# Race and Ethnicity in the Pandemic

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**Abstract**

This study begins with the historical understanding of race and its modern perspectives as a social construct amid social identity and critical race theories. Next, race and ethnicity are explored within the context of COVID-19, whereby those of non-white backgrounds are seeing different disastrous health outcomes and experiencing heightened levels of racism in the pandemic. Examples and analyses from around the world are then provided, which have resulted in health disparities and increased racism against non-white people, such as the high-rise apartment building disasters, rural Indigenous communities, and the Black Lives Matter movement. Adding fuel to the fire, there have been rumours internationally of certain ethnic groups carrying and spreading COVID-19.

**Keywords:** COVID-19; Racism;  Ethnic Minorities; Discrimination; Health Disparities; Indigenous Communities

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**Introduction**

The notion of 'race' passes as a social construct. There is certainly no evidence to suggest truth behind a stereotypical rumour that internationally certain ethnic groups are carrying and spreading COVID-19. On the contrary, Black, Hispanic and Asian Americans are more likely to wear masks than white Americans (Hearne & Niño, 2020), highlighting the care being taken by these groups to ensure the spread is limited. The COVID-19 pandemic has disproportionately impacted people who are from ethnic minority backgrounds. COVID-19 health disparities have arisen from racism and social determinants of health, particularly for people descending from Africa and Asia and Indigenous populations in Australia and the USA.

The non-white people seem to have witnessed multiple catastrophic health consequences and encountered elevated levels of bias during the pandemic. Our analysis here, presented from across the world, explains the health inequalities and intensified prejudice toward non-white citizens. Worldwide these population groups are seeing higher rates of infection, hospitalisation, and COVID-19-related deaths and are experiencing higher levels of vulnerability than their white counterparts. We have also seen a surge of racism and racist attacks worldwide on non-white people. African Americans are 3.7 times more likely to be hospitalised and 2.8 times more likely to die from COVID-19 than white, non-Hispanic Americans (CDC, 2020a). This issue is not, however, an African American disparity, with statistics of African, South Asian, Hispanic, and Indigenous communities living around the globe impacted. With over two million COVID-19-related deaths worldwide in only a year, the huge health disparities between ethnic groups need attention and concern. Many of the factors contributing to increased risks for those from non-white backgrounds have been identified and will be explored further, including discrimination and racism, access to healthcare, employment, and housing issues (CDC, 2020b).

The study begins with the historical and theoretical understanding of race. Following this, it discusses the existing disparities across ethnicities. This follows a discussion on living with comorbidities. The outlook of Indigenous Australian and American peoples are discussed in the subsequent section. And the final section critically discusses the nuances of increased racism during the pandemic.

**Historical Understandings of Race**

Since it must be understood that racism begins with a person's social identity and relation to social groups, it is to examine society's role.

The notion of race is highly complex, contentious, and problematic to define. Social and Political sciences and Social Work are swamped with competing definitions and arguments on 'race' and racism (Banton, 1979; 1987; Darder & Torres, 2004; Dunn, 2003; Law, 2012; Law & Kovats, 2018; Lavalette & Penketh, 2014; Tate & Law, 2015; Witte, 1996; Zakharov & Law, 2017). It is believed that 'race' was introduced into English usage in the 17th Century to describe colonisation projects of the New World developed by the Anglo-American countries by leveraging their imperial powers.

In the 18th Century, Gobineau believed race created culture, there are three races; black, white, and yellow and that there were natural barriers; and 'race-mixing' breaks these barriers, which leads to chaos (Gobineau, 1915).

According to Gobineau, the three races have the following traits:

- The white — Caucasian possesses higher willpower, higher intelligence, and morality. Caucasoid are generally those people who are believed to be indigenous to Europe, the Caucasus, Asia Minor, North Africa, the Horn of Africa, Western Asia, Central Asia and South Asia. The white race alone had the monopoly on beauty, intelligence and strength. The positive qualities that Asians and blacks posses were most probably due to race-mixing and miscegenation.

- The black — Negroid, have less intelligence, lacks righteousness, and demonstrates emotional disturbance. However, they are physically powerful. Historically, this refers to those people of Sub-Saharan Africa and isolated parts of South and Southeast Asia; and
- The Yellow- Mongoloid, usually refers to the people native to East Asia, Central Asia, Southeast Asia, North Asia, South Asia, the Arctic, the Americas and the Pacific Islands. Phenotypically, the people belonging to this racial composition have flat noses, relatively flatter faces when compared to Caucasoid and Negroid, straight black hair, Sinodonty, epicanthic folds of the eyelids, shovel incisors and are physically as well as mentally inferior to the white race but have/had an extremely strong materialism that allowed them to achieve certain results (Gobineau, 1915, p. 205–212).

