

Intervention Symposium – “Black Humanity: Bearing Witness to COVID-19”

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**The Collective Cost of Anti-Black Racism:
COVID-19 and the Boomerang Effect**

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Abstract

Blacks are the primary scapegoats for the maladies of the world. This might sound melodramatic to those who are privileged enough to steer clear of this reality. The piece does not offer a definitive answer to the tripartite riddle of why Blacks are dying more than the *rest*, why they are being blamed for the virus, and why, so far, Africa remains the least affected continent. Nor is it a treatise on how the pandemic started. Instead, it is a mini-polemic against the racial antagonism faced by Blacks, especially in this era of COVID-19.

Keywords

anti-Black racism, COVID-19, the boomerang effect, racial oppression

We read in *The Guardian* that “Black people [in the United Kingdom are] four times more likely to die from COVID-19” (Booth and Barr 2020). The headline from the United States is hardly any different, as presented by the *Associated Press*; to wit, “Coronavirus is killing Black Americans at a much higher rate” (Stafford et al. 2020). Meanwhile, in China, where the virus likely emerged, Black Africans are subject to inhumane treatment for allegedly spreading it (Burke et al. 2020). Mind you, the Chinese and other Asians are facing their own discrimination during the pandemic (Crawford 2020).

Nonetheless, Blacks are the primary scapegoats for the maladies of the world. This might sound melodramatic to those who are privileged enough to steer clear of this reality. The piece does not offer a definitive answer to the tripartite riddle of why Blacks are dying more than the *rest*, why they are being blamed for the virus, and why, so far, Africa remains the least affected continent. Nor is it a treatise on how the pandemic started. Instead, it is a mini-polemic against the racial antagonism faced by Blacks, especially in this era of COVID-19.

This piece deals with anti-Black racism, arguably more entrenched, ubiquitous, quotidian, and longstanding than cognate versions. Its insistent premise is a simple one: *whatever the answer to the riddle is, we all stand to degrade our life chances in the current racist ecosystem, and its associated gross asymmetry in inter-racial power relations, given the inherent ricochet effects of racial oppression.* Adherence to this “boomerang thesis” (Mensah and Williams 2017) entails a recognition of the collective cost of racism under COVID-19 and demands our shared determination to fight the pandemic, as members of one human race.

Racism as a Pathogen

Blacks in the United Kingdom and the United States – and, perhaps, Canada, who knows, given a refusal to maintain race-based statistics? – are dying more than the *rest* because they have higher rates of underlying health conditions, such as obesity, cardiovascular diseases, and diabetes, which make them susceptible to the pandemic (Booth and Barr 2020; Stafford et al. 2020). This is a plausible explanation. But, then, the question becomes: why do Blacks have these pre-existing conditions? Why are Blacks found to die at a higher rate when socioeconomic

and demographic variables, such as age, education, income, and household composition are controlled for (Booth and Barr 2020)? Moreover, why are Africans in Africa doing better, despite doomsday prophesies by the likes of World Health Organization? There is more to the race-COVID-19 nexus than meets the eye.

As Stephen Thomas (2013: 36) points out, a “growing body of scientific evidence suggests that racism is a pathogen with biological consequences”. This pathogen is produced by laypersons, but also by intellectuals, policy-makers, and even physicians. Blacks are racially profiled by the police, while driving or merely walking on the street; they are intensely scrutinized when shopping; they are put under unnerving surveillance by immigration officers at airports; just as they are subjected to brusque racism by their co-workers. These micro-aggressions ratchet-up the stress levels of those exposed, forcing their immune systems to deal with more than they can handle.

If naked anti-Black racisms are a fact of life, contemporary sociocultural conventions in Canada dictate that overt racism is unacceptable. Smart racists smile rather than frown and show ersatz respect rather than open contempt. Blacks face a genteel form of racism, which can be likened, metaphorically, to a carbon monoxide leak: quiet, subtle, and difficult to detect, yet potent in its impact. Why then are we surprised to learn that Blacks are more susceptible to viral attacks? As biologist Anne Fausto-Sterling notes,

Hypertension is an orchestrated response to a predicted need to remain vigilant to a variety of insults and danger – be they racial hostility, enraging acts of discrimination, or living in the shadow of violence. (quoted in Pollock 2012: 99)

Beyond micro-aggressions, research on environmental racism has shown that Blacks endure a host of diseases tied to carcinogens, toxic waste, contaminated water, and other harmful agents, which weaken their immune systems. In Canada, the story of the all-Black settlement of Africville in Halifax, during the early 20th century, is worthy of recollection here. According to Mensah (2010: 51), “In addition to a railway track that destroyed some of the homes of these

pioneers, Africville became a site of Halifax’s slaughter house, garbage dump, a bone mill, a leather tanning plant, a foundry, a tar factory, and an infectious disease hospital”. How many noxious facilities can one poor Black settlement take? And with what intergenerational health consequences, weakening whole Black communities who are then more susceptible to a wide range of illnesses?

