Coronavirus cases per 10,000 people

The Fullest Look Yet at the Racial Inequity of Coronavirus

By Richard A. Oppel Jr., Robert Gebeloff, K.K. Rebecca Lai and Will Dunham | July 5, 2020

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Tonya and Marvin Bradley can't be sure how they got the coronavirus. Maybe Ms. Bradley, a Michigan nurse, brought it home her hospital. Maybe it came from a visiting relative. Maybe it was something else entirely.

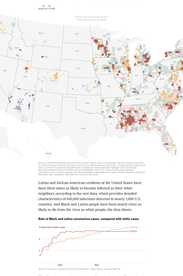
What is certain — according to new federal data that produces the most comprehensive look to date on nearly 1.5 million coronavirus patients in America — is that the Bradleys are not outliers.

Racial disparities in who contracts the virus have pierced our 18 months of pandemic life, sickening and killing African Americans, Latinos and people of Asian, Native, Pacific Islander, Alaskan Native descent. These inequities became painfully apparent when Ms. Bradley, who is Black, was infected through her emergency room.

"Everybody in there was African-American," she said. "Everybody was."

Early numbers had shown that Black and Latino people were being sickened and killing at higher rates than others. The new data, made available after The New York Times sued the Centers for Disease Control and Prevention — reveals a clearer and more complete picture: Black and Latino people have been disproportionately affected by the coronavirus in a widespread pattern that includes not just those who live in densely populated cities in urban, suburban and rural areas, and across all age groups.

Race or ethnicity with the highest coronavirus rate in each county



Source: Centers for Disease Control and Prevention | Note: Counties with fewer than 10 cases are not included. Counties with fewer than 10 deaths are not included. Counties with fewer than 10 deaths are not included. Counties with fewer than 10 deaths are not included.

Latino and African-American residents of the United States have been sickened and killed by the coronavirus at twice the rate of neighbors, according to the new data, which provides detailed characteristics of 640,000 infections detected in nearly 1,000 U.S. counties. And Black and Latino people have been nearly twice as likely to die from the virus as white people, the data shows.

Rate of Black and Latino coronavirus cases, compared with whites

Source: Centers for Disease Control and Prevention | Note: Counties with fewer than 10 cases are not included.

The disparities persist across state lines and regions. They exist in rural towns on the Great Plains, in suburban counties, like Fairfax County, Va., and in many of the country's biggest cities.

"Systemic racism doesn't just evidence itself in the criminal justice system," said Dr. Lisa Cooper, a professor at the Johns Hopkins Bloomberg School of Public Health, which is in a state where 40 percent of those infected are Black or Latino even though these groups make up just 30 percent of the state's population. "It's something that we're seeing taking root in not just where America, but racial America, lives, but in the opportunity to be healthy, the opportunity to have opportunity to drive — to get health care, to get testing, to get tracing."

The data also showed several pockets of disparity involving Native American people. In much of Arizona and in several other counties, Native people have been sickened and killed by the coronavirus. For people who are Asian, the disparities were generally not as large, though they were 12 times as likely as their white neighbors to become infected.

The new federal data, which is a major component of the agency's disease surveillance efforts, is far from complete. Not only is racial and ethnicity information missing from more than half the cases, but the data underrepresents some of the states — such as how the person might have become infected.

And because it includes only cases through the end of May, it doesn't reflect the recent surge in infections that has gripped parts of the nation.

Still, the data is more comprehensive than anything the agency has released to date, and The Times was able to analyze the racial composition of the counties with the most coronavirus transmission and those hard hit by U.S. populations in the more extensive survey than was previously possible.

Disparities in the suburbs

For the Bradleys, both in their early 60s, the symptoms didn't seem life-much at first. A tickle at the back of the throat.

But aches came fevers and trouble breathing, and when she went to the hospital, they were sequestered. Ms. Bradley was admitted to a room for a few days before she was sent home with an oxygen tank. Her husband, who is 6 feet tall, was hunched over, his knees bent, his head bowed, his neck so tender that he could not lie down. When he got home, he felt alone and uncertain about how to treat the illness.

Tonya Bradley, 61, and her husband, Marvin Bradley, 61, both had Covid-19 earlier this year. Jeremy Lock for The New York Times

It took weeks, but eventually they both recovered. When Ms. Bradley returned to work in the engineering department of a factory several weeks later, a white co-worker told Ms. Bradley that he was the only person he knew who had contracted the virus.

By contrast, Ms. Bradley said he knew quite a few people who had gotten sick, a few of them have died.

"We're more vulnerable to this thing," Mr. Bradley said.

In Kent County, which includes Grand Rapids and its suburbs, Black and Latino residents account for 51 percent of infections, according to the new data, even though they are 20 percent of the county. Public health officials and community leaders in Michigan and elsewhere was on closer remote Black and Latino people in Kent County were even more adversely affected than in other parts of the country.

Among the 249 counties with at least 5,000 Black residents for which The Times obtained detailed data, the infection rate for African-American residents is higher than the rate for white residents in 244 of those counties. Similarly, among the 244 counties with at least 5,000 Latino residents analyzed by The Times, 170 have higher infection rates for Latino residents than for white residents.

Coronavirus cases per 10,000 Black residents

Source: Centers for Disease Control and Prevention | Note: Counties with fewer than 10 cases are not included. Counties with fewer than 10 deaths are not included. Counties with fewer than 10 deaths are not included. Counties with fewer than 10 deaths are not included.

"We are African-American women, it's just such an emotional toll," said Teresa Bowman, the deputy administrative health officer in Kent County, whose agency has coordinated with Black pastors and conducted testing in hard-hit neighborhoods.

