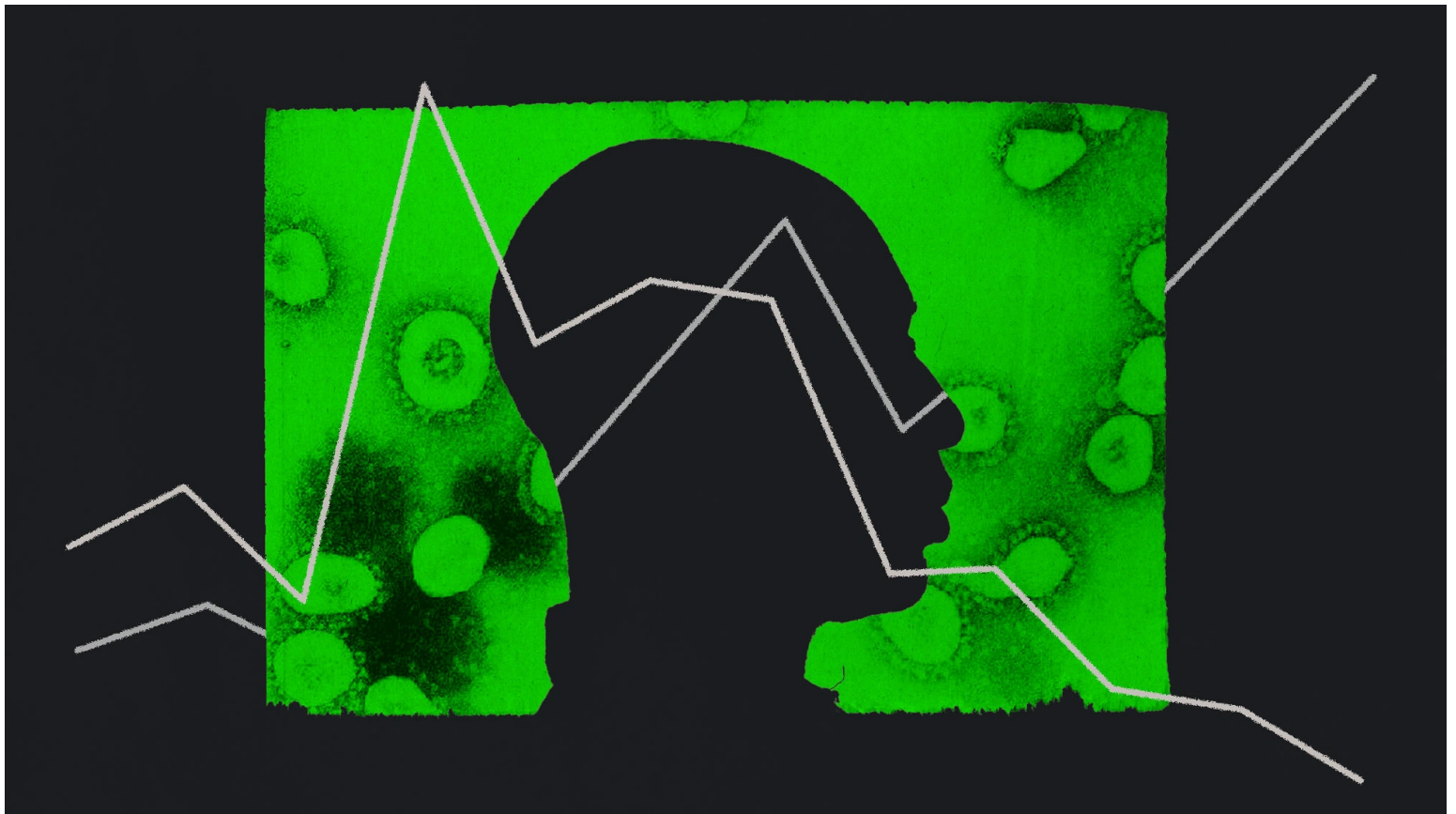


IDEAS

Stop Blaming Black People for Dying of the Coronavirus

New data from 29 states confirm the extent of the racial disparities.