Racism, together with a feeling of superiority and looking down on the so-called lesser people with contempt and hate, perpetrated the Holocaust and the genocide of the Jews in Germany and Europe during the Second World War (1939 to 1945), legitimised and justified colonisation of the non- European world by the white Europeans, Apartheid in South African, the genocide of the Armenians also known as the Armenian Holocaust within the Ottoman Empire by the Ottoman government between 1914 and 1923 etc.

Gobineau's 'science of race' was nullified soon after the Second World War. It did not vanish though but moved into the realm of social construction rather than as determined by biological features. Nonetheless, it is axiomatic that there are distinct physical traits among human beings based on their genetic diversity.

> *The concept of 'race' continues to motivate 'action', behaviour and discrimination that we can understand as racism. This occurs when a group of people is discriminated against on the basis of characteristics that are held to be inherent in them as a group. In short, although biologically discrete 'races' do not exist, racism certainly does, and millions of people's lives are blighted by racist discrimination.*
> *(Lavalette & Penketh, 2014; ix)*

**Understanding Racism**

Professor Ian Law and his colleagues have signalled the pervasive existence of racism. However, the scale, nature and patterns through which racism appears and the way it hurts varies: individual, structural, institutional, xeno-racism, Islamophobia, antisemitism, etc, also vary from place to place (Law, 2012; Law et al., 2014; Law & Kovats, 2018; Tate & Law, 2015; Zakharov & Law, 2017; see also, Bhattacharyya and Pulla, 2020; Brå, 2019; Casciani, 2018; Mason, 2012; O'Neill, 2017; Pulla et al., 2020; Saeed, 2007; US Department of Justice, n.d.; 2019; Witte, 1996).

Similarly, Law also drew the connection between race, institutional racism and communism (Marxism) by critically analysing the multiple forms of racialisation, ethnophilia and primordialism, chauvinism, racial sinicisation (Chinese Han power) in the communist and post-communist countries—Russia, China, Cuba and Roma (Law, 2012; Law et al., 2014; Law & Kovats, 2018). It appears that there are three observable forms of racism:

- direct racial discrimination
- indirect racial discrimination, and
- institutional racism.

**Myriad Mutations of Racism**

There are theoretical explanations for the occurrence of racism in our societies, just as theoretical explanations inform us about how societal change occurs. The pandemic has sown seeds of several new forms of racism— largely and evenly structural racism.   While there is a general agreement that Ethnoscapes in the context of migration offer the most political and divisive aspects of globalisation, including forced migration (Turner & Khondker, 2010), they continue to have a dramatic impact on the nation-states as some borders were closed selectively to dissuade people from entering within the EU brotherhood. People's movement was restricted. All forms of racism can lead to severe physical and socio-emotional impacts on those who are targeted as well as their wider community. And the pandemic saw this quite a lot with refugees in camps and with stateless persons.

As each day unfolded, we witnessed a myriad of mutations of the same race element through the trade and tariff and distribution and control of vaccines, including its hoarding. An attitude that has moved into the realm of nationalism smacks race and seems to uphold a Darwinian approach to humanity and human care.

Agreed that cultural identity is a complex but fluid idea that intrinsically involves a myriad identity. Culture refers to learned, shared beliefs, values, attitudes, and behavioural characteristics and the language - a shared philosophy or worldview (Gopalakrishnan and Pulla, 2016). With the pandemic on, there is a new culture implanted by national and economic and business considerations. In this context, Putnam suggests:

> Ethnic diversity is increasing in most advanced countries, driven mostly by sharp increases in immigration. In the long run, immigration and diversity are likely to have important cultural, economic, fiscal, and developmental benefits. In the short run, however, immigration and ethnic diversity tend to reduce social solidarity and social capital. (Putnam, 2007, p. 137).

**Theoretical Understanding**

But somehow, in reality, in the case of diverse refugee social capital of people that do not speak the language of the receiving country, there is an uneasy spread into the intersections of poverty, lower levels of employment, and underemployment as a result of lack of language skills of these host countries. The social identity theory provides a lens to understand and interpret racism, oppression, and prejudice (Sullivan & Johns, 2020). This theory centres reality and value systems as constructed socially and culturally at a micro (individual), meso (group) and meta (national or large groups) and explains how such systems may contribute to ethnocentrism. Since it must be understood that racism begins with the social identity and relation of a person to social groups, it is to examine society's role. These movements of people may lead to new types of social exclusion based on cultural interpretations without the required intervention of public policy and disaster mitigation agencies. On the other hand, the inherent resilience of many societies may enable them to cope with the problems experienced in host countries (Pulla & Woods, 2014).

