

The **Pandemic**

HOW COVID INCREASED
INEQUALITY IN AMERICA



Divide

Gwendolyn L. Wright,
Lucas Hubbard, and
William A. Darity Jr.,
EDITORS

The Pandemic Divide

BUY

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HOW COVID INCREASED
INEQUALITY IN AMERICA

EDITED BY

**Gwendolyn L. Wright,
Lucas Hubbard, and
William A. Darity Jr.**

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This book is dedicated to the memory of our beloved colleague and friend Dr. Marta Sánchez—a scholar, advocate, and tireless warrior for truth and justice.

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A Note on Terminology

Given that the time frame of analysis contained in this book predates the arrival in America of notable variant strains, including the Delta strain of SARS-CoV-2, we will refer to the initial strain of the disease caused by SARS-CoV-2 as *COVID-19* and the era in which it became widespread as the *COVID-19 pandemic*. Newer (or alternate) strains of SARS-CoV-2 will be identified as such.

Furthermore, given this collection's focus on racial disparities as related to the COVID-19 pandemic, we use a variety of terms to refer to different races and ethnicities. While we recognize each term has strengths and shortcomings, we are inclined primarily to use *black* and *white*—both lowercase to reflect that race, despite having deleterious and disparate effects, is a construct rather than a biological classification—to denote individuals, families, and communities of those skin tones.

Moreover, when discussing individuals of the Latino community, we will typically employ the term *Latinos* or *Latinx*, a decision that is further explained in the chapter by Sánchez and colleagues. When the term *Hispanic* is used in the data sets that are utilized throughout the book, we use that term in the text for clarity and consistency.

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Foreword

MARY T. BASSETT

In 2020, COVID-19 swept the world. By the time 2021 came to an end, the US death toll had surpassed 825,000, a figure that is officially acknowledged as an undercount. The United States continues to experience a disproportionate share of the global COVID-19 burden, a distinction that is especially true when comparing the United States to other wealthy nations. In *The Pandemic Divide: How COVID Increased Inequality in America*, the Samuel DuBois Cook Center on Social Equity at Duke University brings together essays that help us to understand why the pandemic's lethal toll in the United States could and should have been anticipated—despite the fact that the United States can boast many world-renowned scientists and outstanding healthcare institutions, and despite the astonishing speed of development of an effective vaccine.

COVID-19 pulled back the curtain on the extent of racialized inequality in the United States. In this experience lies a lesson: today's dizzying levels of income and wealth inequality and the continued impact of racial hierarchy, driven by the ideology of white supremacy, make these contemporary economic arrangements dangerous for lives and livelihoods. These essays detail the destructive effects of such arrangements, revealing their impact on national well-being. Importantly, the authors make major policy recommendations for change.

There are at least three important messages in this book. First, the policy impact of white supremacy virtually made inevitable an excess *exposure* to COVID-19 among communities of color. Who continued to go to work? Who worked under unsafe conditions? Who lived in crowded, often multigenerational housing? The answers to these key questions are the same, always disproportionately featuring black and brown populations. Second, the *susceptibility* to severe or fatal COVID-19 was enhanced by the already higher rates of many common conditions among communities of color, a pattern itself attributable to bad policies that keep a decent life out of reach. Barriers range from the high cost of

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housing to a lack of access to healthy food, the difficulties in rapid initiation of personal medical care, the lack of paid sick leave, and the high cost of care.

Third, and most significant, the scholarship collected in this volume by the Samuel DuBois Cook Center on Social Equity builds on decades of scholarship about the racial partitioning of American life: in employment, wealth acquisition, educational attainment, housing, and more. An intriguing chapter describes how black church attendance, a mainstay of community resilience and defiance, might have been more beneficial than the risk posed by in-person worship. A similar calculus also took people of all races/ethnicities to the streets to protest the murder of George Floyd.

Much of this expanding intellectual enterprise has been pioneered by black scholars and other scholars of color. Their work has not received the attention it deserves, and this must change if we are to understand, fully, how COVID-19 has affected our lives. An effective vaccine will not alter the vulnerabilities that this virus revealed. Only concerted policy action will produce the change we need.

Looking back, we recall that the first person in the United States with COVID-19 was diagnosed in January 2020. The first death was reported in February, and almost immediately, in March, local jurisdictions began to report an overrepresentation of African Americans among the dead. Careful inspection reveals another fact: not only have black, Latinx and indigenous people died at higher rates, but they also have died at younger ages.

A preventable death is always a tragedy. The terrible toll among elders carries a high social cost. For example, indigenous communities lost treasured native speakers of their languages. But deaths among younger people leave families without wage earners, leave children without parents. These have consequences for families and communities.

Then came the murder of George Floyd: a man's life casually snuffed out over the allegation of a counterfeit \$20 bill as he and bystanders pled for his life. The combination of these phenomena—a pandemic roaring through the country and the graphic display of racial terror—led to a historic display of public outrage at the enduring impact of white supremacy across both the nation and the globe.

This racial reckoning has made the phrase *structural racism* into common parlance. *Structural racism* and its sister concept *systemic racism* are now frequently referenced by leaders in both public and private sectors, in academia, and in philanthropy.

This book details the broad reach of structural racism—how it is embedded in this nation's history, its economy, across its institutions and our culture

and beliefs. I hope this volume, among the other work carefully referenced throughout, will move to the center of our national discourse. There is much bad news here, but above all the message is that structural racism is not in our genes. Concerted action, drawing upon the work of these and other scholars, can dismantle it.

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Introduction. Six Feet and Miles Apart: Structural Racism in the United States and Racially Disparate Outcomes during the COVID-19 Pandemic

LUCAS HUBBARD, GWENDOLYN L. WRIGHT,
AND WILLIAM A. DARITY JR.

The effects of the COVID-19 pandemic in America have been staggering: at the end of 2021, more than fifty-four million confirmed cases have been reported, with the Centers for Disease Control and Prevention (CDC) estimating that less than one-quarter of all cases have been diagnosed (CDC 2021a). The pandemic has resulted in more US deaths than any military engagement in the country's history. With the US death toll north of 825,000 at the start of 2022, higher than that of any other country, the COVID-19 pandemic is the most fatal in recent US history, having long surpassed the 1918 flu pandemic's toll of 675,000 deaths (CDC 2018). By the time this book arrives on shelves, it seems likely that the number of deaths in America will have surpassed one million people, an unconscionable total.