By Ibram X. Kendi



CDC / Getty / The Atlantic

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Ideas in America *and* How to Be an Antiracist.

Editor's Note: *We've gathered dozens of the most important pieces from our archives on race and racism in America. Find the collection [here](#).*

I GREW UP IN the Christian Church, the second son of two ministers. I'm not one for making biblical references about my life, but I can't say the same about my father.

Two weeks ago, Dad likened me to John the Baptist, a voice crying out in the wilderness for racial data on the pandemic. I had to remind him that, unlike John, I was not crying out alone. Senator Elizabeth Warren, Representative Ayanna Pressley, and a quintet of black doctors at the University of Virginia had also raised the alarm.

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But we were indeed in the wilderness. On April 1, hardly any states, counties,

hospitals, or private labs had released the racial demographics of the people who had been tested for, infected with, hospitalized with, or killed by COVID-19. Five days later, citing racial disparities in infection or death rates from five states or counties and the racial demographics of the worst coronavirus hot spots, I speculated that America was facing a racial pandemic within the viral pandemic. But we needed more racial data to know for sure.

Ibram X. Kendi: What the racial data show

Now—after so many Americans joined our chorus, after so many states and counties released their first sets of racial demographic data, after so many data sets showed appalling racial disparities—we know for sure.

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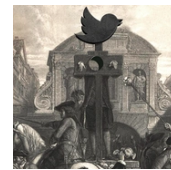
At least 29 states have released the racial demographics of confirmed coronavirus cases, death rates, or both, according to the COVID Racial Data Tracker. The tracker, a collaboration between *The Atlantic's* COVID Tracking Project and my colleagues at the Antiracist Research and Policy Center, is being developed to track, analyze, and regularly update racial data on the pandemic within the United States. These initial data provide a still-

incomplete picture of the national outbreak's disparities. In 38 percent of the 194,000 cases that these 29 states had reported as of April 12, no racial data were attached. And some states mix racial and ethnic categories in reporting their numbers. But the federal government's failure to assemble these data has left it to us to produce this resource, however incomplete, for researchers, advocates, and the public.

And the picture keeps looking worse by the day. In New York City's ground zero, Latinos make up 34 percent of the known deaths from the coronavirus, higher than their 29.1 percent share of the city's population. Two small Native American pueblos in New Mexico had higher infection rates than any U.S. county as of Friday.

But at this point in the pandemic, the disparities between the size of the black population and the percentage of black people infected with, hospitalized with, or dead from COVID-19 appear to be the most severe. A *Washington Post* analysis found that majority-black counties had infection rates three times the rate of majority-white counties. A Centers for Disease Control and Prevention analysis of nearly 1,500 hospitalizations across 14 states found that black people made up a third of the hospitalizations, despite accounting for 18 percent of the population in the areas studied. An Associated Press analysis of available death data found that black people constituted 42 percent of the victims, doubling their share of the populations of the states the analysis included. In Louisiana, more than 70 percent of the people who have died so far from COVID-19 were black, more than twice their 32 percent share of the state's population, and well above the 60 percent share of the population of New Orleans, where the

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outbreak is worst. In New York, African Americans comprise 9 percent of the state population and 17 percent of the deaths.

Amid all these data drops last week, a few antiracist voices came out of the wilderness, stood a brief moment at the clearing, then were moved back again into the wilderness. Today, the racial disparities are undeniable. But Americans don't know for sure that there is racism behind those racial disparities. The racism itself remains deniable. So yet again, our voices are crying out in the wilderness for a miracle to save America from its original sin—the sin Americans can't ever seem to confess.

