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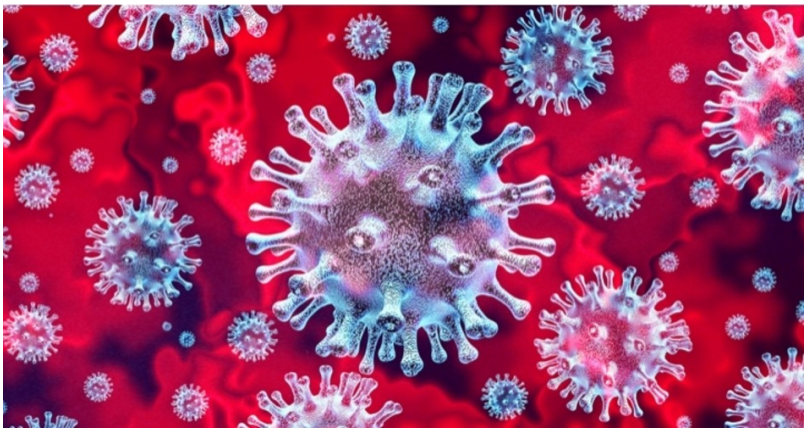
Written by **Selwyn Duke** on April 7, 2020

Higher COVID-19 Death Rate Among Blacks: How Will This Affect Policy?



If you were disturbed by how Democrats used the Wuhan virus situation to effect their agenda via the recent $2 trillion stimulus bill, you ain't seen nothin' yet. Because the Rahm Emanuel principle "Never let a serious crisis go to waste" is, in all likelihood, about to be shamelessly applied once a little fact becomes better known: that blacks and Hispanics are disproportionately affected by the virus.

American Thinker's Walter E. Block wrote just yesterday that the virus "fix is too politically incorrect to implement." Referring to how the disease affects mainly the elderly, he suggested that charges of "ageism" would follow if we pursued the real solution: quarantining only the elderly while allowing the young to develop "herd immunity."

But analogizing the situation, Block also wrote, "Suppose there were another virus that disproportionately attacked black people…. Again, the policy to limit the spread of this disease would be to isolate, for their own benefit, black Americans and only them."

"If this were the case, and thank God it is not," he continued, "there would be cries to the heavens about…anti-black racism."

While race-specific quarantines won't and shouldn't happen, get ready for those cries with reports coming that blacks *are in fact* inordinately affected by the virus (and, no, the focus won't be on "Chinese anti-black bigotry"). As the *Hill* reports today:

> Louisiana's Department of Health on Monday became one of the latest state entities to begin reporting a racial breakdown of their cases. It showed black people account for 70 percent of coronavirus deaths in the state, despite making up just 32 percent of the population."
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> …As of Tuesday morning, at least nine states and Washington, D.C., have included a racial breakdown of their coronavirus cases. Larger states with higher reported cases of the virus, as well as the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services, have yet to display that data in reports.
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> Though Wisconsin as a state has not released that data, Milwaukee County [26.8 percent black] began reporting the racial breakdown of cases Monday after ProPublica reported that African Americans accounted for nearly half of the cases and more than 80 percent of the reported deaths there.

Data appear to indicate that Hispanics are disproportionately affected as well.

As recently as Friday I requested such Wuhan virus data, writing, "What is the deceased's racial breakdown?" I had no interest in the identity politics angle, but I did find it suspicious that after

thousands of American deaths we weren't getting comprehensive data on the most imperiled groups. This is necessary to formulate intelligent policy.

To be frank, though, no one had to tell me that blacks and Hispanics were hardest hit by the virus. Why? First, the disease spreads fastest in our densely populated big cities, places that are disproportionately black and Hispanic.

Second, health officials have pointed out that obesity — which is associated with higher incidences of medical issues that make one more susceptible to the virus — increases people's risk of dying from the disease. And black Americans have our nation's highest obesity rate. In fact, "Among non-Hispanic blacks age 20 and older, 63 percent of men and 77 percent of women are overweight or obese," informs Heart.org.

Third, in accordance with the above, blacks are more likely to have underlying medical issues — such as heart disease and diabetes — that predispose people to Wuhan virus complications. Hispanics also have a higher rate of diabetes (though a lower rate of heart disease than non-Hispanic whites do).

Moreover, CBS News reports that people in big cities, which again are disproportionately black and Hispanic, are less likely to follow social-distancing guidelines. Not only is population density a major factor in this, but poorer people are also less likely to embrace good health practices in general.

So how should we act upon these data? *American Thinker's* Block is likely mistaken about political correctness precluding age-related health-measure discrimination; in fact, New York's recently enacted "Matilda's Law" requires *only* residents 70 and older "to stay home," according to NYS's government website.

Unfortunately, however, political correctness and opportunistic, race-baiting politicians may make impossible the creation of good policy crafted via mature evaluation of the data. (Ahead of the curve, Alexandria Ocasio-Cortez, D-N.Y., has already called for Wuhan virus "reparations" for "Black + Brown communities." Tweet below).

> COVID deaths are disproportionately spiking in Black + Brown communities.
>
> Why? Because the chronic toll of redlining, environmental racism, wealth gap, etc. ARE underlying health conditions.
>
> Inequality is a comorbidity. COVID relief should be drafted with a lens of reparations.
>
> — Alexandria Ocasio-Cortez (@AOC) April 3, 2020

Of course, this doesn't mean there should be race-defined quarantines. But there should perhaps be *area-defined* ones.

Some states with low infection rates (such as West Virginia) are resisting calls for "lockdowns." But diseases don't care about borders. By this I mean the opposite of what you may think.

Governors are generally applying a one-size-fits-all policy; New York's law, for example, affects the whole state. But does it make sense to apply NYC's disease-prevention rules to an Empire State county that's as rural as West Virginia and has few infections? Should the same guidelines apply in extreme

southern Illinois as in Chicago?

In truth, many wonder how much rationality is guiding our Wuhan virus policy. Stanford epidemiologist John Ioannidis, for instance, has pointed out that our lockdown measures are based on "bad data." We should also consider whether we're just kicking the can down the road.

That is to say, *without* developing herd immunity, it follows that whenever we restart the economy — and restart it we must or risk civilizational collapse — we may restart the virus. Add to this that the virus can mutate and that scientists say thousands of other similar pathogens may lie in waiting, and a question arises: Can we, realistically, shut down our economy every time such a threat looms without it being a cure worse than the disease?

The good news for the black and Hispanic communities is that their concentration in big cities may increase their likelihood of developing herd immunity. Note that this is already apparently happening in certain places. For example, among 60 blood donors in one northern Italian town, *40* tested positive for Wuhan virus antibodies — meaning, they'd contracted the disease *but had no symptoms and are now immune*.

The bad news for everyone is that it's unlikely Wuhan virus data will be assessed maturely and that policy will be formulated unaffected by hysteria and political considerations. This is why, as I wrote Sunday, we'd better develop an efficacious treatment for the disease — *and fast*. Otherwise, it's hard to imagine veering from a road that may end in economic apocalypse and darkness beyond.

Image: wildpixel/iStock/Getty Images Plus

Selwyn Duke (@SelwynDuke) has written for The New American *for more than a decade. He has also written for* The Hill, Observer, The American Conservative, *WorldNetDaily*, American Thinker, *and many other print and online publications. In addition, he has contributed to college textbooks published by Gale-Cengage Learning, has appeared on television, and is a frequent guest on radio.*