The importance of any undertaking like *The Pandemic Divide: How COVID Increased Inequality in America*, which attempts to comprehend this terrible disease and its effects, is self-evident. However, the inequities this pandemic has exposed and exacerbated mean that any thorough examination of this period must take the approach pursued here. The investigation must apply a critical lens to the spheres most affected by COVID-19, assessing how these sectors had previously established disparities while examining how these disparities heightened from March 2020 onward. In addition, the study must emphasize that "returning to normal" after the pandemic is woefully insufficient. Moreover, as it is becoming increasingly likely (in early 2022) that this pandemic will never be fully eradicated—that there may never be a prospect of a "return to normal"—the analysis must propose policies and practices that promote equity in both the near and long term, policies that will reduce disparities both in the presence of COVID-19 and in its absence.

The COVID-19 pandemic has become a rich source for research, both because of its extensive impact and because of how it intersects and reflects social disparities in many aspects of American life. It underscores and amplifies inequities in health outcomes experienced by different social groups in the United

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States. And it has managed to take such a toll—in terms of mortality, morbidity, financial instability, and general fragility—because of developments across the rest of society.

Foremost of these developments is an economy that, in combination with a ravaged social safety net, has forced wage earners to make the impossible choice between the risk of catching a deadly virus at their workplace and not feeding their families. For example, as of July 2021 in the editors' home state of North Carolina, black persons constituted 22 percent and Latinos constituted 9.5 percent of the state's population, but they amounted to 36 percent and 17 percent of the state's COVID-19 deaths, respectively (Off, Alexander, and Sánchez-Guerra 2021). Black and Latino workers disproportionately held "essential" jobs, often with low pay, that put them at greater risk of contracting the virus. North Carolina's death records indicate that black and Latino workers were 87 percent of food-production workers, 67 percent of food-service workers, 58 percent of construction workers, and 44 percent of healthcare workers who died during the course of the pandemic. Nationally, only 20 percent of black workers and 16 percent of Latino workers had employment where they could work remotely, unlike 30 percent of white workers (Off, Alexander, and Sánchez-Guerra 2021).

The pandemic also has exposed an entrepreneurial environment in which access to public and private capital is dictated largely by race. Nationwide, between February and April 2020, 40 percent of black-owned businesses went out of operation. The shock of the coronavirus predictably had a more devastating effect on black entrepreneurs. Prior to the pandemic, a Federal Reserve Bank of New York study reported that "about 58 percent of black-owned businesses were at risk of financial distress . . . compared with about 27 percent of white-owned businesses" (Washington 2021).

Underlying this black entrepreneurial disadvantage is the enormous racial gulf in wealth. In 2019, the Federal Reserve's 2019 Survey of Consumer Finances revealed that the average black household had a net worth \$840,900 less than the average white household, and the average Hispanic household had a net worth \$817,900 less than the average white household (Bhutta et al. 2020).

Moreover, a racially tiered educational system and a depleted infrastructure have been highly visible. Predominantly black and Latino students in poorly funded schools, with teachers frequently assigned classes outside of their fields of specialization, were already falling behind. But insufficient home resources (personal computers, dedicated workspaces) for these groups to foster a sound remote-learning environment during the pandemic, not to mention barriers to high-speed internet for both rural and poor Americans, have resulted in their amplified learning losses.

The pandemic also has exploited inequities in living conditions. Not only has mass incarceration dehumanized disproportionately black and brown individuals and destabilized their families, but during the course of the COVID-19 pandemic outbreaks in these institutionalized settings have caused inmate mortality to increase sharply (ACLU West Virginia 2020). Housing shortages—stemming from decades of racially discriminatory actions on the part of banks, sellers, realtors, and the government coupled with hostile whites and their violent protests against neighborhood desegregation—have left black families behind. Bereft of wealth, many black families have been forced into areas without access to adequate healthcare, grocery stores, or green space: vital amenities in a health crisis (Smith et al. 2019). Furthermore, the pandemic has exacerbated racial disparities in homelessness across the country, and an evolving eviction crisis threatens to worsen the disparity (National Law Center on Homelessness and Poverty 2020, 1). Corresponding health consequences have been palpable, with surges in COVID-19 infections occurring in shelters in San Francisco, Boston, Los Angeles, and Dallas (National Law Center on Homelessness and Poverty 2020, 2).

These inequalities, without fail, favor the white population and disadvantage blacks and Latinos. White Americans were less likely to find themselves laid off; they were less likely to find themselves in environments conducive to coronavirus outbreaks—most notably, factories full of essential workers and prisons—and they were more equipped, via access to better technological infrastructure and amenities, to make a seamless transition to remote work and remote education. Conversely, black and brown Americans bore the brunt of the country's response, or lack thereof, to the unfolding crisis.

It didn't have to be this way. In Australia, for example, the government has met the health needs of its long-subjugated indigenous population: giving priority to more at-risk indigenous groups in the vaccination process and granting community health workers the contact-tracing tools of state health authorities (Pannett 2021). By April 2021, these communities were six times less likely than the general population to contract COVID-19.

Australia's action—and success—shows how America chose instead to ignore and sacrifice its most vulnerable and marginalized. These people could have been prioritized and protected during this period of extreme crisis, but they weren't. This book asks, and answers, a simple question: Why did these groups, particularly blacks and Latinos, suffer so much in America during the COVID-19 pandemic?

It is crucial to state clearly what we are not arguing. We are starting with the recognition that race is a social construct, and ethno-racial social groups

are neither inherently nor innately different. Moreover, this is not a book that harps on personal responsibility or cultural values as explanations for these disparate outcomes.

Instead, we recognize that, while race and racial differences have no basis in biology, the categorization of individuals by their skin color and their ethnicity has been an essential element in structuring American social hierarchy—dictating which groups are privileged and which groups are denigrated, and which groups are given opportunities to survive and succeed and which groups are treated as expendable. Race matters because it has been made to matter: race is not biogenetic, but it is powerfully politically salient.

Contributors to this volume examine the systems that have failed or, at least, have been disrupted by the COVID-19 pandemic. The chapters here explore how inequities have evolved since March 2020, repeatedly demonstrating how the inequities of the pandemic aggravate prepandemic disparities. Those prior disparities were not caused by an unforeseen outbreak like COVID-19 but were caused, instead, by policy design. By understanding these two processes in tandem—how certain systems developed to marginalize certain groups, and how COVID-19's spread magnified the effects of those systems—we can answer our initial question, and we can begin to answer the logical follow-up: How can we prevent suffering and inequity in the next outbreak?

