

# **To Talk About Racial Disparity and COVID-19, We Need to Talk About Class**

By [Roberto R. Aspholm](#)

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It's now widely understood that black Americans have been disproportionately hit by the coronavirus. But though mainstream commentators are willing to recognize this basic disparity, and the role of racism, they perpetually obscure the question of class.

As a great deal of recent public discourse makes clear, black Americans have been disproportionately impacted by the fallout from the coronavirus pandemic. Though hampered by limited and fragmented data, recent [public health reports](#) suggest that in eight states, blacks are at least three times more likely to be infected by coronavirus than their white counterparts, and nationally, blacks are twice as likely to die from such infections. County-level and city-level data have typically suggested similarly troubling trends. These realities largely mirror patterns of racial disparity that exist on a wide range of adverse social indicators.

As someone who studies gun violence, the recent discourse on coronavirus disparities has called to my mind long-standing narratives around gun violence and black men. While typically well intended, these disparity discourses share a number of problems that have often done more to obscure than to advance our understanding of these issues, as well as how we might effectively confront them. Such problems include: (1) the tendency to treat race as a biological category and to presume that racial identity is a discrete risk factor for coronavirus or gun violence, (2) the promotion of public health interpretations that focus on behavioral norms and lend themselves to austerity-minded interventions, and (3) the treatment of racial disparities as distinct from broader patterns of structural inequality. At the intersection of these discourses, moreover, epidemiological metaphors of racism and gun violence as “diseases” akin to coronavirus are often invoked in lieu of more nuanced and historically grounded analyses of these issues.

In the end, these accounts are largely devoid of class analysis and have little to offer in terms of meaningfully tackling these issues. We need an alternative lens for understanding and addressing the common roots of these issues.

## Dispelling Biological Determinism

In the early weeks of the emerging coronavirus pandemic in the United States, a rumor that black people were somehow immune to the virus was going “viral” on social media and beyond. Atlanta rapper Waka Flocka, for example, [asserted](#) in a radio interview in early March that “minorities can’t catch coronavirus. Name one. It doesn’t touch them soul food folks.” While the very public March 11 [diagnosis](#) of NBA player Rudy Gobert, a Frenchman whose father is of Afro-Caribbean descent, and the subsequent diagnoses of other high-profile black celebrities, put a swift end to this ridiculous rumor, its racist premise of biological determinism regarding the coronavirus has unfortunately persisted — including in some perhaps surprising corners.

Citing early data on racial disparities in pandemic-related hospital admissions, for example, the Centers for Disease Control and Prevention (CDC) [identified](#) “race” as a potentially discrete risk factor for infection, although they cautioned that its “potential impact” as such “need[s] to be confirmed with additional data.” In mid-April, the head of the British Medical Association [called for](#) “an urgent investigation into the possible greater vulnerability of black, Asian and minority ethnic people to COVID-19” following the pandemic-related deaths of ten doctors from these demographic groups, the first such deaths in the United Kingdom. An April [letter](#) to pharmaceutical companies working on coronavirus treatments from a group of US senators, including Bernie Sanders and Elizabeth Warren, similarly emphasized “the critical need for comprehensive demographic and racial data to ensure that new treatments work for all Americans” — with the obvious premise being that a person’s racial identity may play some role in their physiological response to medical treatment.

Similar narratives around racial genetics and biological determinism emerged forcefully during the 1980s and 1990s, when dramatic increases in gun violence, much of it involving young people associated with the burgeoning urban crack cocaine trade, gave rise to a moral panic that found its ultimate expression in the term “superpredator.” John DiIulio,

a political scientist at Princeton University, coined the phrase in 1995 to [describe](#) “a young juvenile criminal who is so impulsive, so remorseless, that he can kill, rape, maim, without giving it a second thought.” The term became part of the popular lexicon, with law enforcement and elected officials on [both sides](#) of the aisle deploying it in service of promoting tough-on-crime policies. While peddlers of the superpredator theory never explicitly tied the phenomenon to genetics, the convergent discourse around “crack babies” — children born to crack cocaine users — certainly did. These children were unabashedly [categorized](#) as “a bio-underclass, a generation of physically damaged cocaine babies whose biological inferiority is stamped at birth.” In the case of [both](#) superpredators and crack babies, these youngsters were cast, both explicitly and implicitly, as urban African Americans.

