CRISIS WITHIN A CRISIS

How the Pandemic Has Taken a Disproportionate Health, Economic, and Social Toll on Black Americans

February 2021
Introduction

The pandemic has exacerbated long-standing racial disparities in health and economic outcomes, with communities of color facing disproportionately high rates of infection, hospitalization, death, and unemployment. Compared with white people, Indigenous, Latino, Pacific Islander, and Black Americans are far more likely to have died from coronavirus, and continue to suffer the pandemic’s greatest economic impacts. Though each of these groups faces sharp and unique consequences of the pandemic, this report will focus on the Black community and the multi-dimensional challenges it has endured during the pandemic as a result of years of structural racism.

Current and historical racism has left the Black community at a pronounced risk for the virus: Black Americans experience poverty at a higher rate than white Americans, are less likely to have health insurance or access to quality care, and are more likely to suffer coronavirus comorbidities like obesity, diabetes, or asthma. When the virus began to spread across the United States, starting in major cities, Black Americans were the first group to be severely impacted. A vacuum of federal leadership, a dearth of knowledge about the virus, and institutionalized racism meant that testing was inaccessible for many Black Americans, and that they were often turned away from adequate care.

As the pandemic dragged on, little effort was invested in protecting the Black community from the pandemic’s implications. The Trump White House and Mitch McConnell refused to support coronavirus relief as Black businesses closed and Black people lost their jobs; the Trump administration failed to ramp up domestic supplies of Personal Protective Equipment (PPE) that could have kept Black workers on the frontlines safe; and little effort was invested in supporting Black families as schools transitioned to remote learning. While leaders in Congress have pushed legislation that would address the stark health inequities facing Black Americans — like Rep. Ayanna Pressley and Rep. Barbara Lee’s Anti-Racism in Public Health Act, or Rep. Lauren Underwood, Rep. Alma Adams and Sen. Cory Booker’s Black Maternal Health Momnibus Act, which includes provisions to address the unique effects of COVID-19 on Black mothers — the federal government has only recently demonstrated an interest in aggressively attacking the virus and in escalating attempts to address racial disparities. Now, between the enduring efforts of these legislators and a new push by the Biden-Harris Administration, there is an opportunity to seriously address the struggles facing the Black community. But much needs to be done to confront the widening health and economic inequities facing Black Americans in the wake of years of racism and this historic, devastating crisis.
The Black Community Has Experienced Disproportionately High Rates of Infections, Hospitalizations, and Deaths

From the beginning, the Black community has been disproportionately impacted by the coronavirus pandemic, experiencing higher rates of infection, hospitalization, and death than non-hispanic white communities. Following years of systemic racism, Black Americans tend to have higher rates of poverty and more people without health insurance, while a mix of societal factors like housing discrimination, environmental degradation, and access to quality care have put Black Americans at much higher risk of suffering from health problems — including obesity, asthma, and diabetes — that are considered risk factors for severe cases of COVID-19. Even before the pandemic, Black Americans had shorter life expectancy than other Americans. Black men in particular live shorter lives than all other Americans, and have for generations. Now, Black people across the country are dying from COVID-19 at roughly the same rates as white people more than a decade older. On top of the medical and socioeconomic conditions that have made Black Americans particularly susceptible to the virus, Black Americans often don’t get appropriate medical guidance when seeking treatment, and live farther away from hospitals with adequate resources or care providers that they trust. Many of the hospitals and care facilities in low-income and Black communities don’t have the same cash reserves to invest in equipment and staffing in a crisis. Meanwhile, Black Americans are much more likely to be overrepresented on the frontlines — as health care workers or in other essential roles — and to be exposed to the virus. The confluence of these factors has exacerbated the long-standing health disparities faced by Black Americans.

- **Black Americans Have Suffered The Second Highest Coronavirus Death Rate Of Any Racial Or Ethnic Group In The United States.** According to data from the APM Research Lab, as of February 2 at least 63,207 Black people in the United States had lost their lives to coronavirus — one in every 645 Black Americans. The mortality rate among Black Americans is higher than any other racial or ethnic group in the United States with the exception of Indigenous Americans. The COVID Tracking project reports that, nationwide, Black people have died of coronavirus at 1.4 times the rate of white people.