Cloaked in its characteristic nicety, Canada does not collect racially-disaggregated data on COVID-19 deaths. *But the lack of evidence on high COVID-19 deaths among Blacks in Canada should not be taken as evidence of lack.* Anecdotal reports suggest that Blacks in Canada are more at risk than the majority. Black women are over-represented in frontline jobs as hospital cleaners, personal support workers (PSWs), registered practical nurses, social workers, and in kindred low-end jobs which they cannot afford to quit, in a precarious and racially-segmented labour market. The situation of Black men is not any better (Mensah 2010).

As a pathogen, racism is a silent killer, hidden in the cumulative stresses of repeated racist encounters and “genteel” microaggressions, exposure to environmental toxins concentrated in Black communities and institutionalized inequities in the labour market. Despite its reputation for kindness, Canada is no different from countries like the United States, which are better known for their explicit, violent antagonisms towards Blacks.

Boomerang Effects

Regardless of the etiology of COVID-19, we *all* stand to lose if we allow racial oppression to undermine our solidarity and collective efforts to combat the pandemic. This is because racism has “boomerang effects” (Mensah and Williams 2017), a concept that connotes a situation where an oppressive act or system, such as anti-Black racism, negatively affects others besides its immediate victims (Mensah and Williams 2017: 101). As I was writing this piece, CNN reported that “A hairstylist worked while symptomatic and exposed 91 people to coronavirus” in Missouri (Karimi 2020). When we create conditions by which people cannot afford to stay at home when necessary, we all increase our exposure to threats such as COVID-19 and this exposure has no respect for race, class, or geography – therein lies the boomerang effect. When Blacks and other

minorities are stressed from racist micro-aggressions, they are at higher risk, but the boomerang effect means that this risk is then transmitted to us all, especially in contexts of high interdependency.

Wendell Berry (2010) talks about the irony that racism has made Blacks and Whites more interdependent. In countries such as Canada, the United States, and the United Kingdom, some jobs (e.g. hotel cleaning and adult care) are racialized peoples' employment, from which White people steer clear. Since society cannot function without these jobs, members of the majority render themselves vulnerable by their dependence on the same people they are quick to dehumanize (Mensah and Williams 2017). In 2016, the *Toronto Star* reported that 1.6 million workers in Ontario, Canada's largest province, were not entitled to paid sick days, and that sick workers were spreading illness around Toronto (Mojtehdzadeh 2016). The combination of a racially-segregated labour force with lack of sick leave means Black and racialized workers are vulnerable to illness, including COVID-19, but so are White people dependent on their services in old age homes and hotels.

Another boomerang effect is the contemporary, reasonable Black distrust of the mainstream medical establishment, including with respect to vaccines. There is a legacy of Black distrust of the health care system rooted in medical racism and experiments on Black populations by White physicians. A classic example is the Tuskegee experiment in the United States, which involved the *non-treatment* of 600 Black men with syphilis who were provided with *placebos* to study the advancement of the disease, irrespective of the consequences for the syphilitic Black men (Washington 2006: 37). The consequent, persistent and historically justified mistrust of Blacks for vaccination and other medical interventions stands to undermine our contemporary efforts to fight the pandemic.

Modes of oppression, including anti-Black racism, exhibit expansive properties such that primary targets are not necessarily exclusive targets nor victims. Secondary and tertiary prey are eventually brought into the circle of the damned, as collateral damage. The fates of Blacks, other racialized persons, and Whites are intertwined. If in the immediate, Blacks are overwhelming victims of the pandemic, in the medium and longer term, we stand to live or perish together in

this era of COVID-19. If we cannot motivate ourselves by a basic concern for common humanity, than we might remind ourselves that it is in our self-interest to see beyond ourselves to recognize how we are connected to the sufferings of others – and actively seek ways to alleviate that suffering.

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