So, before we look to the future, we must study the past. Specifically, we must examine the progression of the COVID-19 pandemic in America and the creation and structure of the social environments in which it spread to disparate effect.

The Path to Now: The COVID-19 Pandemic

In January 2020, America was on edge. The Democratic presidential primary was lurching toward its first contest in Iowa. A debate on January 14 between the six top candidates featured discussions of a potential war with Iran and an impending impeachment trial against the president. In the transcript of the debate, the words *virus*, *COVID-19*, and related variations are nowhere to be found (*Des Moines Register* 2020). It was, quite simply, a different era.

The national unemployment rate was 3.6 percent, down from 4 percent a year prior; average life expectancy had held steady from 2010 to 2018 at just north of 78.5 years (US Bureau of Labor Statistics 2020a; Woolf, Masters, and Aron 2021). The numbers for both metrics, when broken out by race, were less favorable for black Americans, and things were about to get seismically worse.

The *New York Times* first mentioned COVID-19 (“the new virus, a coronavirus”) on January 8, 2020, noting an initial outbreak in Wuhan, China, that had

infected dozens of individuals in late December (Wee and McNeil 2020). On January 21, after returning from Wuhan, a Washington resident became the first confirmed case in the United States. By late January, the State Department and the Centers for Disease Control and Prevention (CDC) were recommending that nonessential travel to China be placed on deferral. By the first week of February, global air traffic began undergoing restrictions, and the United States had declared a national public-health emergency.

By the second week of March, the United States—and the rest of the world—was in full-blown panic as the World Health Organization officially recognized the growing global crisis as a pandemic. The stock markets, which had been trending downward on the winds of increasingly ominous news, finally crashed on March 9, with the Dow Jones Industrial Average having its largest-ever single-day fall in points (a drop soon surpassed on March 12 and March 16). The unemployment rate crept up slightly in March, from 3.5 percent to 4.4 percent, before skyrocketing in April to 14.7 percent, with the black unemployment rate 2.5 percentage points above the white unemployment rate (US Bureau of Labor Statistics 2020b). This development actually represented a momentary reduction in the black-white unemployment disparity, but during the recovery in months to come, the traditional two-to-one ratio—with the black unemployment rate doubling that of whites—would reemerge.

In early April, as New York City was in the midst of its first outbreak, early data suggested that black and Latino people were dying at twice the rate of white people (NYC Health 2020). Myriad explanations were advanced for the disparity. Black workers who retained their jobs were more likely to be working in essential front-line jobs—typically lower-paying positions in service industries—and were thus less able to physically distance or work remotely to protect themselves and their families from COVID-19. They were more likely to live in the poorer neighborhoods where outbreaks were pronounced (more outbreaks occurred in these neighborhoods, in part because residents in richer neighborhoods lived under less crowded conditions and often could decamp from the city to second homes with minimal fuss). They were more likely to be in jobs with fewer benefits, in particular those with fewer paid sick days and less flexible work arrangements. And, given existing income and poverty disparities, they could least afford to stop working.

With unemployment rising nationally, financial stimulus arrived—at least, in theory. The Coronavirus Aid, Relief, and Economic Security (CARES) Act passed on March 27, 2020, the largest economic stimulus package—\$2.2 trillion—in US history. Providing billions in one-time cash payments (rather than recurring monthly payments as some had proposed), business relief, extended

unemployment benefits, corporate loans, and more, it quickly became clear that it would not level the playing field but heighten the tilt.

While some individuals received their direct deposit checks starting in mid-April, the process—only expedited for those whose bank information (from recent tax filings) had been stored with the Internal Revenue Service—led to delays for many. A Brookings analysis showed that renters, low-income, low-asset, and unbanked individuals were significantly more likely to experience delays in receiving payments. In total, black households were 8 percent more likely to experience this delay, and Latino households were 11 percent more likely (Roll and Grinstein-Weiss 2020). Moreover, as millions found themselves applying for unemployment benefits in spring 2020, black potential recipients were pushed, again, to the back of the line. A study from Howard University researchers found that from April to June, only 13 percent of unemployed black workers received unemployment checks, whereas in the same timeframe, 24 percent of white workers and 22 percent of Hispanic workers received checks. This disparity was partially a function of (disproportionately black) southern states being slow to expand these benefits (Menton 2020).

Similar patterns appeared in the business world. With the CARES Act came the formation of the federal Paycheck Protection Program (or PPP), which allowed businesses to apply for low-interest loans to continue paying their employees and meet other business costs. Despite its sizable sticker price (\$953 billion), the PPP failed to deliver funds equitably or deliver funds to many who needed it.

Census tract-level analyses revealed that in many metro areas, majority-white tracts received loans at substantially higher rates than majority-black and majority-Latino areas (Morel, Al Elew, and Harris 2021). Most of the money also went to larger firms, with the top five percent of businesses sopping up more than half of the PPP loans—including six hundred companies that claimed the maximum \$10 million in relief (Van Dam and O'Connell 2020). With banks receiving more in fees through these big loans, this distribution—in combination with the billions offered in tax breaks through the CARES Act—helped ensure that the spring 2020 stimulus package, rather than help the poor, delivered most of its benefits to the already wealthy (Hall, Wieder, and Nehamas 2020). The already wealthy, of course, were predominantly white.

Summer brought misguided hope, with daily case tallies in early June—while still in the thousands—nearly half those of two months prior. However, case counts would not be this low again until May 2021. Many states began loosening stay-at-home restrictions after just seven disciplined weeks; cases would subsequently skyrocket in the South and West, in both rural and urban areas.

Outrage over the videotaped murder of George Floyd by policeman Derek Chauvin sparked mass worldwide protests (largely outdoor and masked), while mass incarceration and the pandemic became overtly intertwined as major disease outbreaks occurred in prisons across the country. Counties with the largest proportion of persons incarcerated had significantly more, new COVID-19 cases from May to August 2020 (Hooks and Sawyer 2020). The *New York Times* reported that the overall rate of infection in US prisons, a disproportionately black and brown population, was more than three times the rate in the general population (ACLU 2020; Burkhalter et al. 2021; Hooks and Sawyer 2020).