Critical race theory builds on social identity theory and interprets oppressive societal structures to create social and individual changes which benefit those who hold power (Quinn & Grumbach, 2015). Critical race theory understands racism as a common occurrence that impacts all societal aspects; the belief that race is socially constructed in a system that categorises people into races by physical attributes. It recognises that people who hold power can racialise people in different situations across time for their own benefit, including controlling narratives and histories which exclude the experiences of minority groups. As with social identity theory,

group behaviour in critical race theory favours the group in power. In situations where there is a struggle for resources, the in-group will discredit those outside of that group which generally results in discrimination and racism. Racism, through this theory, is the most powerful form of exclusion; however, it recognises the importance of not overlooking alternate oppression, such as homophobia, sexism, transphobic and economic exploitation (Quinn & Grumbach, 2015). These two theories both identify that social groups and society must be considered when addressing racism and discrimination due to the roles they play.

> *Race and ethnicity are risk markers for other underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers (CDC, 2020a).*

### Recognising Disparities Across Ethnicities

The disproportionate damage that COVID-19 has caused to traditionally oppressed communities is one of the most troubling aspects of the COVID-19 pandemic in the US. Black, Hispanic, and Asian people have significantly higher rates of COVID-19 illness, hospitalisation, and death relative to white people in the US (Lopez et al., 2021). Ethnic minority groups are more likely to reside in crowded, underprivileged, urban areas, and work in lower-paid jobs and, due to the above conditions, carry a higher risk of exposure to COVID-19. In the US, people of colour, particularly Black Americans, are more likely to be employed in occupations deemed "essential" such as healthcare, personal care, bus driving and meat industries (Hawkins, 2020). This means regular closer proximity to people and a higher chance of infection.

> *Residents living in the flats are among the most vulnerable and heavily policed people in the state of Victoria, with a high population of new migrants, Indigenous people, people experiencing severe mental illness and people who have experienced family violence or homelessness'*
> *Residents felt "singled out" by the lockdown (The Guardian, 2020).*

Crowded high-rise apartments are more likely to be occupied by people born overseas; for example, in Australia, only 6.7% of those living in apartments were born in Australia (Australian Bureau of Statistics, 2017). In July 2020 in Melbourne, Australia, nine public housing apartment buildings were given harsher lockdown orders than the remainder of their

councils, with very little notice and no option to leave. The buildings were constantly surrounded by police and were occupied by approximately 3,000 people. Residents had commonly experienced domestic violence, homelessness, and unemployment, who are refugees or asylum seekers, and who have disabilities; with a high proportion of indigenous or from ethnic minority groups (Zwi, 2020). These lockdowns were seen to be particularly unfair, and people felt they were treated like criminals, particularly given that those living in houses across the road were not handed the same orders (Murray-Atfield, 2020). Extended lockdowns continued for one of these buildings where high numbers of COVID-19 infections were reported, with crowded living arrangements and building ventilation being blamed for the spread. This example is just one of many where people from ethnic minority groups have been impacted significantly by COVID-19-related infection and mandates, showing increased health disparities based on social determinants of health.

**Living with Comorbidities**

Another interesting health perspective is that hypertension, obesity, and diabetes are risk factors for poorer health outcomes from COVID-19, and these disproportionately affect ethnic minority groups (Stein & Ometa, 2020). An alarming aspect is that internationally, African Americans have the highest rates of hypertension, putting this group at an increased risk of health complications. In combination with African and Hispanic Americans being less likely to hold health insurance than white Americans, this leads to disastrous health outcomes. Internationally the causes of ethnic disparities resulting in poorer outcomes during COVID-19 have included racism and discrimination, socioeconomic status, jobs which carry a high risk of infection and spread, increased comorbidities and cultural barriers (Razai et al., 2021). In fact, a systemic review and meta-analysis study of 50 publications worldwide on the minority ethnic group COVID-19 outcomes indicated that Black and Asian individuals had a heightened risk of infection compared to white individuals (Sze et al., 2020).