Such talk of race science and biological determinism, whether clearly reactionary, as in the case of gun violence, or seemingly well-intentioned, as in the case of coronavirus, is troubling and wrongheaded. It is rooted in a long and sordid history in which black Americans have been labeled as inherently [disease](#)- and [violence](#)-prone, among various other vicious and dehumanizing stereotypes. But as a purely historical social construction without genetic or scientific basis, race can be neither an explanation for violent behavior nor a risk factor for coronavirus infection or mortality. As sociologist Karen Fields and historian Barbara Fields [note](#), however, “belief in the biological reality of race outranks even astrology, the superstition closest to it in the competition for dupes among the ostensibly educated,” a dynamic that “permit[s] the consequence under investigation” — in this case, disparities in coronavirus and gun violence victimization among those defined as African American — “to masquerade among the causes.” As historian and public health scholar Merlin Chowkwanyun [warns](#), moreover, the belief in biological race can not only “lead to claims of racial superiority or inferiority,” but, less conspicuously, can also “obfuscate a complex litany of explanations for . . . observable population differences.”

Such is the case with the coronavirus, as it was with gun violence. Though dangerous biological theories of violence [persist](#) in some corners, the superpredator and crack-baby theories have long been exposed as the junk they always were. We should be mindful of these lessons as we think about the current coronavirus pandemic.

# Problematizing Public Health Explanations

In comparison to the pernicious “race science” described above, other public health explanations offer a step in the right direction in accounting for high rates of coronavirus infection and death among African Americans. For example, the Centers for Disease Control and Prevention (CDC) has published a [web page](#) on COVID-19 entitled “Health Equity Considerations and Racial and Ethnic Minority Groups” that identifies “economic and social conditions that are more common among some racial and ethnic minorities than whites” that may be contributing to observed disparities. These include living conditions such as neighborhood population density and multigenerational households that make social distancing and quarantining more difficult, work factors such as employment in essential industries and lack of sick leave that heighten chances of exposure, lack of health insurance and access to affordable care that decreases the likelihood of early detection and treatment, and chronic health conditions such as heart and lung disease that increase the likelihood of severe symptomatology and death.

Similarly, public health has recently emerged as a nearly ubiquitous framework for understanding gun violence, promoted by everyone from the [World Health Organization](#) and the [American Medical Association](#) to [Barack Obama](#) and [Donald Trump](#). While the 1996 passage of the National Rifle Association-backed [Dickey Amendment](#) effectively banned the CDC from studying gun violence, the agency’s information on “youth violence” — though a much more widely construed phenomenon — offers a generally useful proxy for gun violence, especially given the dearth of comprehensive data elsewhere.

Specifically, the risk factors for youth violence identified by [the CDC](#) include individual factors such as violence exposure and victimization, emotional distress, substance abuse, various types of problematic parenting and familial dynamics, association with delinquent peers, and residence in high-poverty neighborhoods. Though the CDC does not comment specifically on racial disparities in violence, the conclusion one is inevitably left with is that racial disparities in violence involvement are simply the result of a higher prevalence of these risk factors among African Americans.

One issue typical of the public health approach, however, is that there is little to no exploration of how these risk factors themselves come to be. Accordingly, there are few insights into the genesis of the racial disparities they purport to explain. Cure Violence, for example, the widely celebrated gun violence prevention model that likens violence directly to a pandemic disease, reduces violence to a “learned behavior” rooted in acute and chronic exposure to violence and broader “community norms” that promote such behavior.