In the fall, it was the education system's turn to assist COVID-19's spread. College campuses reopened well before any vaccines were available, welcoming students back to dormitories and/or in-person classes, leading to sizable jumps in cases in the surrounding communities. K-12 school districts that returned to in-person instruction also contributed to the surge. A review of school reopenings in Texas found that, in the two months following reopenings, this had contributed to 43,000 additional COVID-19 cases and 800 additional fatalities (Courtemanche et al. 2021). But remote schooling, with its attendant learning loss, only amplified demands for in-person instruction. A McKinsey analysis anticipated that, in part because of the digital divide and the increased reliance on remote instruction, black and Latino students might experience a learning loss 50 percent greater than their white counterparts (Dorn et al. 2021).

By early November, US daily case counts had risen past the unthinkable threshold of 100,000; on January 8, 2021, they would peak just above 300,000.¹ For a nearly three-month period, the seven-day average death toll from COVID-19 never fell below 2,000. The racial disparities first identified in the spring, while somewhat mitigated as the disease spread to more rural areas, persisted, with black, Latino, and Asian populations more likely to be hospitalized with COVID-19 across all regions of the United States.²

By this time, the economy had recovered nominally, at least for the most well-off. The stock market, after its collapse in March, reached new heights by November, resulting in the rich—at least those who had survived the initial downturn—recouping all of their losses and in fact getting wealthier in just nine months. The job market demonstrated a “K-shaped recovery”: a bifurcated response that saw the number of high-wage jobs actually increase since January 2020 and 20 percent of low-wage jobs get eliminated, largely in the hospitality and service sectors—jobs occupied by many black and Latino workers (Gould and Kassa 2021).

In late December, nearly nine months into the pandemic, a second COVID-19 relief package, the Consolidated Appropriations Act, was passed, providing recipients an additional \$600—an amount that even the Republican president

called “ridiculously low” (Calia 2020). Delays in payment arose again, as they had with the CARES Act payments in spring 2020.

Hope arrived via the rapid development of multiple high-efficacy vaccines. In December, the Food and Drug Administration approved the use of two vaccines—from Pfizer-BioNTech and Moderna—for widespread use. Vaccination rollout began slowly. By year’s end, the country had only delivered shots to 2.8 million individuals, well short of the declared goal of 20 million; logistical problems and mismanagement slowed the rollout.

Even as the Biden administration took office in January and accelerated the rate of vaccination, disparities began to reappear. Notably, black vaccination rates lagged behind their higher rates of infection and death from COVID-19. While initially attributed to vaccine hesitancy because of centuries of medical mistreatment (a hesitancy that disappeared throughout the rollout), the more accurate structural explanation was that vaccine sites were disproportionately located in white neighborhoods and, hence, less accessible to black and Latino populations (Hamel, Sparks, and Brodie 2021; McMinn et al. 2021). From December to May, a period in which more than half of the US population received at least one shot, the proportionate decline in deaths for black and Latino populations remained lower than for the white population (Hamel, Sparks, and Brodie 2021; McMinn et al. 2021).

Through November 2021, adjusting for population age differences, the CDC estimated that Native Americans, Latinos, and blacks are 120 percent, 90 percent, and 70 percent, respectively, more likely than non-Hispanic whites to die from the virus (CDC 2021b).³ But the pandemic’s impact also can be seen through the lens of life expectancy: COVID-19’s arrival led, in 2020, to the greatest drop in life expectancy in the United States since 1943, in the midst of World War II (Santhanam 2021). The unprecedented outcome grows starker when considering race. While the non-Hispanic white population saw its average life expectancy fall by 1.36 years between 2018 and 2020, the non-Hispanic black population saw its average life expectancy fall by 3.25 years; for the Hispanic population, the decline was 3.88 years (Woolf, Masters, and Aron 2021). These varying drops in life expectancy can be tied to working and living conditions: fewer black and Latino workers were able to telecommute during the pandemic. Given the acute financial pressures these groups face, it makes sense that they, nevertheless, might take the calculated risk to continue to work.

With the overall unemployment rate in December 2021 now almost returned to its prepandemic level (3.9 percent vs. 3.5 percent), the racial disparities in these rates have expanded, with the black unemployment rate more than twice that of the white unemployment rate (7.1 vs. 3.2 percent) (Vinopal 2022). Just as the

Great Recession ballooned both general economic inequality and racial economic inequality—a reality that was not fully observable until years after the crisis had abated—the COVID-19 pandemic appears to be doing the same.

The Path to Now: Racial Disparities

A complete summary of how America achieved such rampant, robust racial disparities prior to the COVID-19 pandemic would require a project orders of magnitude larger than this entire volume, let alone a section of its introduction. Suffice it to say, condensing this history into a few pages will elide some crucial details.

While readers will learn more of this history in subsequent chapters of *The Pandemic Divide*, particularly the first two, we encourage readers to seek out additional pre-COVID-19 analyses, including, but not limited to, Ira Katznelson's *When Affirmative Action Was White: An Untold History of Racial Inequality in the Twentieth-Century America*; Keeanga-Yamahtta Taylor's *Race for Profit: How Banks and the Real Estate Industry Undermined Black Homeownership*; Isabel Wilkerson's *Caste: The Origins of Our Discontents*; Richard Rothstein's *The Color of Law: A Forgotten History of How Our Government Segregated America*; Mehrsa Baradaran's *The Color of Money: Black Banks and the Racial Wealth Gap*; and William A. Darity Jr. and A. Kirsten Mullen's *From Here to Equality: Reparations for Black Americans in the Twenty-First Century*.

Since its inception in 1776, the United States of America has upheld a racial hierarchy. The settler colonialists, after forming a new nation, waged war against and otherwise subjugated and denied rights to the indigenous peoples. They fostered and benefitted from eighty-nine years of black enslavement. They sanctioned a century of legal segregation and white violence directed against the black population. They instituted nativist immigration policies that, in conjunction with the country's bellicose actions and general meddling in Latin America, created a situation in which the United States has been seen as the preferred but often unattainable landing spot for unmoored populations.

The effects of these past and present actions are tangible, intertwined, and widespread. In terms of medical care, black and Latino populations are less likely to have health insurance—in part because of America's reliance on employers to provide health coverage—and are more likely to avoid seeking care because of cost barriers (Buchmueller and Levy 2020). When these populations do receive treatment, their experiences are marred by negligence and bias, and their outcomes are worse. For example, pregnant black women have a maternal mortality rate more than triple that of white women as well as an infant

mortality rate twice as high—a rate that is highest for the most highly educated black women (Smith et al. 2018; National WIC Association 2019).

