

The Disproportionate Impact of COVID-19 on Communities of Color
House Ways and Means Committee
May 27, 2020

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Mr. Chairman, Ranking Member, and Members of the Committee, my name is Dr. Ibram X. Kendi. I'm a National Book Award-winning historian of racism and antiracism and a bestselling author of four books.¹

As a historian, I must take you back in time. To 1896. To a major racial text issued that year.

I am not talking about the Supreme Court's *Plessy v. Ferguson* decision that legalized Jim Crow. I am talking about Frederick Hoffman's *Race Traits and Tendencies of the American Negro*, a book that helped legitimize public health research and catapulted Hoffman into prominence as the "dean" of American statisticians.²

Hoffman showed higher Black death rates and that Black Americans were more infected with syphilis, tuberculosis, and other infectious diseases—death and infection disparities reflecting today with COVID-19.

From the pages of *The Atlantic*, I was one of the first to call on states to release racial data on coronavirus patients.³ My colleagues and I at the Antiracist Research & Policy Center then worked with The COVID Tracking Project to build the COVID Racial Data Tracker, the nation's most comprehensive resource for COVID race and ethnicity data.⁴

As of Monday, Black Americans are dying at nearly two times their national population share.⁵ In five out of the six counties with the highest death rates, Black Americans are the largest racial group. In Alaska, the Asian American case rate is double their population. In Hawaii, Native Hawaiians and Pacific Islanders make up 10% of the population, but 17% of the cases. In Arizona, Native American case and death rates are five times their population.⁶ In D.C. and 41 states, Latino Americans are disproportionately testing positive for the coronavirus, according to the COVID Racial Data Tracker.⁷

This is the racial pandemic within the viral pandemic—older than 1896—as new as COVID-19. But why such a pandemic of racial disparities? "The pages of this work give but one answer," Hoffman concluded in 1896. "It is not in the conditions of life, but in race and hereditary that we find the explanation of the fact to be observed in all parts of the globe, in all times and among all peoples, namely, the superiority of one race over another, and of the Aryan race over all."⁸

The two explanations available to Hoffman *remain* for explaining racial disparities. Either, there's something superior or inferior about the races—the racist explanation. *Or* there's something wrong with society—the antiracist explanation.

In April, many Americans were choosing the racist explanation; saying people of color were not taking the virus as seriously as White people—until challenged by survey data and majority White demonstrations to reopen states.⁹ Then the racist explanation zeroed in on Black underlying illnesses due to unhealthy behavior as if all races do not engage in unhealthy behavior. But according to the Foundation for AIDS Research, employment, access to health insurance and medical care, as well as neighborhood pollution are more predictive of Black infections and deaths than underlying illnesses like heart disease and diabetes.¹⁰

We should be asking: why are Black and Latino people less likely to be working from home; less likely to be insured; less likely to live in unpolluted neighborhoods?¹¹ The answer *is* racist policy. What the Frederick Hoffmans of today refuse to believe.

Will policymakers turn away as people of color suffer in their bedrooms, suffer on their hospital beds, suffer watching their loved ones lowered into their graves—all the while blaming them for their own suffering—all the while adding to the racist history of their suffering? *Or* will policymakers be antiracist?¹² Meaning no longer blaming people of color for disparities. And focused on pushing policy that leads to equity and justice for all.

People of color want freedom. I'm not talking about the freedom to get a haircut. I'm talking about the most fundamental freedoms that have been denied for far too long: the freedom from infection, the freedom from death.¹³

Notes.

¹ Ibram X. Kendi, Ph.D., is a National Book Award-winning historian and #1 *New York Times* bestselling author of racism and antiracism. He is a professor of history at American University and directs its Antiracist Research and Policy Center. A contributor at *The Atlantic* and CBS News, Kendi is the author of four books, including *Stamped from the Beginning: The Definitive History of Racist Ideas in America*, a winner of the National Book Award for Nonfiction, and the *New York Times* bestseller *How to Be an Antiracist*, which the *Times* considered “the most courageous book to date on the problem of race in the Western mind.” His latest book, *Stamped: Racism, Antiracism, and You*, a co-authored young adult version of *Stamped from the Beginning*, debuted #1 on the *New York Times* bestseller list in March. Kendi was a 2019 Guggenheim Fellow.

² Hoffman also was a founder and board member of several public health organizations like the American Cancer Society, and he presided over the American Statistical Association. See F. J. Sypher, “Preface,” in *Frederick L. Hoffman: His Life and Works*, ed. F. J. Sypher (Philadelphia: Xlibris, 2002), 7. An excellent overview of the racial controversy Hoffman’s Race Traits created can be found in, Khalil Gibran Muhammad, *The Condemnation of Blackness: Race, Crime, and the Making of the Modern Urban America* (Cambridge, MA: Harvard University Press), 35-87. Also, for a more extended history of the racial politics of public health and the impact on African Americans, see Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon, 2006).

