HOW HAS THE PANDEMIC EXPOSED STRUCTURAL RACISM April-July 2020

And what role can allied organizations play in standing with and prioritizing supports for local communities of color?

*Children’s Institute’s Racial Equity Justice Initiative Change Team – 2020 and beyond*
“Though I may not be here with you, I urge you to answer the highest calling of your heart and stand up for what you truly believe.”

John Lewis, the civil rights leader, asked The New York Times to publish his last words, on the day of his funeral.
“Pandemics don’t create disparities. They expose them.”

—Oliver T. Brooks, M.D., April 30, 2020

President, National Medical Association

July 29, 2020: more than 150,000 people have died of Coronavirus in the United States
It is the task of our Racial Equity and Justice Initiative’s Change Team, as well as a Children’s Institute priority, to shine a light on and address racial disparities – within and outside of our organization.

The following slides draw attention to: Data and literature that demonstrate ways pre-existing racial inequities have been unconscionably and overwhelmingly exacerbated during this pandemic; a timeline in responding that was – and is – reflective of the lack of intervention to mitigate damage to communities of color.

We humbly invite our partners to join, as Children’s Institute strives to stand with communities of color in tangible ways that support local children and families.
Suggested use of this resource

- **Learning tool**: Share information about the on-going pandemic in the context of communities of color and institutionalized racism.

- **Starting point**: Spark conversations addressing adverse health and education outcomes caused by or worsened due to racial inequity and social determinants of health and education.

- **Invitation**: Collaborate with communities of color, and allied agencies, to improve supports and outcomes for local families.

- **Call to action**: Inspire within our community that each person, group, and/or organization focus on and work toward equitable change.
Caveats and limitations...

New data are reported daily; this slide deck is not a finite or exhaustive record. Whenever possible, information is dated.

The cited slides are the sole work of the attributed sources. Our appreciation to the news media, and to agencies in Rochester, New York State, and beyond whose original work we cite.

This slide deck does not – and can not – adequately highlight the structural racism that set the stage for the pandemic’s health, economic, and educational fallout in communities of color.
In 1963, Rabbi Abraham Joshua Heschel, whose family perished in the Holocaust, sent a telegram to President Kennedy regarding the crisis of civil rights proposing JFK declare a:

“A state of moral emergency.”

Today in the Greater Rochester community, and across New York State and the country, this imperative is required to address racial disparities.
“I think the only way we can forge a more livable world amidst the ruins of the old, is if we reckon honestly with how business-as-usual has wreaked havoc on people’s lives well before the current crisis. Many people on this planet have ALREADY been living in various states of crisis – ignored, explained away, papered over, endlessly documented and studied. We haven’t ‘all been in this together’.”

–Ruha Benjamin, Sociologist, African American Studies, Princeton

(bold by presenters)
How to reduce the racial gap in COVID-19 deaths

“Decades of structural racism have prevented so many Black and Brown families from accessing quality health care, affordable housing, and financial security, and the Coronavirus crisis is blowing these disparities wide open.”

–Elizabeth Warren, March 30, 2020

Brookings.edu/blog/fixgov/2020/04/10/how-to-reduce-the-racial-gap-in-covid-19-deaths/
Stop blaming black people for dying of the Coronavirus

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

IBRAM X. KENDI, The Atlantic April 14, 2020

On April 1, few 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.
• Disparities and COVID-19 was first analyzed by Journalists using NYC (DOH) health data.

• In the Bronx, a borough largely comprised of people of color, people were dying at twice the rate of residents of NYC as a whole.

• April 8, Mayor De Blasio posted preliminary findings: Blacks and Latinx New Yorkers [were] dying at twice the rate of whites and Asians.
CDC Releases Early Demographic Snapshot of Worst Coronavirus Cases

CDC [March] report shows the percentage of black patients hospitalized (33%) was much higher than their percentage in the population. In the areas covered by the study, 59% of the population is white, and 18% black, “suggesting that black populations might be disproportionately affected by COVID-19.”