Inequities also have arisen from housing policies that have long kept certain populations from the necessary amenities for a healthy life. In addition to individual bigotry displayed by landlords, bankers, and citizens who have refused to rent to, loan to, or live alongside black and Latino families, government actions are to blame. From the Reconstruction era, when the formerly enslaved were denied land allocations promised in General William T. Sherman's "forty acres" field order and in the first Freedmen's Bureau Act; to the New Deal, notably, the systematic redlining of "risky" all-black neighborhoods; to the racially disparate application of the GI Bill in granting mortgage support to soldiers returning from World War II; to the mid- to-late-twentieth century urban renewal projects that cleaved black neighborhoods in two; the US government has created policies that have fostered residential disparities and, in turn, extreme levels of wealth inequality.

Today, black and racially mixed neighborhoods are more likely to be both food deserts (with a lack of access to fresh fruit and vegetables) and food swamps (with a surplus of fast food and other unhealthy food options). These neighborhoods are also more likely to feature a dearth of safe spaces for recreation, and they are more likely to be exposed to air pollution and other environmental hazards (Smith et al. 2019). Given these conditions, it follows that both black and Latino populations have higher rates of obesity and diabetes—blacks also have higher rates of hypertension—notable risk factors for worse outcomes after contracting COVID-19.

Perhaps the most comprehensive explanation of these racial disparities arises via the triple lens of employment, education, and wealth. For generations, blacks in America, initially brought here enslaved to exploit their labor, were denied wealth-building opportunities. Once freed and denied the promised initial asset of forty-acre land grants, persistent discrimination and white violence ensured they had little opportunity for advancement.

While not all Latinos have arrived in the United States in poverty (Cuban immigrants following the installation of the Castro regime and phenotypically white immigrants from southern cone countries are two notable exceptions), many arrivals have started from behind and then faced headwinds in American labor markets. Unemployment rates for Latinos and blacks have long outstripped the white unemployment rate—with the black unemployment rate the highest of all three (US Bureau of Labor Statistics 2011; Stone 2020). Moreover, the jobs that these groups can find typically offer worse pay and fewer benefits: prepandemic data shows that blacks and Latinos are more likely than whites to

work jobs with no form of paid time off and no health insurance (Mason and Acosta 2021).

Attempts to overcome discrimination have met continued resistance. After the judicial mandate of public-school desegregation following *Brown v. Board of Education* in 1954, school desegregation met with defiant opposition and protests from whites. In Prince Edward County, Virginia, an all-white school board chose to close all of the public schools rather than allow black and white children to attend school together.

The growth of private schools, in conjunction with continued residential segregation, has helped manifest a pattern of school resegregation (Clotfelter 2006). The implementation of affirmative action policies in the 1960s briefly promised an improvement in the relative economic position of these groups through reduced exclusion from better employment opportunities, but the half-century since has proven otherwise. Affirmative action has been critiqued, attacked, and weakened to the point of being largely ineffective.

This cycle of little-to-no initial wealth for these groups, combined with narrow or blocked avenues to accrue wealth, means marginalized groups fall further behind their white peers with no avenue to catch up. Initial wealth disparities lead to heightened gaps for future generations, as many (white) individuals whose ancestors possessed wealth can inherit a foundational sum with years of interest gained in addition to benefitting from the security and safety net that familial wealth provides.

Today, the average black family has \$840,900 less net worth than the average white family; Latino families have \$817,900 less on average (Bhutta et al. 2020). Moreover, even if any of the oft-declared routes to economic success—greater employment, greater educational attainment, greater entrepreneurship, greater family stability—are realized, likely they will not have a significant effect in reducing the racial wealth chasm (Darity et al. 2018). These initial wealth disparities and their enduring effects mean that many mechanisms that could have alleviated worse outcomes from the COVID-19 pandemic for black and Latino populations will remain unattainable—at least without a substantial and deliberate transfer of wealth to these groups.

At the start of the COVID-19 pandemic, the popular refrain that rang out claimed “we’re all in this together,” as if stressors lessen disparities rather than accentuate them. But the history of America, and how it has fostered inequities in its past and present, means that the statement cannot be true. The COVID-19 pandemic cannot affect all groups equally because all groups in America have not been treated as equals. In other words, the virus has been mimicking the behavior of its host population.

The Pandemic Divide, in Brief

It is with this understanding of the events of the COVID-19 pandemic and of this country's history that we have compiled *The Pandemic Divide*. The following eleven chapters and postscript focus on a particular area of American life affected by the pandemic. Each chapter includes answers to the following questions:

- How have past (and ongoing) inequities in this field made certain populations especially vulnerable to the COVID-19 pandemic?
- How does viewing the COVID-19 pandemic through this lens reflect both the frustrations felt by these populations and the shortcomings elsewhere in society that are contributing to their marginalization?
- What remedies are needed in this area to alleviate inequities—both during pandemic and nonpandemic times?

The opening section lays the historical groundwork for much of the rest of the volume, exploring the development of racial disparities in health and labor outcomes and the confluence of factors contributing to both. The first chapter, by Keisha L. Bentley-Edwards, Melissa J. Scott, and Paul A. Robbins, analyzes how the prevalence of preexisting health conditions among black Americans—including hypertension, diabetes, asthma, obesity, kidney disease, and cardiovascular disease—contributed to their worse outcomes from COVID-19. Further, the authors consider the environmental and neighborhood factors that paved the way for such preconditions to develop: a lack of social resources (such as green spaces and supermarkets) provided in black neighborhoods and a greater exposure to environmental hazards. These racial disparities are better understood, the authors explain, when viewed in conjunction with black America's lack of access to the healthcare system and overrepresentation in jobs that do not provide health insurance or related benefits.

In the volume's second chapter, Joe William Trotter Jr. assesses the relationship between epidemics and pandemics and African American labor history. As black Americans travelled north during the Great Migration in search of new opportunities, however, they landed "at the bottom of the occupational hierarchy in the most hazardous and unhealthy jobs in the industrial economy," Trotter writes.

Their situation in their domestic lives was no better; they were shunted into overpriced, segregated residential neighborhoods and forced to live in crowded and unsanitary conditions. However, despite these circumstances, and in part because of civic institutions in urban settings, African Americans were able to generate activism and resistance to pressure health services and other government entities to recognize and improve their treatment.

