

“The Race Epidemic: Disease and Discrimination in the United States,” by Sarah Rider

When the mask is ‘safely’ removed from the COVID-19 crisis, how different will the United States look? Who will be our new enemies, or who will become more nuanced targets for aggression? As the public urges for accountability and points fingers at one another, it is important to be aware of how little people are paying attention to the systems of power that put us even more at risk for infection.

As we have seen in the preceding essays, the history of Anti-Asian immigration policies that cast Asians and Asian/Americans into a state of perpetual foreignness are revitalized. During disease outbreaks, certain populations are racialized and the effort to correlated them with greater propensity for harm is based on a history of xenophobia and discrimination. It then becomes harder for the public to distinguish between historically racialized stereotypes and what they perceive to be ‘common sense.’

Indeed, the spread of the COVID-19 pandemic has demonstrated that when an individual’s health and that of others they care about is put at risk, instincts of self-preservation reveal the, “foundations for broader prejudices [...] as chronic self-perceptions of vulnerability to disease predict attitudes toward targets with noncontagious health conditions and toward social groups associated with subjectively unfamiliar cultural practices.” (Huang, et al. 1550-1551).

The unfamiliarity and subjectification of minoritized groups or populations also positions members of such communities at an extreme disadvantage with regards to public health campaigns. Often these campaigns do not account for the systemic inability to perform proper health protocol measure and thus do not address structural discrimination. The public is motivated to blame target marginalized populations, in alignment with society’s greater prejudices. When national emergencies such as COVID-19 occur, it shifts the “responsibility for protecting the public health from the government to individuals [...] which] leaves constrained options concentrated at the individual level and disparately disadvantages marginalized populations,” (Jen 122).

In St. Louis, Missouri, the rate of COVID-19 infection drastically increases depending on a person’s residence, which in St. Louis, is a location already inherently segregated from a history of housing and economic discrimination toward the Black community. These segregations are defined by counties, and “the COVID-19 situation highlights the health inequities and disparities that pre-existed in the [St. Louis] community” (Rivas 3).

According to the county’s calculations on rate per 100,000, “African Americans were being infected at a rate four times higher than white county residents [...] the largest share of patients [are] coming from North County,” a historically Black community in St. Louis (Rivas, 2-3). These disparities are not based on biological grounds but are rather direct consequences of structural racism in St. Louis.

Areas such as North County, Ferguson, Florissant, and East St. Louis, are frequently described as areas prone to danger and warrant caution, while also being locations that are historically, Black. Arguing that characteristics of race correlate with the ability to be ‘healthy or safe’ “transform[s]

into a ‘geography of blame’ in which culture is the culprit” for infection (Briggs 277). These communities are characterized by important demographics that evidence the real cause of higher rates of coronavirus infection, such as limited access to food security, proper housing, good health care networks, and job stability/assurance.

These structural weaknesses are all consequences of St. Louis’ history of, “protection of white property and privilege [that] guided nearly all decisions about law and policies that promoted the establishment of new, small, and exclusive suburban municipalities with restrictive zoning codes,” (Cooperman).

Such racist ideologies can manifest explicitly, implicitly, and often, a good amount of both, as successive legislation and government action is taken to address the oppression of the Black community. However, it is important to note that this does not mean that the passing of such reforms equates to an equal playing field for all. Such racist ideologies can manifest explicitly, implicitly, and often, a good amount of both, as successive legislation and government action is taken to address the oppression of the Black community.

What these reforms often fail to do, is radically change the perceptions of the Black body as inferior, the scapegoat, the guilty, and many other racialized identifiers that American culture has spent years promoting. For example, the African population in the United States experienced a shift in American ideology about their health – the basis of health differences with white Americans being initially, a result from a different region/climate/environment/etc., to a distinction between their health as inferior because of their Blackness.

Kiple and Kiple (214-215) offer the following historical context:

[With the] mission of demonstrating the inferiority of blacks, physicians turned their attention to other parts of the body[...]the notion naturally grew that a direct relationship existed between the blacks ‘anatomical peculiarities and their disease susceptibilities. [...such as] blacks were innately endowed with ‘weak lungs’ [...]. Some experimentally inclined physicians wreaked considerable wear and tear on slave patients in an effort to find out [if such claims were true...] and doctors felt that ‘Negro peculiarities’ usually made medical practice more difficult by posing tricky problems of treatment.

As the preceding quotation exposes the urge to justify the Black body as inferior on a biological level, it also shows how healthcare officials can disproportionately discriminate against certain communities to justify social perceptions of those communities as lesser.

There is nothing new about disease outbreak narratives and the struggle to combat a biological aggressor. Yet, as public health initiatives and policies on re-opening are modeled differently across the United States, there must be a drive to propose initiatives that are, “most effective at addressing prejudices against groups heuristically [...] against a variety of targets, including members of out-groups associated with moral impurity and in group members who have committed moral violations,” (Huang, et al. 1555).

While common sense perceptions of health and proper medical protocol are often defined by American ideology, this does not mean these sensibilities are free from criticism. Rather, it is of utmost importance that health measures are improved and better understood through critical analysis efforts such as this, and by utilizing each person's specific access to communication resources to vocalize and respond to cases of discrimination with facts and realities; creating a public communication setting that considers how systemic racism hinders the ability to respond effectively to the COVID-19 pandemic.

Works Cited

- Briggs, Charles L. "Communicability, Racial Discourse, And Disease." *Annual Review of Anthropology*, vol. 34, no. 1, 2005, pp. 269–291., doi:10.1146/annurev.anthro.34.081804.120618.
- Cooperman, Jeannette. "The Story of Segregation in St. Louis." *St. Louis Magazine*, 17 Oct. 2014, www.stlmag.com/news/the-color-line-race-in-st.-louis/.
- Huang, Julie, et al. "Corrigendum: Immunizing Against Prejudice: Effects of Disease Protection on Attitudes Toward Out-Groups." *Psychological Science*, vol. 29, no. 7, 2018, pp. 1550–1556., doi:10.1177/0956797618777748.
- Jen, Clare Ching. "How to Survive Contagion, Disease, and Disaster: The 'Masked Asian/American Woman' as Low-Tech Specter of Emergency Preparedness." *Feminist Formations*, vol. 25, no. 2, 2013, pp. 107–128., doi:10.1353/ff.2013.0020.
- Kiple, Kenneth, and Virginia Kiple. "The African Connection: Slavery, Disease and Racism." *Phylon: The Atlanta University Review of Race and Culture*, vol. 41, no. 3, 1980, pp. 211–222., doi:10.2307/274784.
- Rivas, Rebecca. "COVID-19 and 'Structural Racism'." *St. Louis American*, 9 Apr. 2020, www.stlamerican.com/news/local_news/covid-19-and-structural-racism/article_65fb3012-79c4-11ea-8cf9-e336755de3ea.html.