(bold added by presenters)
The Color of Coronavirus  4/10/2020

- Coronavirus claimed 16,231 American lives through April 9. However, data describing race and ethnicity was available for just 35% of deaths.

- Consistently reputable data sources report that blacks have approximately 2.6 times greater risk of dying from Coronavirus than would be expected for their population. This risk varies by region/state: In Michigan, blacks are 3.8 times more likely to die from COVID-19 than their population estimates would predict; in Illinois, blacks are 3.3 times more likely to die than population estimates would predict.

HTTPS://WWW.APMRESEARCHLAB.ORG/COVID/DEATHS-BY-RACE

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/
The first week of April, a tiger tested positive at the Bronx Zoo. It generated big headlines, but few media articles highlighted (racial) disparities.

95% of respondents to the New York Times weekly news quiz (4/12/2020) correctly answered the question about the animal at the Bronx Zoo that tested positive for the Coronavirus.

There were no questions on the quiz about (racial) disparities and COVID-19.
“The US Surgeon General singled out blacks and Latinos to urge ‘no drinking or smoking’ as a preventative measure during the pandemic, which plays into a long history of government officials invoking the supposedly bad behavior of racialized groups as the reason for their hardship. We see it with the very different responses to black and white drug use, one is a crime and the other is a public health emergency.”

–Ruja Benjamin, Sociologist, Princeton
Stop blaming black people for dying of the Coronavirus
New data from 29 states confirm the extent of the racial disparities
IBRAM X. KENDI, The Atlantic April 14, 2020

“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.”
On April 8, 2020, the Monroe County Dept. of Health released racial and ethnic data for coronavirus hospitalizations (ICU and non-ICU) and deaths. The initial reaction by the Mayor’s office was cautious optimism: 

**African-American residents accounted for 18.2% of Coronavirus deaths, in the context of an African American county population of 16.2%.**

However, hospitalization rates disproportionally affected African Americans (53.8% of ICU admissions; 27.9% of non-ICU admissions). Hispanics were overrepresented among non-ICU admissions: 18.6% of such hospitalizations, while accounting for 9% of the population.

On April 24, African Americans comprised 43.3% of Monroe County’s Current Hospitalized ICU Patients, And 32.5% of the total percentage of Monroe’s COVID-19 deaths.

LatinX were 13.3% of hospitalized ICU patients and 9.1% of the total percentage of COVID-19 deaths.
What are buffers that made/make social physical distancing easier and/or factors that protect you from acquiring Coronavirus?
Likely responses for many Rochesterians

- Working computers – 1 per family member
- High speed internet
- Job(s) that can be done remotely
- Enough food – no food insecurity
- Home and neighborhood – a place to self-isolate
- Face masks, gloves, wipes, hand sanitizer
- Reliable cars
- Home deliveries
- “Entertainment,” e.g. Zoom exercise, Netflix
- A community of people with similar supports

For many families of color, on top of pre-existing and crushing socio-economic factors, this list is likely non-existent
What are Rochester families’ educational, tech and other reserves that protect children and enable remote learning?
In the wake of schools closing, a slew of resources have been offered via public television, websites, social media, email, and personal networks...

Parents with the most digital access have the greatest access to educational materials while families that are the most economically vulnerable have the least access. Additionally, families whose children qualify for special education services have been left largely unserved.

(bold added by presenters)
Data from the US Census Bureau’s American Community Survey (2018)

There is a disparity in computer or smartphone ownership that disproportionately affects the black/African American community in Rochester. For those who identify with one race/ethnicity:

- 11% (8,354) of black/African American residents report having no computer or smartphone in their household
- 8% (3,210) of Hispanic residents report having no computer or smartphone
- 6% (4,117) of white, non-Hispanic residents report having no computer or smartphone.

Device ownership matters when it comes to educational access.

