

What is behind the high percentage of COVID-19 deaths among African Americans?

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As the number of daily US coronavirus deaths climbs to new heights, a wave of articles has appeared in the press presenting the deadly impact of the crisis as the product of racism.

The press coverage focuses on Detroit, Michigan; New Orleans, Louisiana; Chicago, Illinois and Milwaukee, Wisconsin, where African American residents are suffering from infection and death rates that far surpass the black proportion of the total population.

The figures are disturbing. In Louisiana, 70 percent of total coronavirus deaths are black, though they make up just one third of the population. In Chicago, 67 percent of those killed by the virus are black, though they comprise 32 percent of the population. In Michigan, blacks make up 40 percent of the deaths and one third of positive tests, despite comprising just 14 percent of the state's population. In Milwaukee County, blacks constitute 26 percent of the population but account for 73 percent of the county's deaths.

The data shows the deadly impact of the virus on the entire working class, and especially its most vulnerable populations. Workers of all races who lack adequate healthcare, who are forced to work under dangerous conditions by their employers and who suffer underlying ailments like obesity, asthma, diabetes and heart and lung disease are most at risk of contracting the virus and dying once infected. In the four highly unequal urban areas listed above, blacks make up large portions of the impoverished working class.

From this data, representatives of the ruling class, and particularly figures in and around the Democratic Party, are spinning a narrative that the catastrophic social impact of the disease is not due to the impact of decades of bipartisan social counterrevolution and Wall Street's rapacious response to the pandemic on the working class, but due specifically to racial prejudice against all African-Americans.

In an April 8 opinion piece titled "The Pandemic's Missing Data," the *New York Times* asserts that addressing

the health crisis means recognizing "that American health institutions were designed to discriminate against blacks, whether poor or not."

During an online event hosted by Bernie Sanders last Tuesday, "The impact of Coronavirus on African Americans," Sanders said, "The African American community is suffering at a far higher rate than the white community." Campaign surrogate Dr. Darrick Hamilton downplayed inequality among African Americans, asserting that "black people a priori have low wealth."

The coronavirus is a global disease and does not respect the boundaries of the nation states or the skin pigmentation of its victims. In Europe, the epicenter of the disease is in Northern Italy, where Italians of lighter skin complexion happen to live. Thus far, the impact of the disease has been far more devastating in Europe than in Africa, while within Africa the virus has hit the lighter skinned Maghreb region far harder than sub-Saharan countries, though the dismal state of health care threatens to devastate the entire continent.

Nor is it the case that in the US blacks of all income levels face a higher level of risk. In New York City, 34 percent of deaths are of Hispanic people, though Hispanics make up just 27 percent of the city's population. Blacks comprise 28 percent of deaths, roughly equal to their share of the population, 27 percent. The impact on Hispanic residents is a product of the fact that many working class immigrants live in cramped living quarters due to high rent and low wages, while undocumented immigrants also avoid seeking health care and social support out of fear of deportation.

Moreover, in an April 8 article titled, "Coronavirus Was Slow to Spread to Rural America. Not Anymore," the *New York Times* reported that the virus has now begun to spread across rural areas largely populated by impoverished white people with very limited access to quality health care. Appalachia is particularly vulnerable. In addition, the *Times* writes, "Indian reservations, which grapple daily with high poverty and inadequate medical services, are now confronting soaring numbers of cases."

The real cause for the high black death toll in Detroit, Milwaukee, New Orleans and Chicago is massive poverty and inequality. Medical studies repeatedly point to the correlation not only between disease susceptibility and income, but also to social inequality overall.

For example, a 2019 study titled “Income Inequality and Outcomes in Heart Failure” explains, “countries sharing the same GDP may have quite different health outcomes, reflecting the distribution of income within those societies. That is, it appears that it is not only the wealth of a society but the distribution of wealth within that society that influences health.”

Among all US cities with a population over 350,000, Detroit, Milwaukee, New Orleans and Chicago rank 1st, 4th, 5th, and 11th poorest, respectively. Each city has a Gini coefficient—used to measure inequality—between 0.46 and 0.50, worse than most Central American or sub-Saharan African countries.

The working class population of each city has been devastated by decades of deindustrialization, cuts to health care, welfare and other social programs. In each city, massive levels of inequality are the product of the ruling class’ strategy to transfer billions of dollars from the working class to the rich. The social looting carried out by the ruling class through the Detroit bankruptcy of 2013 and response to Hurricane Katrina in 2005 further paved the way for the explosion of coronavirus deaths today.

But the social counterrevolution that devastated Detroit, New Orleans, Milwaukee and Chicago was not led by the “white community” against the “black community.” In these four cities, unrelenting attacks on living conditions were either spearheaded by or implemented with the active support of African-American Democratic Party officials serving the interests of the ruling class and the corporations.

Black politicians like former Detroit Mayor Kwame Kilpatrick and former New Orleans Mayor Ray Nagin—both of whom were thrown in prison for fraud and bribery—epitomize the corrupt social types who rose to the top of the Democratic machines in the era of the promotion of “black capitalism,” enriching themselves as the cities’ majority-black working class lost their homes, jobs and health care.

The richest 10 percent of African Americans now own 75.3 percent of all wealth owned by African Americans, while 65 percent of African Americans—some 27 million people—own zero percent. From 2007 to 2016, the top 1 percent of African Americans increased its share from 19.4 percent to 40.5 percent.

Such levels of inequality surpass that among whites and Hispanics, showing that racial politics have only exacerbated inequality, opening up positions of privilege for affluent

African Americans without producing any gains for African American workers. On the contrary, conditions of life for African American workers have declined across the board in the decades of the ascendancy of racial politics.

The massive growth of inequality among African Americans from 2007 to 2016 corresponds with the two terms of Barack Obama. During Obama’s presidency, average family health care costs rose from roughly \$13,000 to \$19,000, while over 20 million Americans remained without health insurance when he left office.

The affluent proponents of racial politics have no interest in improving the living conditions of workers of any race or ethnicity.

Their social outlook is expressed by the fact that wealthy African Americans voted overwhelmingly in the 2020 Democratic primary for Joe Biden and exerted their social power to support the Democratic narrative that Biden was the candidate for the entire “black community.” This layer is willing to overlook Biden’s recent praise for segregationists and his responsibility for the mass incarceration of millions of impoverished African American men, provided he protects their class position and guarantees their special access to political and business perks and privileges.

Across the world, workers of all races and nationalities have launched strikes and protests against unsafe work conditions and the “back to work” plans of the capitalist governments. When an employer is ordering a worker to face death so he can profit, the worker is not likely to consider his employer’s race to be of great import.

The development of a racial narrative is aimed at blocking the emerging unified movement of the working class and protecting the flow of corporate profits. Socialists fight for the unity of the international working class, for a class understanding of the impact of the disease, and for the confiscation of trillions in wealth hoarded by the rich to protect the most vulnerable populations—including in Detroit, New Orleans, Chicago and Milwaukee—from the devastating physical and economic impact of the coronavirus.



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