- **Black Americans Have Significantly Higher Rates Of Coronavirus Infection And Hospitalization Than Their White Counterparts.** A September analysis by the Kaiser Family Foundation found that the infection rate of Black patients was over two times that of their white counterparts (107 vs. 46 per 10,000), while the hospitalization rate of Black patients was over three times that of their white counterparts (24.6 vs. 7.4 per 10,000). The analysis also found that Black patients remained at higher risk for hospitalization and death even when compared to white patients with similar sociodemographic characteristics and underlying health conditions.

- **Black Children Are Much More Likely To Become Ill From The Virus Than White Children.** An August study by the Centers for Disease Control and Prevention found that Black children were five times as likely as white children to be hospitalized with coronavirus. Similar disparities were found among children who experience Multisystem Inflammatory Syndrome. A different August
report from the CDC found that 33 percent of MIS-C patients were Black and only 13.2 percent were white. The vast majority of children who die of COVID-19 are also Black, Hispanic, or Indigenous. A September CDC report found that, of deaths among people under the age of 21, 45 percent were Hispanic, 29 percent were Black and 4 percent were American Indian or Alaska Native. These groups respectively only account for 25.6 percent, 13.4 percent, and .8 percent of children in the United States.

● Nursing Homes With Higher Shares Of Black Residents Have Been Hit Especially Hard By The Virus. Nursing homes with significant numbers of Black or Latino residents — “no matter their location, no matter their size, no matter their government rating” — have been twice as likely as nursing homes with overwhelmingly white populations to be hit hard by the virus. More than 60 percent of nursing homes where at least a quarter of the residents are Black or Latino had reported at least one case as of September 10, which was double the rate of homes where these groups account for less than 5 percent of the population. Though it’s impossible to determine the full scope of the pandemic’s impact on people of color in nursing homes and assisted care facilities due to the failure of the Center for Medicare and Medicaid Services under the Trump Administration to collect comprehensive racial data on cases and deaths, a Kaiser analysis has found that COVID-19 deaths were more common among nursing homes with shares of Black or Hispanic residents that were 20 percent or greater than in homes with lower shares.

● One Study Using Data Through July Found That Black People Ages 35 — 44 Were Dying Of Coronavirus At Nine Times The Rate Of White People The Same Age, With The Disparity Being The Greatest In Black Men. Per ProPublica: “One study using data through July found that Black people ages 35 to 44 were dying at nine times the rate of white people the same age, though the gap slightly narrowed later in the year. And in an analysis for ProPublica this summer using the only reliable data at the time accounting for age, race and gender, from Michigan and Georgia, Harvard researcher Tamara Rushovich found that the disparity was greatest in Black men.”

● Black Health Care Workers Have Been Disproportionately Impacted By The Virus Compared To Their White Counterparts. Though over 60 percent of health care workers are white, people of color account for the majority of deaths among health care workers in cases where data is available. According to Kaiser Health News and the Guardian, about two-thirds of coronavirus deaths among health care workers were people of color. Almost as many Black health care workers have died as white health care workers, though Black carers account for only 16 percent of care workers overall. Kaiser Health News states that Black care workers are more heavily represented among aides, personal care workers, and in direct contact positions, and generally account for larger shares of health care workers in home care, residential care, and skilled nursing facilities. Studies show that such settings provide increased risk of infection relative to the general population and other care roles, and are less likely to provide adequate access to PPE.
• **Meanwhile, Black Americans Often Receive Worse Care Than Their White Counterparts.** Per *Kaiser Health News*: “Numerous studies have found Black Americans often receive worse medical care than their white counterparts: In March, a Boston biotech firm published an analysis showing physicians were less likely to refer symptomatic Black patients for coronavirus tests than symptomatic whites. Doctors are also less likely to prescribe painkillers to Black patients.”