While Rochester city-wide 88% of residents live in a household with some type of computer or digital device, only 63% live in a household with a desktop or laptop.
Third graders (on up) are tasked with the following on a smartphone:
• Writing a paragraph or essay
• Analyzing data in spreadsheets
• Creating graphs, figures, and tables
• Writing mathematical equations and formulas
• Creating concept maps

PreK- 2nd grade basic skills that are difficult to do online:
• Handwriting & drawing
• Developing fine motor skills
• Developing gross motor skills
The social-emotional impact of school closures is expected to be substantial... disruption of relationships with supportive adults and peers, high stress at home, interruption of therapeutic developmental interventions, and increased risk for unreported child neglect and abuse. These educational and social-emotional impacts must be met with effective responses both in the immediate present and in the long-term.

There will be no return to “education as normal” in September. Significant systemic responses are needed to address the impacts of the pandemic.
“The Rochester community has systematically failed to effectively respond to the needs of the black community, which has exacerbated the negative effects of the digital divide in the face of the current COVID-19 pandemic...

Key challenges include technology access for education, work, and play; human social connection; and access to vital government, health, and social services. National and state policies such as “New York on Pause” and social distancing promote feelings of loneliness, anxiety, depression. If necessary, progressive actions are not taken in haste, we (members of the Black Agenda Group) fear dire consequences such as self-harm, interpersonal conflict, and even deaths will increase.”
“Monroe County ranks above the state average for adults experiencing frequent mental distress.”

–NY State Prevention Agenda
New York leaders address racial disparities in COVID-19 deaths | ABC News 4/8/2020
“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. ...looking at science, [we should] also be asking: Why are African Americans suffering more from these chronic diseases? Why are African Americans more likely to be obese than Latinos and whites?”
Black and brown patients have comorbidities associated with poverty and racism: Diabetes, asthma, hypertension [and heart disease]. They are sicker and more likely to die of COVID-19 because their lives have been conditioned by chronic illnesses.

washingtonpost.com/opinions/2020/04/26/we-must-address-social-determinants-affecting-black-community-defeat-covid-19

Black and brown patients are more likely to be from communities with poor records for the social determinants of health (such as access to healthy food, education, transportation, and health insurance) and as such have higher rates of comorbidities that are associated with increased risk during the pandemic.

washingtonpost.com/opinions/2020/04/26/we-must-address-social-determinants-affecting-black-community-defeat-covid-19
“Monroe County Social Determinants of Health shortfalls include overall health, education, economic stability and education, all of which lag at least 10% behind the rest of NYS (excluding NYC).”

–ActRochester.org
Health disparities have contributed to Monroe County being the worst county in the state for “the difference in the rates of preventable hospitalizations between Hispanics and non-Hispanic whites” (126 per 10,000) as well as the 2nd worst in the state for “the difference in rates of preventable hospitalizations for black non-Hispanics versus white non-Hispanics” (209 per 10,000) indicating a large racial preventative care gap.

–NY State Prevention Agenda Dashboard
“I don’t feel safe wearing a handkerchief or something else that isn’t CLEARLY a protective mask covering my face to the store because I am a black man living in this world. I want to stay alive but I also want to stay alive.”

–Aaron Thomas on Twitter
A tale of two New Yorks: Pandemic lays bare a city's inequities

In the Bronx, 84% black, Latinx or mixed race residents, the sidewalks are still bustling... There is still a rush hour.

“‘We used to call them ‘service workers.’ Now they are ‘essential workers’ and we have left them to fend for themselves.’

–Jumaane Williams, NYC Public Advocate

theguardian.com/us-news/2020/apr/10/new-york-coronavirus-inequality-divide-two-cities
“Delivery workers, municipal employees, hospital facilities staff, food service and warehouse workers are all more likely to be black or brown and are considered essential and must be on the front lines – workers in these essential professions often do not have the luxury to make personal decisions not to work, as they are often low-wage hourly workers.”

—ActRochester.org
A Rochester Northeast child care director

“Parents in my [child care] center, their biggest concern is that they are not getting masks. That is what I am hearing. And they are getting very close to other people.”

These parents are essential workers servicing the fast food industry, nursing homes and other health care.

Many are reliant on public transportation.