³ See Ibram X. Kendi, “Why Don’t We Know Who the Coronavirus Victims Are?” *The Atlantic*, April 1, 2020, <https://www.theatlantic.com/ideas/archive/2020/04/stop-looking-away-race-covid-19-victims/609250/>.

⁴ The COVID Racial Data Tracker advocates for, collects, publishes, and analyzes racial data on the pandemic across the United States. It’s a collaboration between the COVID Tracking Project and the Antiracist Research & Policy Center which I direct. It can be accessed at covidtracking.com/race.

⁵ Also, according to the COVID Racial Data Tracker, as of May 22, 2020, in 35 of the 42 states and Washington DC that have released racial death data, Black Americans are disproportionately dying of COVID-19. And as of May 25, 2020, five out of the six counties with the highest death rates in the US, Black Americans are the largest racial group.

⁶ In New Mexico, Native Americans are 9% of the population, but an unspeakable 61% of the cases, according to the COVID Racial Data Tracker as of May 22, 2020.

⁷ In 11 states, the Latino case rate is double their population share. In seven more, triple their population share. In five more, quadruple their population share. And in Iowa and Wisconsin, the Latino case rate is five times their population share, according to the COVID Racial Data Tracker as of May 22, 2020.

⁸ Here is a fuller quote from Hoffman: “Nothing is more clearly shown from this investigation than that the southern black man at the time of emancipation was healthy in body and cheerful in mind... The pages of this work give but one answer, an answer which is a most severe condemnation of modern attempts of superior races to lift inferior races to their own elevated position, an answer so full of meaning that it would seem criminal indifference on the part of a civilized people to ignore it... In the plain language of the facts brought together the colored race is shown to be on the downward grade, tending toward a condition in which matters will be worse than they are now when diseases will be more destructive, vital resistance still lower, when the number of births will fall below the deaths, and gradual extinction of the race take place. It is not in the conditions of life, but in race and heredity that we find the explanation of the fact to be observed in all parts of the globe, in all times and among all peoples, namely, the superiority of one race over another, and of the Aryan race over all.” See Frederick L. Hoffman, *Race Traits and Tendencies of the American Negro* (New York: Macmillan, 1896), 311-312.

⁹ For those seeking the racist explanation, see Ibram X. Kendi, “Stop Blaming Black People for Dying of the Coronavirus,” *The Atlantic*, April 14, 2020, <https://www.theatlantic.com/ideas/archive/2020/04/race-and-blame/609946/>. For the survey data: 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. See “U.S. Public Sees Multiple Threats From the Coronavirus – and Concerns Are Growing,” Pew Research Center, March 18, 2020, <https://www.people-press.org/2020/03/18/u-s-public-sees-multiple-threats-from-the-coronavirus-and-concerns-are-growing/>. For protests against stay-at-home orders, see “Protests spread, fueled by economic woes and Internet subcultures,” The Washington Post, May 1, 2020, <https://www.washingtonpost.com/technology/2020/05/01/anti-stay-home-protests/>.

¹⁰ See “Assessing Differential Impacts of COVID-19 on Black Communities,” https://ehe.amfar.org/inequity?_ga=2.51214761.1618924293.1588715818-1730120696.1588715818. And also, see Ashley Heher, “Study: Urban African Americans more likely to live in trauma deserts,” *Forefront*, <https://www.uchicagomedicine.org/forefront/trauma-articles/race-and-trauma-desert-research>.

¹¹ For work from home data, see Elise Gould and Heidi Shierholz, “Not everybody can work from home,” Economic Policy Institute, March 19, 2020, <https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/>. For health insurance data, see Samantha Artiga, Kendal Orgera, and Anthony Damico, “Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018,” Kaiser Family Foundation, March 5, 2020, <https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>. For reporting on pollution, see Sharon Lerner, “2.2 Million People in the U.S. Could Die if Coronavirus Goes Unchecked,” *The Intercept*, March 17, 2020, <https://theintercept.com/2020/03/17/coronavirus-air-pollution/>.

¹² I expound on this term in my new book on antiracism. See Ibram X. Kendi, *How to Be an Antiracist* (New York: One World, 2020).

¹³ I expound on this idea of freedom in “We’re Still Living and Dying in the Slaveholders’ Republic,” *The Atlantic*, May 4, 2020, <https://www.theatlantic.com/ideas/archive/2020/05/what-freedom-means-trump/61083/>.