• **Throughout The Pandemic, Black Communities And Other Communities Of Color Have Had Less Access To Coronavirus Testing Than White Communities.** Research suggests that Black people and people of color face increased barriers to testing, including longer wait times, travel times, and less access to tests within their own neighborhoods. As of late June, zip codes across the United States with large white populations had more testing sites than zip codes with more Black people and people of color. On average, predominantly white communities had one testing site per every 14,500 people, whereas zip codes that were at least 75 percent people of color had just one testing site per 23,200 people. Meanwhile, 35 percent of rural Black residents lived in “highly vulnerable” testing deserts. As a result of these barriers, many Black Americans were only diagnosed with the virus after their symptoms had intensified.

**Despite That the Black Community Is Facing Worse Rates of Infection and Hospitalization, Black Americans Are Being Vaccinated at Lower Rates Than Their White Counterparts**

Though the development of two effective coronavirus vaccines by the end of 2020 suggested that the end of the pandemic could be in sight, the roll out of those vaccines has been disastrous and inequitable. The Trump Administration abdicated responsibility for the distribution of the vaccine, leaving planning of the massive logistical undertaking up to overworked, underfunded states and local health departments. Many failed to account for the unique needs and concerns of the Black community in developing their plans. A November analysis found that, of 47 states that developed distribution plans, only 12 specifically considered “equity in their targeting of priority populations.” Less than half of the plans specifically considered racial minorities in their planning of vaccine communications, despite the fact that years of abuse at the hands of the medical system have created vaccine hesitancy among many members of the Black community. Meanwhile, Doctors Uché Blackstock and Oni Blackstock point out that “despite the disproportionate impact of the pandemic on Black Americans, the Centers for Disease Control and Prevention has not explicitly used race and ethnicity as a criterion to delineate vaccine priority groups,” and that the initial phase of vaccine distribution largely relied on hospital systems and chain pharmacies, which are less prevalent in Black communities. The results have been stark. Despite accounting for 13.4 percent of the US population, Black people made up just 5.4 percent of administered doses in the first month of vaccinations.
Black Americans Are Being Vaccinated Against Coronavirus At Significantly Lower Rates Than White Americans. Despite that more than 44 million doses of the vaccine have been administered in the United States, an ABC News analysis of data from 15 different states and the CDC has found that Black Americans are being vaccinated at significantly lower rates than white Americans — and at levels below their share of their state’s population. In most states Black people are also receiving a smaller share of vaccinations than their share of COVID-19 deaths. And that’s only among data where race is known; the CDC is missing race information from 48.1 percent of data submitted by states. In cases where race was known, Black people accounted for just 5.4 percent of administered doses during the first month of vaccinations, despite making up 13.4 percent of the US population.

The Lack Of Racial Data On Vaccine Distribution Is Creating Barriers To More Equitable Distribution. Per USA Today: “A lack of data is... masking vaccination rollout transparency, health equity researchers say, and the data deficit is hurting those most vulnerable. [As of February 1], only 16 states are releasing vaccination counts by race and ethnicity, and the data is incomplete. ZIP code-level vaccination data also is not widely available, obscuring which residents of specific neighborhoods are getting the shots. Isolated communities, such as rural

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**Black Americans Are Vaccinated at Far Lower Rates Than White Americans**

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[Kaiser Health News, 1/29/21]
and low-income pockets of urban cities, are especially vulnerable.”