The next section considers two institutions—the church and the prison system—that have long affected America’s black population and have continued doing so since March 2020.

Sandra L. Barnes’s chapter, “‘God Is in Control’: Race, Religion, Family, and Community during the COVID-19 Pandemic,” explores the interplay between religious practices and pandemic behaviors and attitudes. Through interviews with a multigenerational black Christian family living in various COVID-19 hotspots, Barnes teases out the relationship between race and religion in 2020 and situates these dynamics alongside larger spiritual and religious racial trends. She notes the affirmation of black Christians’ faith in the wake of the pandemic and concludes by saying, given the long-standing significant role of the church in the black community, “for some blacks today, closed churches may be just as damaging as open ones.”

Arvind Krishnamurthy’s chapter, “COVID-19, Race, and Mass Incarceration,” looks at the effects of American mass incarceration on the spread of and disparate infection and mortality rates from COVID-19. The country’s predilection for imprisonment as a means of “justice” (America accounts for more than one-fifth of all prisoners worldwide, a disproportionate number of whom are black and Latino) is damaging in nonpandemic times—and catastrophic in the presence of a deadly airborne virus. With thousands of individuals held in indoor facilities with insufficient spacing for distancing, the impact of the coronavirus has been devastating.

In light of these circumstances, Krishnamurthy explains, some (albeit too few) states implemented a variety of policy changes to reduce the prison population—with varying degrees of effectiveness. Larger-scale policy adjustments and mitigation strategies—early releases of the incarcerated and forgoing prison sentences for low-level offenses—could have saved significant numbers of lives. Given the racialized nature of the prison population that Krishnamurthy notes, these practices further exacerbated the racially disparate effects of COVID-19.

Section III, the largest section of the book, explores the financial effects of the COVID-19 pandemic. Fenaba R. Addo and Adam Hollowell’s chapter studies the effects of the pandemic on housing, schooling, and employment for black families. In particular, the authors note how housing precarity (and the comparative lack of homeownership) among black families constructs a barrier to wealth accumulation for this population.

Addo and Hollowell detail how housing inequality also has contributed to uneven learning environments in the pandemic, as students in low-income areas often lack access to a computer and/or high-speed internet. Crucially, they

connect disparities in schooling to labor market bias to show that the cost of pursuing higher education is ultimately higher for blacks relative to their economic resources.

For black students, pursuing higher education entails taking on copious amounts of student debt to earn a degree before landing in a job that, typically, provides lower compensation than that of their white counterparts with similar levels of educational attainment. Addo and Hollowell enumerate a range of policies to combat these interlocking structures of inequality, which include student debt cancellation, reinvestment in black-owned businesses, and a further amplification and reinforcement of the Fair Housing Act.

Henry Clay McKoy Jr., in his chapter “Race, Entrepreneurship, and COVID-19,” considers the impact of the pandemic on the landscape of black entrepreneurship. Prior to the pandemic, black-owned businesses were drastically smaller and far less sustainable than their white counterparts. As McKoy states, their ecosystem has been in “perpetual crisis” as a consequence of more than two centuries of “fiscal exclusions and economic discriminations.” Unfortunately, this pattern has continued with the CARES Act and the one-sided allocation of PPP loans.

McKoy argues that in order to put black businesses on a more equitable footing, direct aid and deliberate action must occur. In this fashion, he outlines a permanently funded US Black Business Development Block Grant Program, which would provide short-term cash infusions to businesses in need and distribute funds to local governments and other civic institutions to support programs “creating more equitable local entrepreneurial, business, and economic ecosystems.”

In their chapter titled “COVID-19 Effects on Black Business-Owner Households,” Chris Wheat, Fiona Greig, and Damon Jones expand the analysis of black business ownership during the pandemic. Utilizing a novel administrative data set drawn from bank data on households and small businesses as well as publicly available voter registration information, the authors examine household and small-business finances, cash flows, and liquidity.

In particular, they study the initial effects of the pandemic’s onset and the subsequent attempts to alleviate financial distress in the wake of the CARES Act. They find that a key constraint for these households is their lack of liquidity, with black business owners possessing smaller reserves of cash than their non-black peers. Accordingly, they demonstrate that stimulus payouts and other income supports led to greater consumer spending among lower-income groups, and they posit that targeting these programs and policies toward black business owners will lead to greater survival rates for these enterprises.

In the last chapter of section III, Jane Dokko and Jung Sakong contemplate and compare a number of possible policy interventions in the wake of widening economic racial disparities. Separating these policies between those applied to “high-return” and “low-return” groups, the authors advocate a range of actions that operate upstream and target the next generation. They recommend bolstering children’s health and education, supporting parents of children, and preventing youth from entering the prison pipeline.

Furthermore, they consider meaningful proposals regarding homeownership, wealth accrual, entrepreneurship, and geographic investment programs. Their analysis points toward questions lingering in each of these areas, noting that some form of these types of interventions—beyond those that emphasize boosting human capital—will likely be necessary to promote higher returns in the future.

The final section of the book shines a light on educational inequities in three different arenas: the struggles of Latino/Latina American families navigating remote learning for their school-aged children, rising disparities in higher education under COVID-19, and amplified achievement gaps and slumps in K-12 education exacerbated by the move to virtual classrooms.

In their chapter, “Latinx Immigrant Parents and Their Children in Times of COVID-19,” Marta Sánchez, Melania DiPietro, Leslie Babinski, Steven J. Amendum, and Steven Knotek review a novel survey of fifty-one Latino parents of kindergarten and first grade (K-1) students in a southern school district. The researchers asked respondents a number of questions about their experience during the pandemic, with particular weight given to their responses about remote schooling.

Through their inquiry, the authors are able to identify the difficulties these families face, ranging from obstacles using the technology or accessing the virtual classroom to frustration encountered by parents lacking the training to support their child in this learning environment. Grounding their analysis in the historical circumstances Latino families have faced in American schools and the conditions many Latino workers face in their essential (and dangerous) occupations, the researchers provide a holistic look at stressors confronting these families and delineate the vital support structures lost during the pandemic.

In “COVID-19, Higher Education, and Social Inequality,” Adam Hollowell and N. Joyce Payne explore how an already tilted scale of higher education became more unbalanced in 2020. The authors, in contrast to the popular emphasis on billion-dollar endowments at America’s prestigious universities, detail the vulnerability of many higher education institutions in the United States, including a vast majority of Historically Black Colleges and Universities (HBCUs).

