



Under Cuomo's COVID Theory, Whites Should Get the Vaccine Before Asians

For a long time we were told that we could never return to a pre-COVID-19 normal without a vaccine. Now Governor Andrew Cuomo has again signaled that he perhaps doesn't want a return to normalcy, as he spent part of his Wednesday coronavirus press conference demonstrating why "Can't lives on Won't Street."

Additionally, the governor of New York — whose state has the nation's second-highest SARS-CoV-2 death rate — played the race card and advocated giving blacks and Hispanics a vaccine before whites.



Gov. Andrew Cuomo (AP Images)

Cuomo, who's complicit in the deaths of thousands of elderly nursing home residents by forcing their facilities to accept China-virus-positive patients, outlined three problems with the federal government's vaccine plan. Finances were first, with the governor complaining that while the total nationwide vaccine-rollout costs would be \$8 billion, the feds have thus far only appropriated \$200 million.

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Now, first, since Congress controls the purse strings under our governmental system, Cuomo should perhaps have a discussion with his friend House Speaker Nancy Pelosi (D-Calif.). Then he could tell her that the "states are broke!" — as he exclaimed during his conference.

We should ask, however, whose fault is that? If New York is busted, Cuomo should look in the mirror at the guy who has been the state's governor for the last nine years. He could also consult with New York's legislature, which his party wholly controls.

Moreover, why is everything the feds' responsibility? The states wield almost all the power under the Constitution, after all. So instead of whining about funding, Cuomo should get to work finding it in his state's \$177 billion budget.

Also note that Washington itself is broke as well (that's what it's called when there's [\\$27 trillion](#) in national debt and well more than \$100 trillion in unfunded liabilities). Of course, what the feds do have going for them is that they can print up money out of thin air.

Cuomo stated that the second impediment to the vaccine rollout was that, according to a poll, 62 percent of Americans were reluctant to take a China virus shot. Remember, however, that complete participation is likely unnecessary to achieve herd immunity. Once 75 to 80 percent of the population has achieved immunity, either through vaccination or having been infected, there should be too few carriers for the virus to spread, resulting in its eradication.

Besides, why should the vaccinated worry about the unvaccinated if they're immune? Perhaps the bigger problem here is a nanny-state, control-freak mentality infecting far too many.

Cuomo's third problem was the doozy. Playing the race card and complaining that "blacks and browns,"



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as he put it, were more likely to die from the China virus, he stated that there have been no federal “provisions to fund the distribution to black, brown, poor, and rural communities.... No supplemental distribution effort.”

Again, though, if this really is an issue, Cuomo should get to work establishing such *instead of sitting around complaining in press briefings*. What does New York State have a government for, anyway?

Not for telling the truth, apparently. “It’s not going to be as easy as saying, ‘Go to your local nation drug chain, and you can get the vaccine,’” Cuomo also averred. “A lot of places don’t have the same access to healthcare facilities.”

If the governor means *precisely* the same, of course not; nothing is precisely the same everywhere. So nothing could ever be done if this were a prerequisite for action.

As someone who grew up in New York City — the Bronx, to be precise — I can say that major drug store chains are never too far away. For example, Mott Haven in the Bronx is almost [100 percent black and Hispanic](#) and is the city’s poorest neighborhood, yet among its pharmacies is a [CVS on 149th Street](#).

By the way, those who’ll likely have to travel farther to find pharmacy/healthcare facilities are rural residents — and they’re mostly white.

Cuomo, preachy and self-righteous as ever, also complained that the “death rate from COVID was twice as high in the black community as in the white community” (video below. Relevant portion begins at 15:00). Predictably, he blamed this on discrimination and racism. (Again, though, if anti-black discrimination exists in New York, whose fault is it?)

The governor mentioned that the higher death rate is due to “blacks and browns” having more comorbidities, which he blamed on their having less access to healthcare. Interestingly, among the statistics he cited was that blacks and Hispanics are 1.3 times more likely to have an obesity issue. But is this really due to unequal healthcare access? Do doctors now dispense anti-corpulence capsules?

The truth is that the higher incidence of health problems Cuomo cited in minority communities are also the reality in almost exclusively white Appalachia, as WebMD [points out](#). It’s a wealthy-poor phenomenon, not a white-black one.

Furthermore, while the governor is right about blacks’ China virus death rate being twice whites’, he neglects to mention that whites’ rate is [significantly higher](#) than that of Asians — respectively, 61.7 per 100,000 vs. 47.6 deaths per 100,000. Is this due to anti-white discrimination in healthcare?

Cuomo went on to suggest that blacks and Hispanics should get a COVID vaccine first because they are inordinately affected. But following this logic, should whites get the vaccine before Asians? Should we institute a racial vaccination hierarchy?

To be fair, there is a bit more nuance. According to APM Research Lab, whites’ and Asians’ China virus death rates [are approximately the same](#) upon adjusting for age. But that’s the point: There *usually* is more nuance — than the race hustlers would have us believe.

There’s no doubt that wealthier people the world over have, and always have had, better healthcare, along with many other advantages; equality is not a thing of this world (or the next, theologians [tell us](#)). This said, it’s simplistic to attribute the poor’s greater health problems solely to healthcare quality/access.

As reflected in lower-income white and black Americans higher obesity rates, poorer people just don’t



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take as good care of themselves. Part of this, no doubt, is that the wealthy can afford more healthful pleasures, such as a delicious shrimp and squid-ink pasta dinner as opposed to fast food.

Another factor is priorities: The Cult of the Body is largely a rich person's obsession. In wealthy areas, the "Keeping up with the Joneses" phenomenon extends beyond material things and to the body; being overweight is more frowned upon, and there's time and money to indulge vanity, go to gyms, and hire personal trainers. It also seems apparent that the wealthy are more disease-conscious (and paranoid) and are more responsible about health issues.

Of course, just as we'll prioritize healthcare workers and the elderly vis-à-vis vaccinations, there's nothing wrong with doing the same with inner cities if the virus is more prevalent there. And if this results in blacks and Hispanics being more likely to get the vaccine first, then — just as prioritizing the elderly would result in whites being more likely to get it first — this is incidental and acceptable.

What's not acceptable is framing this as a racial issue, a divisive tactic of which Governor Cuomo should be ashamed. "Shame," however, does not appear to be in his vocabulary.



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