

# Coronavirus Racial Disparities Miss the Bigger Picture

Public officials and activists are sounding the alarm about alleged racial disparities in the coronavirus death rate. New York City Public Advocate Jumaane Williams claimed last week that the city's official responses to the virus have "clearly" discriminated against black and brown New Yorkers, as evidenced by fatality data. Blacks make up 22 percent of New York City's population. As of April 6, they made up 27.5 percent of virus fatalities where the race of the deceased was recorded. (Such data were compiled in 63 percent of all cases.) White New Yorkers are about 33 percent of the city's population. They made up 27.3 percent of virus fatalities where the race was recorded.

Chicago Mayor Lori Lightfoot said that the black fatality rate for coronavirus in her city – [68 percent of all such fatalities](#) – was "among the most shocking things" she had seen. Blacks are a little under one-third of the city's population. "Those numbers take your breath away, they really do," she said.

The chief equity officer of the American Medical Association invoked the "widely known history that American health institutions were designed to discriminate against blacks" as an explanation for the disparities.

The racialization of the coronavirus discourse is now pervasive. News outlets across the country are rushing to compile racial data on their local caseloads. President Donald Trump, Dr. Anthony Fauci, and Surgeon General Jerome Adams have all addressed the issue; questions about racial disparities are now an almost inevitable part of local or

federal press briefings.

These black and Hispanic virus deaths are a tragedy, especially for the victims' families and acquaintances. But many of the same politicians and race activists who are now so incensed by coronavirus deaths have been virtually silent for years about far greater disparities in black-white fatality rates: those that result from urban crime.

Black New Yorkers may be 27.5 percent of known coronavirus deaths, but they were 62.6 percent of murder and nonnegligent manslaughter victims in the city in 2018. The percentage of black coronavirus fatalities in Chicago may be "shocking," in Lightfoot's words, but she should be more shocked by blacks' 83 percent share of Chicago's homicide victim totals from April 7, 2019 through April 7, 2020, the day of the mayor's remarks. As April 7 progressed, seven more people were killed in Chicago during a 24-hour shooting spree that claimed 28 victims, including a five-year-old girl.

Those homicide victimization disparities exist everywhere in the United States. Nationwide, blacks died of homicide in 2016 at nearly seven times the rate of whites and Hispanics combined. Black males died of homicide at over eight times the rate of white and Hispanic males combined. The 7,756 black homicide victims in 2016 constituted 51 percent of the nation's death toll, though blacks are only 13.4 percent of the population.

Politicians and the media ignore *these* disparities because they are not fruitful material for promoting the racism narrative. The popular argument that the criminal justice system is racist depends on concealing the crime that leads to higher black incarceration rates. Talking about black victimization would mean talking about black criminal offending, since black victims' assailants are overwhelmingly other blacks.

Senators Elizabeth Warren (D-Mass.), Kamala Harris (D-Calif.), and Corey Booker (D-N.J.), joined by Representatives Ayanna Pressley (D-Mass.) and Robin Kelly (D-Ill.), suggested in a March 27 letter to Health and Human Services Secretary Alex Azar that blacks may not be tested for COVID-19 because of the “implicit biases that every . . . medical professional carr[ies] around with them.”

Such an assertion of bias would surprise emergency room doctors and nurses who work desperately, [sometimes in the face of abuse and threats](#), to save the lives of gangbangers gunned down by rivals, only to see those same rivals wheeled in the next night with equally life-threatening wounds. Public officials and community leaders should strive to reduce the minority virus death rate, just as they should try to reduce *all* groups’ death rates. But they would save many more black lives than are currently being lost to the coronavirus by supporting the proactive policing that deters violent street crime.

And they would do more to improve minority health by acknowledging that the underlying medical conditions that lead to higher rates of viral infections have a large behavioral component. Coronavirus disparities are a class and culture, not a race, problem. Poor people everywhere have higher rates of obesity, diabetes, hypertension, and heart disease. If the incidence of infection among black New Yorkers and Chicagoans were compared not to that of Manhattanites and the denizens of the Magnificent Mile but to residents of southeastern Ohio and of areas around abandoned steel plants in West Virginia, those alleged race disparities would shrink markedly.

There may be “structural” elements to obesity and hypertension, but those conditions are largely the result of behavioral choices that individuals can control. Playing the race card during a pandemic is not just politically corrosive, it is medically unsound.

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