- Debra Furr-Holden, Epidemiologist And Director Of The Flint Center For Health Equity Solutions: “Health Data Disparities Are A Huge, Understudied, Massive Barrier To... Unmask[ing] Health Disparities.” Per USA Today: “‘Health data disparities are a huge, understudied, massive barrier to the kind of work that we need to be doing to unmask health disparities,’ said Debra Furr-Holden, an epidemiologist, C.S. Mott endowed professor of public health at Michigan State University and director of the Flint Center for Health Equity Solutions. The researcher said reporting race and ethnicity data for vaccine distribution, as well as testing, should be required to ensure disaggregation and accuracy.” [USA Today, 2/1/21]

- A November Analysis Of State Vaccine Distribution Plans Found That Only 12 Of 47 States “Specifically Considered Providers That Are Needed To Reach Racial Or Ethnic Minorities.” A November analysis by the Kaiser Family Foundation identified 47 full state vaccine distribution plans. Of those 47 states, only 25 mentioned “incorporating racial and/or ethnic minorities or health equity considerations in their targeting of priority populations,” while just 12 “specifically mention or consider providers that are needed to reach racial and ethnic minorities.” Less than half of the state plans (49 percent) mentioned racial minorities when discussing vaccine communication.

- Black Americans, Including Black Health Care Workers, Have Hesitancy About The Vaccine Rooted In Generations Of Mistreatment. Per Kaiser Health News: “Access issues and mistrust rooted in structural racism appear to be the major factors leaving Black health care workers behind in the quest to vaccinate the nation... As the public health commissioner of Columbus, Ohio, and a Black physician, Dr. Mysheika Roberts has a test for any new doctor she sees for care: She makes a point of not telling them she’s a physician. Then she sees if she’s talked down to or treated with dignity. That’s the level of mistrust she says public health officials must overcome to vaccinate Black Americans — one that’s rooted in generations of mistreatment and the legacy of the infamous Tuskegee syphilis study and Henrietta Lacks’ experience.” Research has also highlighted that Black Americans continue to receive suboptimal medical care as a result of bias by doctors against Black patients.

- A Recent Survey By The National Foundation For Infectious Diseases Found That Slightly Less Than Half Of Black Adults Plan To Get The Vaccine, And That A Third Of Those Prefer To Wait Before Getting It. According to CNN: “More than half of Black adults in the US remain hesitant to get the Covid-19 vaccine and experts say new data underscores the need to prioritize equitable access and redouble efforts to build trust within communities. Respondents said they either don't plan to get the shot or they are uncertain if they should or will get the shot, according to a new survey released Thursday by the National Foundation for Infectious Diseases. The survey found that only 49% of Black adults plan to get the vaccine with 19% of those people saying say they will
get it right away and 31% preferring to wait. Conversely, 31% of Black adults say they will not get the vaccine and 20% say they are unsure.”

- **Dr. Uché Blackstock, Emergency Physician And Founder Of Advancing Health Equity, And Dr. Oni Blackstock Primary Care And HIV Physician, And Founder Of Health Justice:** “Black Communities Need Easily Accessible And Trusted Points Of Access To The Vaccine... Run By Credible And Trustworthy Community-Based Organizations.” Dr. Uché Blackstock and Dr. Oni Blackstock write: “We need to bring the vaccine to the people and meet them where they are. Most notably, the initial phase of vaccine distribution has been predominantly limited to large health-care systems and chain pharmacies, which are significantly less prevalent in Black communities. While locating vaccination sites in Black communities is absolutely necessary, it is insufficient given the lack of Internet access or digital literacy and the pervasiveness of medical mistrust, as a consequence of historic and present-day racism. Black communities need easily accessible and trusted points of access to the vaccine, such as community centers, faith-based organizations, schools and mobile vaccination units run by credible and trustworthy community-based organizations. Additionally, vaccine appointments at sites in Black communities should and must be prioritized for people living in that community.”

- **Across The Country, White Americans Are Travelling To Non White And Black Neighborhoods To Get Vaccines — And Are Taking Up An Outsized Share Of The Supply.** The New York Times reports that: “As soon as this city began offering Covid vaccines to residents 65 and older, George Jones, whose nonprofit agency runs a medical clinic, noticed something striking. ‘Suddenly our clinic was full of white people,’ said Mr. Jones, the head of Bread for the City, which provides services to the poor. ‘We’d never had that before. We serve people who are disproportionately African-American.’ Similar scenarios are unfolding around the country as states expand eligibility for the shots. Although low-income communities of color have been hit hardest by Covid-19, health officials in many cities say that people from wealthier, largely white neighborhoods have been flooding vaccination appointment systems and taking an outsized share of the limited supply.”