With the expected reduction in endowments (as philanthropic giving has declined in recent economic recessions) and enrollments (the latter in part due to colleges' constrained ability to award adequate financial aid), prospects for many colleges and universities are bleak. These pressures are intensified at historically black institutions; generally, they have significantly smaller endowments and are more reliant on tuition dollars to stay in operation. With enrollment numbers already declining since 2011, any acceleration of this descent, like that brought on by the COVID-19 pandemic, has ominous implications for HBCUs.

The authors argue that this is the moment for bold policy implementation, in the form of student debt relief and a renewed commitment to improving and valuing the experiences of black students, staff, and faculty as well as for greater investment in HBCUs. It is paramount, Hollowell and Payne state, for higher education to, generally, become more accessible, rather than less; only if the academy "promotes and expands social mobility" can it truly empower the populace.

In the chapter that follows this, Kristen R. Stephens, Kisha N. Daniels, and Erica R. Phillips explore the difficult conditions that emerged in US elementary, middle, and high schools throughout most of 2020 and the first half of 2021. They begin their discussion with a profile of the current realities associated with K-12 public education in America—school systems that are underresourced, understaffed, and long plagued by racial and income-based achievement gaps. Their chapter summarizes how, across the board, the COVID-19 pandemic has amplified these disparities and insufficiencies.

Stephens, Daniels, and Phillips call for a "critical and systematic deep dive into [the] fissures" of the American public education system. In their plan for re-envisioning and rejuvenating this critical institution, the authors emphasize their sense of optimism for the nation's emergence from this moment of intense crisis.

Finally, Eugene T. Richardson's postscript, "COVID-19 and the Path Forward," provides a succinct capstone to the arguments advanced in the volume. Richardson directs his ire at the guiding, consistent ideology at the heart of all these disparities: white supremacy. As the connective tissue that draws together the country's history and the concomitant failure to urgently respond to the COVID-19 pandemic, white supremacy is the dragon Richardson identifies that must be slayed in order to change the future of American life.

Further (and Future) Considerations

The chapters in this volume summarize key issues concerning racial inequality and the COVID-19 pandemic. Before concluding this introduction, we consider a range of other topics that also warrant discussion, with hopes that future edi-

tions of *The Pandemic Divide* may undertake additional treatment of these topics and that readers will bear in mind these issues as they proceed through the volume.

First, this volume does not address the experiences of Asian Americans during the COVID-19 pandemic. With the origins of COVID-19 traced to Wuhan, China, and the racist if not outright xenophobic attitudes that America has long displayed, it is unsurprising that Asian Americans have been on the receiving end of heightened vitriol, hatred, and violence during this period. Attitudes toward Asian Americans soured as COVID-19 spread, and they persisted even as the pandemic's worst effects abated. Stop AAPI Hate, a group tracking and responding to racist incidents targeting Asian Americans and Pacific Islanders in the United States, documented more than 6,600 attacks from March 2020 to March 2021, with police data showing that attacks on these groups rose 164 percent in the first quarter of 2021 (Healy 2021; Farivar 2021). Asian American youths were slower to return to in-person schools in light of these threats, and Asian American small businesses saw the biggest decline during the pandemic, with the number of working businesses falling by 20 percent (Rogers 2021).

We do not ignore these atrocities. Rather, we are exploring how initial, pre-existing racial disparities contributed to further inequities in the wake of the COVID-19 pandemic. While Asian Americans have been victims of discrimination and bigotry in America, they have not experienced disparities in their health and economic outcomes on par with the groups highlighted here (notably, in terms of familial wealth and life expectancy). However, given the hatred that we have seen in the wake of the COVID-19 pandemic and the economic ill effects that it has had on the Asian American population, the group's relatively strong position may prove to be precarious. Moving forward, Asian American well-being warrants close attention. As with other groups, and perhaps even more so, the full burden of the COVID-19 pandemic on the Asian American population may only become visible years after it has passed.

Similarly, a number of analyses have shown the varying effects of the pandemic on different genders and age cohorts of individuals (Heggeness 2021; Chatters, Taylor, and Taylor 2020). A prime example occurred in December 2020, when women accounted for all of the jobs lost in the economy: the economic sector lost 140,000 jobs, but men actually gained 16,000 jobs, meaning that women alone lost 156,000 jobs (Rasta 2021). Addo and Hollowell explore gender-differentiated outcomes from the pandemic in their chapter, but readers should note how the disparities described in this book have not been confined to the nonwhite population, writ large, but also have had an aggravated impact across the intersectional lines of race and gender.

Nor does this book examine in depth the shortcomings of the provision of healthcare in America. Not all health treatment is equal here: community and safety-net hospitals—those that accepted patients without insurance or with insurance that did not cover treatment at more prestigious medical centers—were often overwhelmed with COVID-19 patients (Fink and Kosoksky 2021; Dwyer 2020). America's web of public and private hospitals, combined with its patchwork health insurance system, led to numerous logistical crises across major cities, misallocations of resources, and, ultimately, unnecessary death. Responses that have been more just—the rollout of free-of-charge COVID-19 vaccines to US residents and, eventually, of at-home tests to all US households—suggest that there exist other, less punitive possibilities.

We embrace the notion that structural changes in the financing of public health should be considered in hopes of greater equity and effectiveness. However, national health insurance alone cannot mitigate racial disparities. In the UK, for example, the COVID-19 mortality risk for ethnic minority groups is twice that of white British patients; one early analysis found that 63 percent of health and social care workers who died were of black or Asian descent—a group that comprised 21 percent of NHS workers (Razai et al. 2021).

Finally, this project coincided with two seismic events in America: the reactivation of Black Lives Matter protests during the 2020 summer in the wake of numerous high-profile police and extrajudicial killings of black individuals and the 2020 presidential primary and general elections. Both attending these protests and voting in these elections became causes for anxiety as gathering in the streets or at voting precincts put participants at greater risk for catching the airborne virus.

To suggest how either the protests or elections would have turned out sans COVID-19 is conjectural; however, it is worth stating these elements were intertwined (NAACP 2020). While the pandemic provided an excuse for mayors and other officials to enact municipality-wide curfews to quell protests, much of the outrage and racial reckoning over the summer of 2020 has been attributed to the stasis, financial uncertainty, and racial inequities of the pandemic (Arora 2020; Michener 2020). Racial disparities that contributed to black morbidity and mortality under COVID-19 stem partly from the overpolicing of black individuals and their subsequent incarceration (as Krishnamurthy describes in his chapter). Overpolicing and excessive use of force by the police historically has limited black individuals' capacity to accrue wealth to weather this sort of disaster; for the incarcerated, it placed them in the virus' path as the virus made its way through the unsanitary, socially undistanced prison system.