While equating a pattern of social behavior — the use of firearms to settle disputes and grievances — to the workings of a submicroscopic infectious agent operating at the cellular level may benefit from a patina of medical credibility, such an account fails to provide any meaningful insight into the “etiology” of the behavior in question: Why does the “disease” of violence “infect” some communities but not others? Or, stated differently, why do some communities in a given city experience no homicides in a typical year, while nearby communities in the same city experience dozens of homicides?

Lacking any historically grounded explanation for such divergences, the public health model is susceptible to reframing these issues in “cultural” terms — communities with healthy cultures, and therefore healthy norms, have low levels of coronavirus infection and gun violence, while those with pathological cultures and norms have high levels. At worst, these “explanations” simply reflect a [reframing](#) of “biological race in polite language.”

In any case, as historian Thomas Adams and political scientist Cedric Johnson argue, [such accounts](#) obscure issues that are “firmly political and structural” in nature by reinventing them as cultural phenomena, an approach that betrays “a deep unwillingness to grapple with political and social causation.” And if these phenomena are observed across groups with different cultural proclivities — certainly, blacks are not the *only* victims of coronavirus or gun violence, nor do all blacks share a monolithic culture, for that matter — then what we are witnessing is not “race” or “culture,” as such.

[....]

In short, in much of the public health discourse, structural inequality is reified, recast in terms of behavioral deficits to be rectified by information campaigns. While specific

material circumstances that contribute to racial disparities may be acknowledged to varying degrees, the ultimate causes of these circumstances remain unaccounted for — and are as likely as not to be explained as products of the alleged cultural pathologies of these populations themselves. This is not a helpful perspective for understanding these issues, nor for addressing them.

## The Shortcomings of Race Reductionism

While the public health framework tends to present disparities in health outcomes as natural social facts devoid and undeserving of meaningful explanation, others espouse a ready and seemingly obvious explanation: racism (typically modified as structural, institutional, or systemic). For example, David Williams of Harvard University's TH Chan School of Public Health [stated](#), "We are looking at societal policies, driven by institutional racism, that are producing the results that they were intended to produce." "It's been hard for Americans to understand that there are racial structural disparities in this country, that racism exists," [offered](#) Camara Phyllis Jones, an epidemiologist, family physician, and senior fellow at the Morehouse School of Medicine, adding, "But COVID-19 and the statistics about black excess deaths are pulling away that deniability." Officials in Franklin County, Ohio, meanwhile, [declared](#) racism a "public health crisis" due to racial disparities in coronavirus deaths and other health outcomes. Other cities and counties have [followed suit](#).

Racial disparities in gun violence have long been discussed in similar terms. In the 1980s and 1990s, this discourse coalesced around narratives that political scientists Willie Legette and Nikol Alexander-Floyd, respectively, refer to as the "[crisis of the black male](#)" and the "[Endangered Black Male](#)." Though this specific language has largely disappeared from popular discourse on gun violence, its underlying premises have been widely internalized as cultural common sense, distilled in tropes about "black-on-black violence" and black urban neighborhoods as "war zones." In recent years, however, the discourse of black male peril has reemerged forcefully in relation to a different kind of (typically) gun violence: police violence. Indeed, although acknowledgment of black female and LGBT victimization has been an explicit dimension of Black Lives Matter from its inception, the predominant understanding of police violence in the United States is one of [black male crisis](#).

What has been almost entirely absent from the dominant public discourse on police violence is any meaningful class analysis. Yet even a cursory examination of the long and tragic list of high-profile police killings of black men reveals an unmistakable pattern: nearly all of these victims were poor or, at best, members of the working class. Indeed, their class status often directly precipitated their contact with police and/or shaped its trajectory: the use of an allegedly counterfeit \$20 bill, the unlicensed selling of cigarettes or bootleg CDs, fleeing a police stop because of a suspected warrant for unpaid child support, vehicle violations caused and compounded by an inability to pay tickets or make needed repairs.