- **Certain Aspects Of The Chaotic Vaccine Roll Out Disproportionately Disadvantage Poor And Black Americans.** The New York Times writes that: “People in underserved neighborhoods have been tripped up by a confluence of obstacles, including registration phone lines and websites that can take hours to navigate, and lack of transportation or time off from jobs to get to appointments.”

The Black Community Has Experienced Sharper Economic Fallout From the Pandemic Than Other Groups

Generations of racism and segregation, as well as the neglect of social programs, have contributed to disproportionately high rates of poverty among Black Americans. Black families are twice as likely as their white counterparts to have zero or negative wealth, while in 2019 the median white household
had 7.8 times as much wealth as the median Black household. **Meanwhile**, more than a quarter of children who live below the poverty-line are Black, despite that Black kids only make up 14 percent of children nationwide. **Ever since** the Bureau of Labor Statistics began collecting unemployment data in 1971, the unemployment rate among Black workers has been roughly twice that of white workers — reflecting structural inequality in American society. Decades of research has demonstrated that Black workers are much less likely to be hired, paid equally, or promoted than their white peers. In a virtual meeting with Vice President Kamala Harris, US Treasury Secretary Janet Yellen **said**, “During the early days of the pandemic African-Americans were the first to lose their small businesses. They were the first to lose their jobs… And we’ve seen early data that suggest Black workers will be the last rehired when the economy opens back up.” As the first to be fired and last to be rehired when the economy weakens, Black Americans are also more likely to lose employer-based health care. These pervasive inequalities have been exacerbated by the pandemic, with Black Americans, business-owners, and communities suffering a disproportionate economic toll, and having less reserve wealth to buffer the pandemic’s financial shocks.

- **The Economic Consequences Of COVID-19 Have Had A Disproportionate Impact On Black Workers**
  9.2 percent of Black Americans **are currently** jobless, **compared to** the pre-pandemic rate of 5.8 percent in February. Meanwhile, the overall unemployment rate **is at** 6.3 percent, while unemployment among white workers **has fallen** to 5.7 percent. The economic impact of COVID-19 has reportedly set Black workers back 40 years: as the virus spread in April, the Black labor force participation rate **dipped** to 58.6 percent, the lowest level since 1974. As of January, the rate **had only recovered** to 60.3 percent.

- **Black-Owned Businesses Were Devastated By The Pandemic, And Had A Harder Time Accessing Relief Than Their White Counterparts.** Black-owned businesses have also been devastated during the pandemic. An August report from the New York Fed **indicated** that 41 percent of Black-owned businesses closed between February and April. Research conducted at the University of California, Santa Cruz, and a report by the National Bureau of Economic Research similarly **found** that roughly 440,000 of Black-owned enterprises had closed by July. In comparison, **only** 17 percent of white-owned businesses closed in the same period. Black-owned businesses **ultimately** rebounded and, by late October, had returned to pre-pandemic rates. But during the early months of the pandemic, Black business owners **had a** harder time accessing federal aid from the Paycheck Protection Program than their white counterparts, even when they had better financial profiles. A July study showed that Black borrowers **were at** a disadvantage even before submitting their applications.

- **Black People In The United States Have Been Less Likely To Receive Benefits And Pandemic Relief.** Black people have been less likely to receive unemployment benefits throughout the pandemic, with **just 13 percent** of out of work Black people receiving benefits from April to June, compared to 24 percent of white workers. Black workers have also applied for benefits during the pandemic **at a lower rate** than white workers, in part because they are overrepresented in nontraditional jobs that were historically excluded from unemployment eligibility, and because
many Black workers are highly concentrated in states that make accessing benefits extremely difficult.

