of positive cases could be "15 times higher" than figures reported by ICE.

Compared with the general population, undocumented immigrants are more likely to be poor, more likely to be essential workers, more likely to live in multigenerational households, and more likely to lack health-care coverage. And yet, whether for cases, hospitalizations, deaths, or vaccinations, COVID-19 statistics do not differentiate by country of birth or immigration status. Data inequality persists.

Read: The pandemic will cleave America in two

Meanwhile, the glimpses of data we have about the coronavirus and the unhoused show staggering infection and death tolls. For sheltered homeless people in New York City, the death rate was 436 deaths per 100,000 people through the end of February 2021—49 percent higher than the city's overall death rate. Universal testing at an adult homeless shelter in Boston in early April 2020 yielded a 36 percent positivity rate. From March 1 to May 18 of last year, one in five patients hospitalized with COVID-19 at Boston Medical Center was unhoused, even as less than 1 percent of people in Boston are reportedly unhoused.

According to a recent report in *The New York Times*, about two in 100 people worldwide are known to have contracted the coronavirus. The worst infection rates in the world are in the United States, where nine in 100 are known to have contracted the virus. In U.S. prisons, the rate is an unspeakable 34 in 100. Mass incarceration led to mass infection. According to *The Lancet*, "more than 40 of the 50 largest clustered outbreaks in the country have occurred in jails and prisons." And a report prepared for the National Commission on COVID-19 and Criminal Justice stated that "twenty-four states exhibited COVID-19 deaths among incarcerated people that were more than double comparable statewide rates."

Are death rates of Black people inside prisons more than double the sky-high death rates of Black people outside prisons? Again, we do not know. In May 2020, 43 prison agencies, including the Federal Bureau of Prisons, either were not collecting racial data or refused to provide the information. By August, only Vermont, Tennessee, Massachusetts, and Washington were reporting the racial demographic data of COVID-19 testing and case counts among the incarcerated. Not much has changed since.

THE ANTIRACIST SOLUTION has been clear for months. Collect data on every single resident, equally and fully. Standardize data collection across jurisdictions. These data could eliminate the shadows, end data inequality, save groups from data death, shed light on all our suffering. When we see disparities between groups, do not blame the victims. Instead, respond equitably. Advance policies that give resources and opportunities to the groups that need them the most, no matter those groups' race, age, gender, class, status, sexual orientation, disability, country of origin, and so on.

Document the different groups wholly and uniformly. Data equality. Treat the different groups equitably and justly. Policy equity.

But that has hardly happened during this pandemic or during American history. And the virus of racism—and its mutations—have spread, have harmed, have killed as a result.