OVER THE PAST TWO WEEKS, each answer led to new questions. Should states be collecting racial data? Yes. Do those data show racial disparities? They do. And that led to the question Americans have been arguing over since the beginning of the republic: *Why do racial disparities exist?* Why are black people generally being infected and dying at higher rates than other racial groups? This is the question of the hour. And too many Americans are answering this new question in the old, familiar way. They are blaming poverty, but refusing to recognize how racism distinguishes black poverty from white poverty, and makes black poverty more vulnerable to a lethal contagion.

Derek Thompson: The coronavirus will be a catastrophe for the poor

And Americans are blaming black people. To explain the disparities in the mortality rate, too many politicians and commentators are noting that black people have more underlying medical conditions but, crucially, they're *not explaining why*. Or they blame the choices made by black people, or poverty, or obesity—but not racism.

“Now, if you have diabetes, obesity, hypertension, then African Americans are

going to have more of those receptors” the coronavirus likes to hit, Senator Bill Cassidy said on NPR’s *Morning Edition*. “Now, as a physician, I would say we need to address the obesity epidemic, which disproportionately affects African Americans. That would lower the prevalence of diabetes, of hypertension.”

When pressed on whether these “underlying health conditions” are “rooted in years of systemic racism,” Cassidy responded: “That’s rhetoric, and it may be. But as a physician, I’m looking at science.”

Without question, African Americans suffer disproportionately from chronic diseases such as hypertension, cardiovascular disease, diabetes, lung disease, obesity, and asthma, which make it harder for them to survive COVID-19. But if Cassidy were looking at science, then he’d also be asking: *Why are African American suffering more from these chronic diseases? Why are African Americans more likely to be obese than Latinos and whites?*

Defending Cassidy, Rod Dreher, a senior editor at *The American Conservative*, argued that “in the South, country white people and country black people eat the same kind of food” and wondered “to what extent black folks all over the country still eat the traditional soul food diet with lots of grease, salt, pork, sugar, and carbs.” To which one of Dreher’s readers responded: “I am especially amused by the implication that a racist conspiracy is keeping brussel sprouts and kale from black neighborhoods. If people wanted fresh vegetables and salads and tofu, stores would provide them.” If there are food deserts, it seems, then black people are to blame.

If black people receive inferior care from hospitals and doctors, are black people to blame? If black people are less likely to be insured, are black people are to blame? If hospitals in majority-black counties are overloaded with coronavirus patients, are black people to blame?

According to this logic, racism is not murderous; black people are killing themselves. To be black in America is to be suicidal. Black people are to blame for showing up in so many morgues across this godforsaken land.

Others have embraced a different theory of black culpability. “An information vacuum in some black communities ... allowed false rumors to fester that black people were immune to the disease,” *The New York Times* reported. “While farfetched, the early rumors of black immunity to the COVID-19 virus gave some African Americans a fantastical hope,” the *Los Angeles Sentinel* stated.

“Now we’re playing catch-up with the messaging and spreading the word that it can affect any one of us,” explained Philadelphia city-council member Cindy Bass. “Influential figures in black communities need to unite and overcorrect for the misinformation running rampant about African Americans being immune to Covid-19,” CNN’s Van Jones declared. Or as the Los Angeles activist Najee Ali told the *Los Angeles Times*, “That myth spread like wildfire on social media, but there was never a concentrated effort from leaders to dispel that myth.”

What actually spread like wildfire was another myth: that the fable of black immunity affected black behavior. Where’s the evidence that this was widely believed by black people? Where’s the evidence that it caused black people to not take the virus as seriously as other groups did? Anecdotes offer evidence of individual behavior, not group behavior.

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Then again, when it comes to black people, whenever Americans see a black *individual* acting in a self-destructive manner, they see black *people* acting in a

self-destructive manner. Whenever Americans see a black *individual* not social distancing, they see black *people* not social distancing. Whenever Americans see a group of black *individuals* congregating at a party or a funeral, they see black *America* congregating at a party or a funeral. Black individuals are all, always, stand-ins for their race, never individuals. As Barack Obama intoned in *Dreams From My Father*, “Only white culture had individuals.”