April 2020
Not everybody can work from home

Black and Hispanic workers are much less likely to be able to telework

The commonly paired statements that “everyone is working from home” and “everyone is having their goods delivered” amid the Coronavirus outbreak ignores a whole segment of the workforce – the ones prepping and delivering their purchases. In fact, less than 30% of workers can work from home, and the ability to work from home differs enormously by race and ethnicity.

epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/
A job with the flexibility to work from home and the means to do so are examples of privilege.

[Link: epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/]
Nearly 1 in 3 Americans — and over half of those with jobs — have continued to leave the house for work at least once a week as the virus has spread and states have issued stay-at-home orders, the poll found. More than one-third of people still going to work said they or a household member has a serious chronic illness, and 13 percent said they lack health insurance themselves.
A Washington Post-ipsos poll of more than 8,000 adults in late April and early May found that nearly 6 in 10 Americans who are working outside their homes were concerned that they could be exposed to the virus at work and infect other members of their household. Those concerns were even higher for some: Roughly 7 in 10 black and Hispanic workers said they were worried about getting a household member sick if they are exposed at work.
“We put people out there and said you got to go to work, but we didn’t give them protective gear or additional testing to keep them safe. It was almost as though these groups were expendable to keep the city moving.”

–Jumaane Williams, NYC Public Advocate

theguardian.com/us-news/2020/apr/10/new-york-coronavirus-inequality-divide-two-cities
“This pandemic is laying bare the inequities that have always existed in New York City. We don’t invest in people, we don’t invest in neighborhoods, and this is what we get.”

Sites in African American or Latino neighborhoods are inundated with patients with COVID-like symptoms.

In higher-income white neighborhoods the demand for health services has actually declined.

–Uché Blackstock, MD, Urgent Care Physician; Central Brooklyn Founder of Advancing Health Equity
COVID-19 may not discriminate based on race -- but U.S. health care does
For Latinos and Coronavirus, doctors are seeing an ‘alarming’ disparity. In Iowa, Latinos account for more than 20% of Coronavirus cases though they are only 6% of the population. Latinos in Washington State make up 13% of the population but 31% of cases. In Florida, they are just over 25% of the population but account for 40% of virus cases where ethnicity is known.
In New York, African Americans are 17.6% of the total population but comprise 24.3% of deaths; Latinx are 19.2% of the population and 26.7% of deaths.

In Michigan, African Americans are 14% of the total population, 39.25% of infections, and 43% of deaths.

In Illinois, African Americans are 14.6% of the population, 28.3% of infections, and 32.4% of deaths.

In New Mexico, Native Americans are 10.9% of the population, 59.4% of infections, their % of deaths is unknown.
For many black families, mourning Coronavirus deaths brings an added burden as they wonder whether racial bias may have played a role.

Decades of research shows that black patients receive inferior medical care to white patients. A long history of experimentation, exploitation and mistreatment has left many African-Americans deeply suspicious of the medical establishment. Now comes COVID-19, and the fear among many families, social scientists and public health experts that racial bias might be contributing to the disproportionately high rate at which the Novel Coronavirus is killing African-Americans.
Racial disparities in infection and death rates prove what many health providers have long known to be true: Racial inequities are rampant throughout our health care system. They also provide us with insight into how to slow the virus's spread. The impact is compounded by social and environmental factors which studies estimate account for 80% of health outcomes. Our priority should be to direct care to the communities most impacted by the disease. That means treating neighborhoods as if they were our patients.
What do we know about the economic and educational consequences of the pandemic on communities of color, and on family systems that support children in Rochester?
Monroe County: Latinx and African Americans with college degrees (approx. 15%) lag behind the state (approx. 24%), and well behind white/Asians (NYS: approx. 45%).

The median annual household income for African Americans is $29,560 (NYS: $42,615) with a poverty rate of 35% (NYS: 23%). Latinos’ median household income in is $29,950 (NYS: $43,000) with a poverty rate of 34% (NYS: 24%).

Median annual household income for Caucasians is $60,000.

—ActRochester.org
In February, Rochester unemployment was 4.5% (Bureau of Labor Statistics). The week of March 18 the NYS Department of Labor saw a 950% increase in unemployment claims statewide. Therefore, parents’ first needs are to maintain housing and food security for their children.