In the US, American Indians and people of African, South Asian, and Hispanic descent are more likely to be hospitalised and/or die at greater rates than white, non-Hispanic Americans (CDC, 2020a). For example, African Americans are 3.7 times more likely to be hospitalised and 2.8 times more likely to die from COVID-19, whereas Hispanic or Latino Americans are 4.1 times more likely to be hospitalised from and 2.8 times more likely to die from COVID-19 (CDC, 2020a). Figures also indicate that these groups are more likely to be COVID-19 positive than their white American counterparts between 0.6-1.8 times. In the UK, non-white ethnic groups are being seen in one-third of all intensive care COVID-19-related cases, a significantly high disproportion as ethnic minority groups in England and Whales are only at 13% (Kirby, 2020). Those from ethnic minority groups are also twice as likely to die from COVID-19 than white British patients, including those of South Asian descent (Razai et al., 2021). Such fatalities extend to health workers, with 60 of 106 health worker deaths being African, Asian or another ethnic minority; disturbingly, this percentage rose to 94% among doctor fatalities (Kirby, 2020). Despite comparable or less COVID-19 severity upon admission and associated comorbidities, those from ethnic minority groups were still more likely to require intensive care and intrusive ventilation than white patients (Razai et al., 2021). There is no scientific evidence currently to suggest any biological reasons for COVID-19 impacting white Americans and various ethnic groups, so differently, however, there are very clear health disparities resulting in over 127,000 deaths in the US alone (AMP Research Lab, 2021). This brings to question what the social determinants of health are influencing such poor outcomes for people worldwide.

Racism is a social determinant of health and has its own effect on ethnic minority health. The need to understand the role of ethnicity and prejudice within the modern world to comprehend race and health disparities cannot be underestimated.

## The Outlook of Indigenous Australian and American Peoples

Indigenous people internationally have fared differently. In Australia, the Aboriginal and Torres Strait Islander people living rurally have been given both favourable and unfavourable circumstances during COVID-19 in 2020. The health department has identified this population as being at an increased risk due to existing health and socioeconomic disparities with white Australians. These include higher likelihood of pre-existing health conditions and crowded living arrangements, and those who are living remotely are likely to have less access to healthcare (Government of South Australia, 2021; Yashadhana et al., 2020). Aboriginal-led responses as a result of these heightened risks have, however, achieved excellent results for their communities, with no Aboriginal or Torres Strait Islander COVID-19 cases being reported rurally by January 2021 despite being on high alert (Silva, 2020; Parliament of Australia, 2020). In the cities, only small numbers of COVID-19 cases have been reported amongst Aboriginal and Torres Strait Islander people, with no deaths. Early in the pandemic, however, there were multiple reports of racism in the health system against Aboriginal and Torres Strait Islander people, such as being refused testing and statements such as Aboriginal patients would only get COVID-19 "if they didn't wash their hands" (Tsirtsakis, 2020). This blatant racism is likely to have deterred many people from coming forward for testing or treatment and this is likely to be reflected in the non-rural statistics. Rural strategies to prevent COVID-19 spread have included education in traditional languages. More extreme measures have also been taken, with the shutting of borders for several months between rural communities and the remainder of the country. Whilst this has created significant isolation of communities, it was also hoped that this will ensure the survival of these communities. For example, in South Australia, the Aṉangu Pitjantjatjara Yankunytjatjara (APY Lands) management board made the decision to stop any person from coming onto the traditional lands except for essential workers with approved permits (Parliament of Australia, 2020). Whilst providing high levels of protection to those living rurally, it did, however, leave others stranded outside of their communities after temporarily leaving for reasons such as healthcare or for 'sorry-business' (bereavement practices).

American Indians have been impacted significantly by health disparities. They are four times more likely to be hospitalised by COVID-19 than their white American counterparts and 2.6 times more likely to die from it (CDC, 2020a). Tribal leaders have led positive initiatives to contain the virus including "local command posts which deliver food, medicine, wood, and animal feed to households with a sick family member to facilitate isolation of patients and their families" (Shah et al., 2020). Unlike the initiatives taken by Indigenous Australian communities, these initiatives do not appear to have counteracted the health disparities, with American Indians being confirmed as COVID-19 positive at 1.8 times the rate of white Americans (CDC, 2020a) and sadly having the highest COVID-19 mortality rates nationwide (AMP Research Lab, 2021).