That many Americans generalized the behavior of black individuals, claiming black people are being infected and killed by COVID-19 at higher rates because they are not taking the threat seriously or social distancing appropriately, should not be surprising. “The message of social distancing doesn’t seem to be hitting home, with people still playing basketball, having card parties and hosting sleepovers, say black mayors,” *USA Today* reported. “I don’t think our community is taking it as seriously as it should,” said Lovely Warren, the mayor of Rochester, New York, and the second vice president of the African American Mayors Association. Instead, African Americans have taken a “lackadaisical approach to social distancing,” surmised Representative Marc Veasey of Fort Worth, Texas. A Cleveland nurse made it plain: “Ignorance is causing us to have a rapid increase.”

Because they believe the cause of higher black infection rates is black ignorance and skepticism, a group of Dallas-area pastors and community leaders recently launched the #WeNeed2Survive campaign, aimed at “preventing misinformation,” “educating skeptics about social distancing,” and “raising awareness without fear.” As the director Tyler Perry pleaded in an Instagram message to black people: “Please, please, please, I beg you to take this seriously.”

There is nothing wrong with begging all Americans to take this vicious virus seriously. There is nothing wrong with begging one’s black grandfather or

white daughter or Latina sister or Asian father or Native friend to social distance. There is everything wrong with lecturing a racial group to behave better as a solution to racial disparities, as U.S. Surgeon General Jerome Adams did on Friday during a White House press conference.

Too many Americans are infected with the belief that *a* cause or *the* cause of higher black infection or death rates is that black people are not taking the viral threat seriously, and that white people have lower infection and death rates because they *are* taking COVID-19 seriously.

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But the evidence points in the opposite direction. A national survey conducted by the Pew Research Center between March 10 and 16, long before racial disparities in infection rates were documented, found that black respondents, at 46 percent, were more than twice as likely as white respondents, at 21 percent, to view the coronavirus as a major threat to their own health. An additional 32 percent of black respondents considered it a minor threat. Slightly more white respondents (23 percent) than black respondents (21 percent) considered the coronavirus to not be a threat.

Days later, Pew and Dynata conducted a survey that again found that black people (59 percent) were significantly more likely than white people (44 percent) to be very concerned about their health during this pandemic. According to the survey, black people were more likely than white people to be buying nonperishable foods, hand sanitizer, cleaning products, toilet paper, and bottled water. Ironically, the very people calling black people ignorant are ignorant about black people.

What if black people *are* taking the coronavirus as seriously as white people? What if black people have been taking the coronavirus *more* seriously than

white people for weeks, as the survey data suggest? What if despite all that, black people are *still* being infected and dying at higher rates from COVID-19?

The answer of the hour can be heard. Our voices are still crying out in the wilderness: *Black people are not to blame for racial disparities. Racism is to blame.*

I want to imagine the day when the wilderness finally clears for good, when our antiracist voices are heard for good, when Americans will no longer blame black people for black death. I want to imagine the day when every valley shall be lifted up, and every mountain and hill made low; the uneven ground will become smooth, and the rugged land a plain.

But I cannot see that day right now, because I remain in the wilderness.

Ibram X. Kendi is a contributing writer at *The Atlantic* and the Andrew W. Mellon Professor in the Humanities and the director of the [Boston University Center for Antiracist Research](#). He is the author of several books, including the National Book Award–winning *Stamped From the Beginning: The Definitive History of Racist Ideas in America* and *How to Be an Antiracist*.

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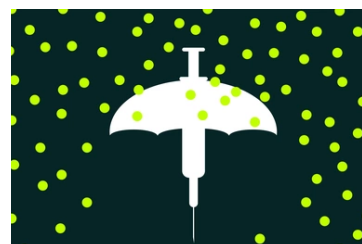
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