The pandemic will exacerbate pre-existing disparities. 2014-2018 data: 14% unemployment rate for African Americans in Monroe County (10% NYS); 11% unemployment rate for Latinx in Monroe County (8% NYS); 4.4% unemployment rate for whites in Monroe County (4.8% NYS)
40 percent of households earning less than $40K lost jobs in March.

The week of May 11, 3 million individuals applied for unemployment bringing the total to 36 million people.

“While we are all affected, the burden has fallen most heavily on those least able to bear it.”

–Federal Reserve Chairman, Jerome Powell 5/13/20
Contrasts between the American image of plenty and the needs of many citizens have become more glaring in times of crisis.

An indelible image from the Great Depression features a well-dressed family seated with their dog in a comfy car, smiling down from an oversize billboard on weary souls standing in line at a relief agency. “World’s highest standard of living,” the billboard boasts, followed by a tagline: “There’s no way like the American Way.”

Credit: Margaret Bourke-White/Time Life Pictures/Getty Images

A rise in child poverty is especially worrisome, since even a brief spell can have lasting effects. Poverty “disrupts the structure and function of the developing brain” through mechanisms that include poor nutrition, high stress and exposure to environmental toxins, said Dr. Deborah Frank, a professor at the Boston University School of Medicine.

“Even mild deprivation at an early age can have ripples and ripples,” she said. “What we’re talking about here is not only what a mess we’re going to be in next year but the mess we’re going to be in in 20 years.”
High unemployment is projected to increase the poverty rate and widen racial disparities.

Poverty rate under different unemployment scenarios (second quarter, April-June)

- Feb. 2020 estimate
- Unemployment: 10%, 20%, 30%
- 26% in poverty
- 24%
- 22%
- 20%
- 18%
- 16%
- 14%
- 12%
- 10%
- 8%

Note: Historical poverty data is based on Supplemental Poverty Measure and has been adjusted for 2019 changes in methodology by the Census Bureau. 

Source: Zachary Parolin and Christopher Wimer, Columbia University School of Social Work 

The New York Times
Global Strategy Group partnered with Raising New York to conduct an online survey among 402 parents of children under the age of four in New York State from April 18-22, 2020.

Parents are changing their behavior to compensate for a lack of steady income, fears of future financial instability, and food availability (including formula). 34% of all parents say they have skipped or reduced the size of their own meals, 49% of furloughed workers, 48% middle-income parents, 46% single parents, 45% parents in New York City, and 42% Hispanic parents in the state.

Overall, 11% of parents have skipped or reduced the size of the meals they provide for their children as well, which disproportionately affects parents of children enrolled in Early Head Start (36%), single parents (27%), and parents in New York City (22%).
A Collapse That Wiped Out 5 Years of Growth, With No Bounce in Sight

The second-quarter contraction set a grim record, and it would have been worse without government aid that is expiring.

The coronavirus pandemic’s toll on the nation’s economy became emphatically clearer [July 30] as the government detailed the most devastating three-month collapse on record, which wiped away nearly five years of growth.

“The pandemic has placed a giant magnifying glass on the inequities of education. We can’t afford to not invest in this area.”

–Mary Daly, President and CEO Federal Reserve Bank, San Francisco
Almost half of the nation’s 13,000 school districts may be forced to make the deepest cuts to education spending in a generation. While the economic impact [of the pandemic] on schools will be historic, it will not be random.

The districts most at risk share demographic profiles – student populations that are heavily black, Latino and low-income – and one crucial trait of their budgets: They get more than half their revenue from state aid.
The school district in Rochester is among those most at risk.

Of the 25,000 students, 86% are black and Latino. 90% qualify for free and reduced-price meals. Just 13% of elementary school students in the district can read on grade level.

The city has a median household income of just over $33,000, far below the nearly $62,000 median for the United States, according to the U.S. Census Bureau. The share of city residents who live in homes they own is 36%, compared to 64% nationally. Today, the upstate district gets more than 85% of its money from the state.
An analysis of 800,000 students (researchers at Brown and Harvard) looked at how Zearn, an online math program, was used both before and after schools closed in March. It found that through late April, student progress in math decreased by about half in classrooms located in low-income zip codes, by a third in classrooms in middle-income zip codes and not at all in classrooms in high-income zip codes.
[Because of the pandemic] 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.