These dynamics, in turn, should be understood within a [broader context](#) of “an approach to policing that emerges from an imperative to contain and suppress the pockets of economically marginal and sub-employed working class populations produced by revanchist capitalism.” The now seemingly ubiquitous notion that racism or white supremacy is the lone factor driving police killings of black men obscures the complexity of these dynamics — while also failing to explain police killings of whites, who comprise [roughly half](#) of all such victims.

To be clear, there is no doubt that black people and other people of color face racist discrimination in a wide variety of settings and situations that deleteriously affect their lives. There is also no doubt that such discrimination contributes to persistent racial disparities on nearly every adverse social indicator. But racism does not explain the existence of those adverse social indicators or the fundamental realities of inequality, which are produced by a political economy that concentrates incredible amounts of power and wealth in the hands of a small minority on one hand and fails to ensure a stable and dignified material existence for the majority of people, whatever their racial identities, on the other.

Patterns of inequality, then, are reproduced not only via racist discrimination, but via the logic of capitalist social reproduction — the former of which, as historian Touré Reed points out, operates within the confines of the latter, [not outside of it](#). A narrow focus on racial disparities and an understanding of them as [solely by-products](#) of an ostensibly all-encompassing, transhistorical racism, then, risks reifying broader patterns of inequality and the mechanisms by which they are (re)produced. After all, issues like coronavirus, gun violence, and police violence do not exclusively — nor, in sheer numerical terms, even



primarily — affect African Americans. As political scientist Adolph Reed Jr and Merlin Chowkwanyun [argue](#), disparity discourse thus fails to provide “a holistic causal account” of these phenomena and obscures the fact that “inequalities that appear statistically as ‘racial’ disparities are in fact embedded in multiple social relations.”

As with gun violence, the routine appropriation of medical metaphors likening racism to a “disease,” an “epidemic,” or a “public health problem” further clouds the historical nature of racism and leaves unquestioned the political-economic processes that produce inequality, of which racial disparities constitute one abhorrent manifestation. Yet such a perspective dovetails well with the view that a transcendental racism is alone responsible for racial disparities — if not the totality of suffering experienced by black people — and, on the flip side, that racial disparities themselves are proof of that fact. This type of circular reasoning means that the discourse on racial disparities has the tendency — to borrow from Barbara Fields’s [appraisal](#) of historical studies of whiteness — to produce “no conclusions that it does not begin with as assumptions.”

## Bringing Back Political Economy

In the end, racial disparities in coronavirus infections and deaths, as in rates of victimization by gun violence — or police violence, for that matter — cannot be explained by racist biological determinism, simplistic references to behavioral or cultural norms, or an understanding of racism as operating outside of political economy and of disparities as distinct from broader patterns of inequality.

In the case of coronavirus, racial disparities cannot be divorced from an analysis of our fragmented, profit-oriented health insurance industry; the hollowing out of the public health care sector; a woefully inadequate residual-model welfare state; and eroding unionism, diminishing protections, and increasing precarity for working people. Similarly, racial disparities in gun violence must be understood as a by-product of the deplorable conditions in urban working-class black communities, including low levels of human and economic development, high levels of inequality, a weak and illegitimate state, and large populations of desperate young men involved in collective violence — in other words, the same exact conditions associated with elevated levels of violence [throughout the world](#). For their part, working-class white communities that have been



similarly devastated by deindustrialization, job loss, and increasing despair in recent decades are facing a [gun violence crisis](#) of their own.

Rhetorical maneuvers likening gun violence and racism to pandemic diseases ultimately fail to illuminate the roots of these issues or their effects on variously raced populations. Indeed, even a meaningful appraisal of the societal and demographic impact of coronavirus — an *actual* pandemic disease — must be placed within the broader context of the political-economic factors described above. In the end, then, efforts to address racial disparities in pressing issues such as coronavirus, gun violence, and police violence should be understood as an indispensable dimension of a broader assault on the intensifying inequality and precarity facing working people, and as a part of political struggles to create a dignified material existence for all.