

The COVID-19 crisis in New York City: Why Elmhurst has become a center of the crisis

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New York continues to overtake other parts of the world in death and infection due to the unfolding COVID-19 pandemic. The state recorded almost 160,000 cases by Thursday night. More than 7,000 people have died, with over 700 people dying every day this week. New York City hospitals continue to intubate patients at a rate of 200 to 300 per day. There are currently an estimated 4,000 patients on ventilators, with some hospitals reporting only two or three available ventilators left.

In what is regularly being referred to as the “epicenter of the epicenter,” one-third of the city’s COVID-19 patients are emerging out of Elmhurst, Queens, and its surrounding neighborhoods. Elmhurst Hospital, one of the city’s 11 public hospitals, is being transformed into an exclusively “coronavirus hospital” as it continues to be inundated by hundreds of patients. Operating rooms, recovery rooms and empty wards are now treating COVID-19 patients, while patients with other medical conditions are being transferred to neighboring hospitals.

The hospital had become a grim scene in the unfolding social catastrophe, with continuous lines of masked people lined up to be tested for the virus as hospital workers load a continuous supply of dead bodies into the makeshift morgues outside. Chronically low on resources, New York City’s public hospitals were already facing immense strain before the pandemic. In numerous interviews, hospital staff report desperately critical shortages of personnel, medications and equipment. Overwhelmed nurses and doctors have been diverted from other departments to treat COVID-19 patients for whom they are untrained care.

It is not a coincidence that Elmhurst has emerged as a focal point of the crisis in New York City and the US. Recent demographic studies of the outbreak in New York City and the Elmhurst community make clear that the most oppressed layers of the working class, especially immigrant workers employed in essential and low-paying

industries, are disproportionately affected by the outbreak. Social inequality and class, the determining factors of social life in the US, are also determining the spread of the COVID-19 pandemic.

As of Wednesday, the neighborhoods of Corona, Elmhurst, East Elmhurst and Jackson Heights had recorded 7,260 out of the state’s total 160,000 cases. By contrast, Manhattan, which has nearly three times as many residents, had about 10,860 cases. There are 18.5 coronavirus cases for 1,000 residents in Elmhurst, 15.5 in Jackson Heights, and 15.4 in Corona. Wealthy neighborhoods in lower Manhattan and on the Upper West Side have between 3.8 and 5.8 cases per 1,000 residents, and up to 73 percent fewer cases than the citywide average.

Elmhurst is above all an immigrant working-class district. In New York City, it is the locality with the highest share, almost two-thirds, of foreign-born residents. Fifty-six percent of the population speak Spanish as their native language. Another quarter of the population speaks an Asian or Pacific Island language as their first language. Apart from Mexico, the Dominican Republic and Ecuador, many residents hail from the Philippines or Nepal.

Some 19 percent lived at or below the federal poverty line, which amounted to just above \$20,000 for a family of three in 2017, an income that is impossible to live on in New York City. A recent report by the Citizen’s Committee for Children in New York emphasized that 52.3 percent of families in the district were living in or near poverty—that is, at or below 200 percent of the federal poverty level, the equivalent of \$40,840 for a family of three in 2017. The study was based only on data from the 145,000 officially registered residents of Elmhurst, which excludes the many thousands of workers who are undocumented.

According to the BBC, about half the patients at

Elmhurst Hospital are undocumented immigrants, who have until recently been terrorized by ICE raids. Around 17 percent of residents of Elmhurst-Maspeth and up to 33 percent of residents in North Corona lack health insurance. The vast majority of residents are insured through programs like Medicaid and Medicare, which have been the subject of a bipartisan assault in the past decades.

The area is also one of the most densely populated in the city, a factor that has significantly contributed to the spread of the virus. Forty percent of the population depends on subsidized housing, and a large proportion are living in overcrowded units, with several families often sharing one apartment.

Elmhurst has a very high labor participation rate, but most workers are employed in low-wage jobs that often are not enough to enable them to make ends meet. Most of these jobs are in hospitality, construction and manufacturing. Many also work in education and the “gig economy” as delivery workers or Uber and Lyft drivers. For many of them social distancing came either too late, or has proven impossible because they have to continue to work. By contrast, according to a recent study of the employment structure of the different boroughs, Manhattan, home to 82.8 percent of mostly high-wage jobs in office sectors, can more easily implement consistent social distancing measures and have barely seen layoffs.

While no concrete numbers have been released about the occupations of those who have been infected, it is clear that among those who have become seriously ill and are dying are Uber drivers, construction workers, workers in grocery stores and delivery workers. The *New York Times* quoted 39-year-old construction worker Ángel, from Ecuador, who had worked at a Manhattan construction site until he fell sick. Since his symptoms were not life-threatening, he was not admitted to the hospital, and had to return to his apartment in Corona, where he lives with three other workers. He said, “I don’t have anyone to help me.” New York’s Governor Andrew Cuomo only banned non-essential construction work weeks into the outbreak. In much of the city, this ban on non-essential construction is, in fact, being ignored to this day.

The *Times* also cited the case of a long-time Uber driver from Nepal, Anil Subba, who was 49 years old and diabetic—a condition widespread among immigrants from Central America and South East Asia, and one of the most dangerous for COVID-19 patients. Mr. Subba contracted

the disease on his job. His wife and two of his children were also infected. There are hundreds of sick Nepalese immigrants, many of them Uber drivers. Mr. Subba died on Wednesday, many are in the ICU, and some of them are on ventilators.

Hispanics, who compose about 29 percent of the population, account for 34 percent of those who died, suggesting that a large number of immigrants, including undocumented immigrants, are among those dying. The African-American population, roughly 22 percent of the state total, account for 28 percent of the dead, and 27 percent of those who died were white (total population of 32 percent).

Democratic Party politicians like Alexandria Ocasio-Cortez, a member of the Democratic Socialists of America (DSA) and the Democratic Congresswoman for the district that includes Elmhurst, have combined their cover-up for the trillion-dollar bail out of the big corporations with attempts to use this data to inject racist politics into the coronavirus pandemic. However, the truth is that what makes these layers of the working class particularly vulnerable to both the spread of the virus and a severe outcome is the poverty they are facing.

Dr. Dave Chokshi, chief population health officer for the New York City Health and Hospitals Corporation, told the *Times* that the rates of diabetes, high blood pressure and other chronic conditions in central Queens are considerably higher than the city’s average. The Bronx, where residents are twice as likely to die from COVID-19 than in the rest of the city, is the poorest borough in the city and has 5 out of 10 neighborhoods with the highest rates of diabetes in New York City.

According to data released by the New York Department of Health, almost 80 percent of those who have died from COVID-19 had preexisting conditions. By far the most common conditions among these were hypertension, diabetes and high cholesterol (hyperlipidemia), all conditions associated with obesity. These conditions are known to be particularly widespread among the immigrant and African-American populations. However, ultimately these are diseases of poverty which bring with them high levels of stress and poor access to healthy food.



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