—Analysis from Mckinsey & Company, The Consulting Group
July 30, 2020 RCSD proposal to NYS for a hybrid return to school

Teaching and Learning

A hybrid model will be implemented in phases beginning with students in PreK-4, K-6 special classes and K-12 specialized programs. Students not in school for the hybrid model will receive instruction through the distance learning model.

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As reported on NBC’s Today Show, July 30, 2020

Governor Cuomo asserts that without more federal economic support to New York State in the debated relief package, he will have to cut the education budget by 20%.
“When the official counts began to show that COVID-19 was hitting black communities in America with a particularly deadly punch, I had to admit to feeling dread on two levels.

The first was a deep concern about widespread illness and death in majority-black counties and zip codes. The second wave was a deep-seated concern about how the rest of America would respond to that.”

—Michele L. Norris, Former NPR ‘All Things Considered’ Co-host
June 5, 2020

Department of Public Health
Monroe County, New York

Recovery from Isolation
There have been 1933 Recovered from Isolation – Confirmed cases to date.
There have been 2201 total Recovered from Isolation to date. This number reflects confirmed positive COVID-19 cases and known presumed positive COVID-19 cases.

Testing
The 7-day average of daily total test taken in Monroe County is currently at 887 tests per day (PCR and Antibody testing).
There have been 47,935 total PCR tests received to date in Monroe County.

Race/Ethnicity Breakdown
We are providing new race/ethnicity breakdowns for COVID-19 patients. We will continue to include additional statistics and data as it becomes less of an identifying factor of those impacted. This information has been provided by the Center for Community Health and Prevention, University of Rochester Medical Center.
June 5, 2020

African Americans in Monroe County have higher rates of COVID-19 diagnoses, hospitalizations, and deaths than any other racial or ethnic group. (Data from Monroe County Health Department, Center for Community Health and Prevention at the University of Rochester Medical Center.)

White people experienced the lowest rates of the disease. [These] statistics are a local example of a national trend that finds racial and ethnic minorities overrepresented in Coronavirus data. Monroe County public health commissioner Dr. Michael Mendoza has said that structural racism makes minority residents uniquely vulnerable to the Novel Coronavirus.

Black people are dying of COVID-19 at 3x the rate of white people.

# Monroe County Covid-19 Surveillance - Data as of June 17, 2020

Center of Community Health & Prevention, U of R Medical Center

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</table>
11% of African Americans say they were close with someone who has died from coronavirus, compared with 5% of Americans overall and 4% of whites.

26% of nonwhite New Yorkers say a family member or close friend died from COVID-19, compared with 10% of white adults in New York City.

Data from three COVID impact surveys on the pandemics effect on the physical, mental and social health of Americans conducted between April and June at the NORC at the University of Chicago.
“I saw families lose both parents or grandparents in a matter of days to weeks. I would be taking care of an older man, and in conversation with the family, find out that his wife, their mother, just passed from COVID a few days ago, or was on a ventilator somewhere else in the hospital. Some families seemed totally stunned when it was happening again to the other parent. It was horrible. I think the trauma within those families will only evolve as the experience and deaths continue to be processed.”

–Alice Beckman, MD, Montefiore Hospital, Bronx NY 6-11-20
Study of 17 Million Identifies Crucial Risk Factors for Coronavirus Deaths

In the United States, Latino and African-American residents are 3x times as likely to become infected by the coronavirus as white residents, and nearly 2x as likely to die. Many of these individuals work as front-line employees, or are tasked with essential in-person jobs... Some live in multigenerational households that can compromise effective physical distancing. Others must cope with language barriers and implicit bias when they seek medical care.
Pandemic’s weight falls on Hispanics and Native Americans, as deaths pass 150,000

When the virus first swept across the country, it devastated Black communities, killing African Americans at a disproportionately high rate in nearly every jurisdiction that published race data. In recent weeks, Hispanics and Native Americans have made up an increasing proportion of covid-19 deaths...20% of all deaths among those groups, higher than any other race or ethnicity...