- **Black Workers Were More Likely Than Their White Counterparts To Face Workplace Retaliation Over COVID Concerns, And Are More Likely To Be Represented In Work Places Where They Are At Risk Of COVID.** A June report from the National Employment Law Project showed that Black workers were more than twice as likely to be retaliated against for raising COVID-19 concerns in a workplace than white workers were. Meanwhile, Black workers are overrepresented in low-wage, blue collar jobs that are less likely to be able to work from home during the pandemic. Black workers, and especially Black women, also make up a disproportionate share of domestic workers, who have worse pay and fewer protections. Being unable to work remotely, many of these workers are more at risk for the virus than those who have been able to stay at home, or are forced to quit their jobs to stay safe.

- **Black Women Have Been Especially Hard Hit By The Recession.** Before the pandemic, women outnumbered men in the workforce. Because of their overrepresentation in vulnerable industries like food service, retail, personal care, and hospitality, however, women have lost employment at higher rates than men. These losses have been especially pronounced for Black women. In April, unemployment for Black women rose to 16.4 percent, compared to 15.5 percent for women overall. As of February 2021, the unemployment rate for Black women remained higher than that of white women: 8.5 percent compared to 5.1 percent. Meanwhile, Black women are still losing jobs and leaving the workforce. Heidi Shierholz, an economist at the Economic Policy Institute, explained that because of institutionalized racism, Black women are concentrated in different occupations than white women. In December, many of these industries — including leisure and hospitality — faced shutdowns due to rising coronavirus cases. An estimated 154,000 Black women left the workforce then, marking the largest drop in their employment since the pandemic began, while an estimated 200,000 white women actually returned to the labor force. Black women have also left the workforce to care for children, as schools close and the cost of care rises. Experts are now warning that the loss of skills, tenure, and income among Black women and other women of color could influence the economy for years to come by making it difficult for them to reenter the workforce. Because Black women have lost employment at such high rates, it is likely that they have also lost employer-sponsored health coverage.

- **The Growing Rent Deficit Disproportionately Impacts Black Americans, Who Are Twice As Likely To Rent As White Americans.** The rent deficit in the United States has ballooned to over $52 billion dollars, with more than 9 million renters behind an average of $5,586 in payments. While the extension of federal eviction moratoriums has largely and temporarily (but not completely) prevented Americans from losing their homes, growing debt still threatens to ruin the credit and deplete the savings of people who have fallen behind on bills. Black Americans, twice as likely to rent as white Americans, are among those with the highest rates of nonpayment — as they have suffered the worst health and economic fall out from the virus.
Though eviction moratoriums can temporarily prevent Black renters from losing their homes, many owe mounting bills to landlords and can be evicted once moratoriums expire. In December, just 29 percent of Black renters reported having “high confidence” in their ability to make the rent that month, while 40 percent reported “no” or “slight” confidence. The looming threat of evictions also puts the health of many Black renters at risk: A 2020 study of states that lifted eviction bans between March and September found that evictions could accelerate transmission of coronavirus. An analysis of rental relief programs also found that states with small, predominantly white populations receive more funding per renter than heavily populated states with larger Black populations, even when rents are significantly lower.

Black Children Are Experiencing Some of the Greatest Losses in Learning as Districts Have Transitioned to Remote Learning

Many Black families have been affected by years of segregation, racism, and disinvestment in the Black community. Among the many manifestations of this legacy are sharp learning disparities, including the amount of funding that separates predominantly white districts from nonwhite and Black districts. One estimate found that a $23 billion gap — over $2,000 per pupil — separates funding for majority white vs. majority nonwhite districts. The pandemic has exacerbated these extreme disparities in education, as the transition to remote learning disproportionately disadvantaged low-income and Black students. While some wealthier districts were able to keep their doors open to students during the pandemic by investing in extra staff and cleaning supplies, many poorer, Blacker districts did not have the funding to do so. In transitioning to remote learning, many of these districts were also unable to provide low-income Black students with access to live teachers. Meanwhile, Black and low-income students are far less likely than white students to have devices for remote learning or internet access. Despite that low-income parents spend the same amount of time assisting their children with learning during school closures (13 hours/week) as do parents making over $200,000 a year, the pandemic and its impacts have contributed to a widening learning gap between low-income Black students and their wealthier, whiter peers.