## A Surge of Racism in the Pandemic

Although COVID-19 racism appears not to have been documented, many anecdotes have been identified suggesting a rise in racially motivated discrimination and mistreatment. While still in power, former President Donald Trump ignited this hatred online by using the word "Chinese virus" on his Twitter account, blaming Chinese citizens worldwide for the virus. Since the pandemic, Australia has seen a substantial rise in racist attacks, particularly on those of Chinese descent (Australian Human Rights Commission, 2020). For example, there have been racist slurs, graffiti sprayed on a Chinese Australian family's home — "COVID China die" — and rocks thrown through windows in a racially targeted attack (Fang et al., 2020). Chinese Australian's who have lived in Australia for many years are now experiencing their first racist encounter with abuse being hauled at them in the streets. This COVID-19-inspired racism is experienced in Britain also, with hate crimes against those from East and Southeast Asia being attacked at triple the rate of previous years (Ng, 2021). Horrific

accounts of abuse have been reported, such as a young Chinese-Singaporean student being heavily beaten by a group of men while walking down the main street in England, being told "I don't want your coronavirus in my country" (Ng, 2021). Similar incidents have occurred in Canada, with 600 reports of hate-fuelled crimes against Asians living in Canada in the eight months since the pandemic began, with a third of these being assaults (Xu, 2020). These attacks have been thought to be fuelled by a re-emergence of historical anti-Asian racism due to the way that COVID-19 has been racialised as the "Chinese virus". Similar accounts of bullying, attacks, threats and abuse have been seen internationally, with the US, Germany, Greece, Italy, Spain, Russia, France, Kenya, Ethiopia and South Africa experiencing similar surges in racism (Human Rights Watch, 2020).

As a result of anti-Asian sentiments being spread since January 2020 through Twitter and other social media platforms in the US, many Asian Americans have suffered "racial slurs, wrongful workplace termination, being spat on, physical violence, (and) extreme physical distancing" (Croucher et al., 2020). The blame placed upon people of Asian descent for spreading COVID-19 has fuelled hatred towards innocent bystanders, with government officials adding to this debacle. Internationally we have also seen rumours of particular ethnic groups being solely responsible for the spread of COVID-19, most notably by Chinese people and those of the Muslim faith. There is undoubtedly no data to suggest truth to these rumours; this is just another example of entrenched racism within society. It is interesting to note, however, that Asian, Hispanic and Black Americans wear masks more regularly than white Americans (Hearne & Niño, 2020), playing their own part in attempting to stop the further spread of COVID-19 in the US.

Asian Americans are not the only group to be suffering from deep-rooted racism in the US. The murder of unarmed black man George Floyd by a Minneapolis Police Officer in May 2020 sparked outrage from people across the globe. Despite COVID-19 spreading across the nation, the ongoing police brutality against African Americans indeed felt like more of a threat to the community than the virus itself (Mansoor, 2020). As said by Ozzie Lumpkin, "I'm more fearful of a police officer taking my life than I'm afraid of COVID-19" (Alter, 2020). The Black Lives Matter movement then pursued justice and change, with protests being held across the US and internationally. These protests were also energised by the COVID-19 health disparities experienced by African Americans — people had simply had enough. Police exercised exaggerated force in response. 93% of US-based Black Lives Matter protests were peaceful, however, this does not account for the almost 1,000 instances of police brutality against protestors, often using unlawful means and excessive force (Platt, 2020).

In the US, in particular, the use of Twitter and other communication methods under the guise of 'free speech' have undoubtedly contributed to racism and increased hate crimes. This notion of 'freedom of speech' is used in a way to normalise bigotry and discrimination, very quickly turning from free speech to hate speech. There needs to be a balance in this freedom, as to not freely inflict bigotry or hate. Legislation plays a significant part in establishing a benchmark for racial tolerance and equality, however, in many situations, this is insufficient, and there is a need for education as an action against racism. Racial education should discuss all social impacts. Racism debate should not be limited to systemic theories, but by explaining the naturally ethnocentric existence of groups, it should discuss problems at the personal level. When individuals or groups are presented with identity-threatening data, they may attempt to reframe self-knowledge by finding socially acceptable explanations for their acts when faced with proof of their own actions and attitudes (Sullivan & Johns, 2002).

**Conclusion**

This study set to understand race and ethnicity during the pandemic. In the 13 months since its existence, COVID-19 has wrought havoc in people's lives worldwide. We have seen surges of racism, discrimination and hate crimes internationally, with Chinese and African

Americans taking the colossal burden of this. People from ethnic minority groups have experienced poorer COVID-19 health outcomes than their white counterparts, with non-white individuals being hospitalised and dying at higher rates from COVID-19. Significant health and race disparities are evident, and holistic strategies must be sought to lessen the burden. Racism as a health determinant of culture continues to impinge on the health of ethnic minorities. Underrating its effects is detrimental to the well-being of everyone on this planet.

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## Conflict of Interest

## Acknowledgements

## Author Contribution Statement

All three authors conceived the idea and searched the relevant literature. But it is the first author who drafted the first manuscript. Then, the second and third authors read and revised the manuscript. Finally, the final draft was proofread and polished by all three authors.

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[1]https://www.tandfonline.com/action/showMostCitedArticles?journalCode=cgpc20