-Washington Post analysis of CDC

The Navajo Nation has reported 453 covid-19 fatalities. Adjusted for population, Navajo Nation... has seen more virus deaths than any U.S. state.

https://www.washingtonpost.com/health/2020/07/31/covid-us-death-toll-150k/
The police violence and the impact of the pandemic are two sides of the same coin.

After months of a pandemic that has seen African Americans die at almost double their numbers in the U.S. population and generations of police and white supremacist violence against black people, a mix of rage and despair is once again burning across the country.
June 6, 2020

Democrat and Chronicle
Photo by Jamie Germano
June 3, 2020

“White Coats for Black Lives”
“I’m an emergency medicine physician in New York City – one of the only black physicians in the entire emergency department at my hospital. While many New Yorkers followed shelter-in-place orders, I’ve been called to work, to help heal the people afflicted by the Coronavirus pandemic... I drive to work, but I’m a black man behind the wheel when law enforcement and the government have ordered us to stay home. Stay-at-home rules have been enforced much more harshly against black people, and I am aware that I am very much a moving target.”

–Dr. Darien Sutton-Ramsey

gq.com/story/making-myself-essential 6-8-20
“When a black mother teaches her son how to drive... Say, ‘yes sir.’ My first lesson of driving was about how to behave when I get pulled over... they wouldn’t see me the way my mother saw me. They would see something else...

I do everything I can to look ‘essential.’ I do not change out of my scrubs after work – even though it means potentially contaminating my car with the Coronavirus, or bringing it into my home, where my partner sleeps. I keep my white coat on, because I know it signals authority and respectability...

I place my essential information on my dashboard, so I can slowly and cautiously reach for it without being interpreted as suspicious. I rehearse my tone of voice, the ease with which I speak, so I can calm their inevitable racism...

I have led teams through the worst of the pandemic. I can do this part.”

—Dr. Darien Sutton-Ramsey
June 6, 2020

Washington Post
Photo by Astrid Reicken

“And while protestors in states like Texas, where case counts have now reached record highs, declare that ‘Bar Lives Matter,’ at a time when others are marching to confront the intersecting forms of violence that shorten Black lives, they evidence more than a difference in priorities. They are illustrating a certain disdain.”

- Rhea Boyd, July 9, 2020

“We haven’t ‘all been in this together’.”

–Ruha Benjamin, Sociologist, African American Studies, Princeton

We must intentionally correct that going forward...in the days, weeks, months, years and decades ahead.

All Monroe County families are our families.  
All Monroe County children are our children.
John Lewis February 28, 1940 – July 17, 2020

While my time here has now come to an end, I want you to know that in the last days and hours of my life you inspired me. You filled me with hope about the next chapter of the great American story when you used your power to make a difference in our society. Millions of people motivated simply by human compassion laid down the burdens of division. Around the country and the world you set aside race, class, age, language and nationality to demand respect for human dignity.

Ordinary people with extraordinary vision can redeem the soul of America by getting in what I call good trouble, necessary trouble.

The imperatives are clear. We must act.
In partnership with communities of color:

• How can our organizations and other local agencies create programs, projects, or policies in response to the changing needs of our partners and the community we all serve?

• In what ways are we using racial disparities and structural racism data to inform priorities and practices?

• How must our organizations and others incorporate racial justice into action as we adapt and grow our work in the context of the public health, economic and educational crises?
Please tell us what you are doing

- Name your organization, agency or group
- In two or three sentences, what is your purpose or mission
- Who can serve as your contact, and if possible, how can others support your work
- If you submit the above information, we will be adding it to a future version of a local slide deck
TO LET US KNOW ABOUT YOUR WORK, FOR QUESTIONS, AND TO CONTINUE THE CONVERSATION, CONTACT:

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Thank you to Eric Mathews, University of Rochester medical student, for support sourcing local data

This slide deck is dedicated to the mission and memory of Barbara Macholz Grimaldi

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