- **Black Students Are Less Likely Than Their White Counterparts To Have Devices For Distance Learning.** “Districts report that students are not even showing up for remote classes, making it virtually certain they will fall behind. Black and Hispanic students are less likely to have computers and Internet access, though wide gaps seen in the spring on this point have narrowed. In the spring, 79 percent of Black students had a device for school; by the fall, that reached 89 percent. But that was still short of the nearly 93 percent of White students who had devices in the fall, the census found.” [Washington Post, 12/6/20]

- **Academic Losses Will Be Greatest For Black And Hispanic Students; 15 Percent Of Black Students Have No Access To Live Teachers, Compared To Just 8 Percent Of White Students.** “Going forward, McKinsey estimates that academic losses will be greatest for Black and Hispanic students, partly because they are less likely to be attending school in-person than White students are. The firm also points to polling by the Census Bureau that found 15 percent of Black
students and 16 percent of Hispanic students had no live access to teachers, compared to 8 percent of White students.” [Washington Post, 12/6/20]

- **School Districts Have Reported A Spike In The Number Of Failing Grades Given By Teachers, The Sharpest Increases Being For Black, Latino, Low-Income, And Disabled Students, Or Those Learning English.** According to the Washington Post, school districts have reported a spike in the number of failing grades that teachers are giving to students, the sharpest increases being for “Black and Latino students, those in low-income families, students with disabilities and those learning English.” In Montgomery, Maryland, 36 percent of students from low-income families failed English in the fall, compared to 6 percent last year. The Washington Post reports that Black and Hispanic students from at or near the poverty line were among the most severely affected. Data from Arlington Public Schools, meanwhile, shows that the percentage of Black students hitting literacy benchmarks dropped by ten percent, compared to overall performance drops in the single digits.

- **Black And Hispanic Students Who Attend High-Poverty Schools Generally Scored Lower In Reading Assessments During The Fall Than In Previous Years — Suggesting The Pandemic Has Exacerbated Educational Disparities.** “The latest is a report from NWEA, formerly the Northwest Evaluation Association, which analyzed the results of tests given to nearly 4.4 million U.S. students in grades three through eight this fall and found that most fell short in math, scoring an average of 5 to 10 percentile points behind students who took the same test last year. While a majority of students did better than expected in reading — scoring at levels similar to typical nonpandemic years — this wasn’t true for Black and Hispanic students and those who attend high-poverty schools. Those groups of students saw slight declines, suggesting the pandemic has exacerbated long-standing educational disparities, possibly setting children who were already behind their white and more affluent peers even further behind.” [NBC News, 12/1/20]

- **The NWEA Assessment Only Captures Part Of The Picture As One In Four Students Didn’t Take The Assessment This Year.** “But more worrisome than the findings themselves is the fact that they only capture part of the picture. The study was limited by the fact that a high number of students — 1 in 4 — who typically take the NWEA’s widely used MAP assessment in the fall didn’t take it this year. Students might not have been tested because they couldn’t connect with their online classes on test day. They might have been absent from school because of illness or quarantines. They might attend schools that decided not to test at all this year, given the many new challenges schools face because of the pandemic. Or the students missing from NWEA’s data might not be in school at all.” [NBC News, 12/1/20]

- **While, On Average, Students Are Expected To Be Behind About Seven Months From The Pandemic’s Fall Out, Black Students Are Expected To Lose About Ten Months Of Learning.** “When all of the impacts are taken into account, the average student could fall seven months behind academically, while Black and Hispanic students could experience even greater learning
losses, equivalent to 10 months for black children and nine months for Latinos, according to an analysis from McKinsey & Company, the consulting group.” [New York Times, 6/5/20]