Voting similarly underwent changes in response to the pandemic, as an unprecedented number of citizens opted to vote early (during less crowded times) or absentee (through the postal service). Nevertheless, in the 2020 November election, much like in past elections, nonwhite neighborhoods were more likely to experience greater wait times when voting (Quealy and Parlapiano 2021). While the danger that the pandemic would provide an opportunity to suppress black votes and steal the presidential election failed to manifest, the tightly bracketed Senate and the Republican gains in the House in 2020 arose in no small part because of various forms of voter suppression. With restricted access to the ballot under consideration in states across the country in 2021 and beyond, an exploration of these potential dangers might still be valuable for similar scenarios in the future—given that black voters were the most likely demographic to vote in person during the 2020 presidential election (Lopez and Noe-Bustamante 2021).

Tangentially, the COVID-19 pandemic became increasingly intertwined with the partisan responses in public-health policies (mask mandates, curfews, indoor occupation restrictions) enacted by state governors and governments. As COVID-19 made inroads, a political divide emerged, with Republican-led states more likely to preemptively reopen, leading to their having higher case counts from summer 2020 onward (VanDusky-Allen and Shvetsova 2021). When Republican leaders urged their state citizens to stay home, they received a more positive response from Democratic-leaning counties than from Republican-leaning counties, indication of a “backlash” effect for Republican leaders who dared to contradict their national party figureheads (Grossman et al. 2020).

But these states also made decisions in the past—including refusing to expand Medicaid—that have hurt their constituents in the COVID-19 era. Moreover, Republican states continue to lag behind in vaccination rates, largely failing to persuade their citizens of the vaccine’s utility and delaying the nation from reaching its goal of herd immunity. As countries like Australia have highlighted the success of centralized policy and public health mandates, America is perhaps the prime demonstrator of the drawbacks of piecemeal epidemiology. Clear and consistent national policy will be necessary to manage the COVID-19 pandemic and navigate future crises of this nature.

Reducing the Distance

This book aims to help promote an understanding of these disparate realities so that necessary improvements can be made to abate them. To achieve this, the discussion must translate into action and policy. Many of the chapters here propose policy changes to improve the plight of black Americans—and all

marginalized groups—in future pandemics. We endorse these suggestions and wish to highlight two of our own that will improve the position of these groups and enhance their capacity to respond in similar future disasters.

The first such policy, also discussed in the chapter by Addo and Hollowell, is a federal job guarantee (FJG) of the type outlined by Paul, Darity, and Hamilton (2018). The COVID-19 pandemic has reflected, horrifically, the volatility and precarity of America's overreliance on private sector employment. The implementation of an FJG, though no small task, would ensure millions of Americans would not starve in the face of lengthy if not indefinite unemployment; moreover, because the FJG would include health insurance for all its full-time workers, individuals and families would no longer risk having to experience the two-fold setback of losing their job and their health insurance. Notably, this policy, while universal, would disproportionately help black and Latino Americans mitigate risk during pandemics, given their greater degree of unemployment and—when employed—their lower likelihood of working jobs that provide health benefits.

Similarly, we propose reparations for black Americans, both as a matter of justice and as a preventative tool to minimize the disparities highlighted here. The restitutive and compensatory case for reparations has been covered in depth elsewhere (see Mullen and Darity 2020). But reparations can also function as a public-health tool. A 2021 article from Eugene T. Richardson and colleagues explores how areas with greater social equity (South Korea) demonstrate lower transmission rates than those with less equity (Louisiana). The authors' analysis suggests that a successful reparations program would have reduced the initial transmission curve of the relevant population by 31–68 percent, which, in turn, would have helped to slow the transmission of the disease in the overall population.

This analysis suggests that greater equity can beget greater equity and promote better outcomes for all. However, the converse is also true. As much as COVID-19 is presented as unprecedented, its effects—heighting inequities, particularly racial inequities—are not. This collection of essays argues that understanding the disparate societal conditions that preceded COVID-19, as well as the racial inequality that pervades all walks of American life, is essential to determining the necessary steps forward.

NOTES

1. This moment would represent the height of the pandemic until the rise of the highly transmissible Omicron variant in winter 2021–2022, during which cases peaked at more than 800,000 per day.

2. The disparity for the latter group is surprising and still somewhat unexplained, given that the Asian population typically has the best health outcomes of all other Americans. However, they are more likely to work in jobs in vulnerable sectors that don't allow for telecommuting, and they are more likely to live in multigenerational housing with greater risk of COVID-19 transmission. Moreover, it is feasible that the hatred directed toward Asian Americans in the wake of the COVID-19 pandemic has heightened barriers to testing and healthcare, as they are more hesitant to leave their homes (Yee 2021).

3. Indeed, evidence suggests that Native Americans may have the worst COVID-19 outcomes in terms of deaths and hospitalizations of any racial/ethnic group (Artiga, Hill, and Haldar 2021). Given their well-established history in America as the victims of genocide, subjugation, and wealth-stripping, their situation would make sense to highlight in this volume. Unfortunately, the data on this group is more limited: a function of their smaller population (they constitute about 2 percent of Americans), an indication of the difficulty of applying traditional unemployment measures to this population (see Kleinfeld and Kruse 1982), and a reflection of a larger pattern of their exclusion from the public consciousness. Notably, Native Americans are not included in the US Bureau of Labor Statistics monthly jobs reports, which are crucial for analyzing granular economic changes in response to the ever-evolving COVID-19 pandemic, nor are they given their own category in the Survey of Consumer Finances data set that summarizes the modern racial wealth gap (Sanchez, Maxim, and Foxworth 2021; Bhutta et al. 2020).

This lack of data is a hindrance, and it must not become permanent. "Oil and Blood: The Color of Wealth in Tulsa, Oklahoma," co-authored by an editor of this volume, shows it is possible to collect detailed financial and wealth data not just for all Native Americans but for specific tribal affiliations (Lee et al. 2021). Detailed, deliberate research must be conducted regarding these populations so that the small sample size excuse does not become a crutch, enabling ignorance and blindness to these long-standing injustices.

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