Experts point to circumstances that have made Black and Latino people more likely than white people to be exposed to the virus. Many of them have been the jobs that keep them from working at home, such as in transportation, or live in cramped apartments or multigenerational homes.

"You literally can't isolate with one bathroom," said Lt. Gov. Garlin Gilchrist II, who leads Michigan's public health force on coronavirus racial disparities.

"We just have to keep working"

Latino people have also been infected at a jarringly disparate rate compared with white people in 244 of the most alarming hot spots in also one of the wealthiest: Fairfax County, just outside of Washington, D.C.

These times as many white people live there as Latinos. Yet through the end of May, four times as many Latino residents had tested positive for the virus, according to the C.D.C. data.

Coronavirus cases per 10,000 Latinos

Source: Centers for Disease Control and Prevention | Note: Counties with fewer than 10 cases are not included. Counties with fewer than 10 deaths are not included. Counties with fewer than 10 deaths are not included. Counties with fewer than 10 deaths are not included.

With the median household income in Fairfax more than the national average of about $90,000, housing is expensive, leaving those with low-paying jobs to live in crowded apartments and commute to work in unpopulated. In 2017, it took an annual income of about $64,000 to afford a typical one-bedroom apartment, according to county data. And many have had to keep commuting to jobs.

Diana, who is 26 and did not want her last name used out of fear for her job, said she contracted the virus at a gas stop at a convenience store in April. She and her brother, who also tested positive, were both ill, too. With three children between them, she on family members live in a one-bedroom apartment.

Diana, who was born in the United States but moved to Guatemala with her parents as a small child before returning to this country five years ago, is still battling symptoms. "We have to go out to work," she said. "We don't have — we don't have to pay our utilities. We just have to keep working."

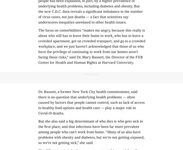
Diana, with her 3-year-old son. She was sick with the coronavirus in April. Nicole Craine for The New York Times

At Coliseum Clinic, an interfaith free clinic serving low-income people in Fairfax County, half of the 75 Latino patients who tested for the virus have been positive.

"This is a very wealthy county, but their needs are invisible," said Terry O'Hara Lewis, a co-founder of the clinic. The risk of getting sick from tight living quarters, she added, is compounded by the pressure to keep working so quickly comes to work, even in risky settings.

The risks are borne out by demographic data. Across the country, 61 percent of Black and Latino workers are employed in service or transportation jobs, compared with 30 percent of white workers. When comparing infections and deaths just within groups who are around the same ages, the disparities are even more extreme.

Coronavirus cases per 10,000 people, by age and race



Source: Centers for Disease Control and Prevention | Note: Counties with fewer than 10 cases are not included.

Latino people between the ages of 18 and 34 have been infected at more than 400 times the rate of white people of the same age, the C.D.C. data shows. The differences are even more stark when it comes to deaths: 18 Latino people who died, more than a quarter of the total, were younger than white people who died, only 3 percent were that young.

Jarvis Chen, a researcher and lecturer at the Harvard T. H. Chan School of Public Health, said that the stilts racial and ethnic disparities found in suburban and exurban areas as revealed in the new C.D.C data should not come as a surprise. The discrepancies in how people of different races, ethnicities and socioeconomic backgrounds live, work and play have been underscored in dozens of urban centers than they are in big cities, Dr. Chen said.

"So the epidemic moves into suburban areas, there are good reasons to think that the disparities will grow larger," he said.

The shortfalls of the government's data

The Times obtained the C.D.C. data after filing a Freedom of Information Act lawsuit to force the agency to release the information.

To date, the agency has released nearly 1.5 million case records. The Times asked for information about the race, ethnicity and county of residence of every person who tested positive, but that data was missing for hundreds of thousands of cases.

C.D.C. officials said the gaps in their data are because of the nature of the national surveillance system, which depends on local agencies. They said that the C.D.C. has asked states and local health departments to provide more complete information about coronavirus patients, but that it cannot force local officials to do so. Many state and local authorities have been over-whelmed by the volume of cases and have had to redirect epidemiologists and caseworkers of every individual who falls C.D.C. officials said.

Even with the missing information, agency scientists said, they can still find important patterns in the data, especially when combining the records about individual cases with aggregated data from local agencies.

Still, some say the initial lack of transparency and the gaps in information highlight a key weakness in the U.S. disease surveillance system.

"Our public health officials on that public health officials can make adequate decisions," said Sandro M. Perry, a fellow in the Metropolitan Policy Program at The Brookings Institution. "If they're not getting this information, then manipulation and neighborhoods and families are essentially operating in the dark."

Higher cases, higher deaths

The higher rate in deaths from the virus among Black and Latino people has been explained, in part, by the prevalence of underlying health problems, including diabetes and obesity. But the new C.D.C. data reveals a significant imbalance in the number of virus cases, not just deaths — a fact that scientists say underscores inequities unrelated to other health issues.

The focus on comorbidities "hasten the angry, because they really is a — it's a kind of a — it's a kind of a blaming," said Dr. Cooper, who crowded apartment, get on crowded transport, and go to a crowded workplace, and we just haven't acknowledged that these of so who are — who are disproportionately Black and Latino people are facing these risks," said Dr. Mary Bassett, the Director of the FXB Center for Health and Human Rights at Harvard University.

Methodology

To measure how the coronavirus pandemic is affecting various demographic groups in the United States, The New York Times sued the Centers for Disease Control and Prevention for information about coronavirus cases from the Centers for Disease Control and Prevention.

The data was obtained after The Times filed a Freedom of Information Act lawsuit in June. The agency had been reluctant to release the information, saying it was incomplete and that it was not in a position to release it. The agency had also said it was unable to release the information because it was in a database that was not in a form that could be easily analyzed

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