- **Because Of The Disproportionate Health Toll Suffered By Black Americans During The Pandemic, Many Black Parents Are Hesitant To Send Their Children Back To The Classroom, Where They Could Be In Danger.** “Hundreds of thousands of Black parents say they are not ready to send their children back. That reflects both the disproportionately harsh consequences the virus has visited on nonwhite Americans and the profound lack of trust that Black families have in school districts, a longstanding phenomenon exacerbated by the pandemic… In Chicago, only about a third of Black families have indicated they are willing to return to classrooms, compared with 67 percent of white families, and the city’s teachers’ union, which is hurrying toward a strike, has made the disparity a core part of its argument against in-person classes. In New York City, about 12,000 more white children have returned to classrooms than Black students, though Black children make up a larger share of the overall district. In Oakland, Calif., just about a third of Black parents said they would consider in-person learning, compared with more than half of white families. And Black families in Washington, Nashville, Dallas and other districts also indicated they would keep their children learning at home at higher rates than white families.” [New York Times, 2/1/21]

**Conclusion**

That structural racism and a legacy of segregationist policies have resulted in extreme health disparities for Black Americans is nothing new. Before researchers were tracking data that pointed to disproportionately negative outcomes for Black Americans during the pandemic, Black Americans knew that their communities would be at risk. And, as data has highlighted what Black Americans have long known to be true, it is members of the Black community who are leading efforts to more equitably distribute care. In Philadelphia, **Dr. Ala Stanford** launched the Black Doctors COVID-19 Consortium to deploy mobile testing units to help members of the Black community access coronavirus testing. In Atlanta, **Rev. Damon Williams** of Providence Missionary Baptist Church used virtual services to promote hand-washing and social distancing, and is now preaching about the safety and efficacy of the coronavirus vaccine to protect vulnerable members of his congregation. Black doctors and health professionals, like **Dr. Lou Edje** of Cincinnati, Ohio, are working to inspire confidence in the vaccine among members of their communities. Dr. Edje said: “I felt that I might be able to have an impact that has some credibility, for the patients that I take care of every day who look just like me.”

But these efforts require the support and assistance of a nation that has neglected the Black experience, both historically and during the coronavirus crisis. Until the inauguration of the Biden-Harris administration, there was no federal plan to address vaccine hesitancy among African Americans, or to make the vaccine accessible in Black communities — despite disproportionate death-rates. There were long months between coronavirus relief packages, and the paltry assistance that was provided failed to address the scope of the economic crisis facing Black Americans, who were often locked out of aid. The federal government was effectively letting the virus run rampant, allowing wave after wave to endanger
Black health care workers and communities.

The Biden-Harris Administration is now attempting to address the sharp disparities experienced by the Black community. It is working to establish relationships with trusted community health centers to both administer and build faith in the vaccine, and is deploying mobile clinics to deliver testing, vaccination, and other medical services to hard-to-reach communities like homeless encampments. The Administration’s American Rescue plan includes several economic provisions — like rental assistance, direct stimulus payments, an increased child tax credit, and enhanced unemployment insurance — that can mitigate the economic toll experienced by Black Americans. The proposed expansion of the child tax credit, specifically, could lift 2.3 million Black children closer to or above the poverty line. And the Administration is establishing relationships with minority depository institutions to ensure the Black communities and communities of color receive greater access to capital investment.

The work of the Administration joins the critical efforts by leaders in Congress to address public health disparities. In September, Reps. Ayanna Pressley and Barbara Lee introduced the Anti-Racism in Public Health Act, which would create a National Center for Anti-Racism at the Centers for Disease Control and Prevention to push for research into the public health impacts of systemic racism. This month, Reps. Lauren Underwood and Alma Adams, along with Senator Cory Booker, reintroduced the Black Maternal Health Momnibus Act, which includes 12 bills designed to end racial and ethnic disparities in maternal health outcomes, including from the effects of the COVID-19 crisis.

These pieces of legislation, along with the commitment of the Administration, are essential steps in addressing the widening racial gap in the United States. But more will need to be done to address the severe toll the pandemic has taken on Black Americans, and to work towards a more equitable future.