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Tanvi Kardile

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**Systemic racism is not a political question:  
Welfare programs do not provide enough support for Black Americans—as demonstrated through analyzing racial disparities in COVID-19 mortality rates in the “safe haven” blue state of California**

Tanvi Kardile

**Introduction**

Coronavirus (COVID-19) has resulted in 10.9 million cases and 521,000 deaths worldwide, hitting the entire world at an unprecedented rate, resulting in a global pandemic. In the United States alone there have been 2.8 million cases, and 131,000 deaths. There have been alarming numbers in the United States, as the country is seeing 50,000 cases reported in a single day.<sup>1</sup> The country is on a heightened sense of tension and unrest due to this pandemic. On top of COVID-19, there have also been racial tensions as well. The Black Lives Matter (BLM) movement is taking the country by storm, spurring protests about racial inequalities, particularly as a result of police brutality, the black community faces. A closer look at the two show that COVID-19 and racial inequalities are intertwined. Black people face a higher death rate from COVID-19 as a result of systemic racism.

From purely a stereotyped view, one may assume that this racial disparity is more prevalent in historically conservative states, primarily in the south, where slavery and segregation are historical remnants. However, this racial disparity in COVID-19 infections is seen in both liberal and conservative states. In Louisiana, a historically conservative state, black people account for 70% of those who have died from COVID-19, even though they only make up 33% of the population.<sup>2</sup> In California, a historically liberal state, COVID-19 appears twice as

<sup>1</sup> Cheri Mossburg, Ralph Ellis, Amanda Watts, and Steve Almasay, *US sees a record number of new coronavirus cases reported in a single day*, Health, CNN, July 1, 2020, <https://www.cnn.com/2020/07/01/health/us-coronavirus-wednesday/index.html>.

<sup>2</sup> Andre M. Perry, David Harshbarger, and Carl Romer, *Mapping racial inequity amid COVID-19 underscores policy discriminations against Black Americans*, Brookings, April 16, 2020, <https://www.brookings.edu/blog/the-avenue/2020/04/16/mapping-racial-inequity-amid-the-spread-of-covid-19/>.

deadly for blacks as it does for whites. According to mid-April statistics, twelve percent of COVID-19 deaths were blacks, who make up only six percent of the state population.<sup>3</sup>

According to these statistics between Louisiana and California, there is a deadlier disparity in Louisiana in comparison to California. At first, one could perhaps assume that this is due to California's focus on welfare. This could contribute to a slight decrease in the disparity.

However, there still exists a racial disparity in both states. This is due to years of systemic racism across the country putting blacks at a disadvantage. This proves it is not a political question, and governments in California should be doing more to fight against racism. Due to poverty and racial biases, blacks are contracting more underlying health conditions, such as diabetes and asthma, leading to them being more susceptible to contracting a virus such as COVID-19.<sup>4</sup> Even though social welfare programs in California exist, which is likely a cause of lower death rates, there still exist institutionalized practices that are causing this disparity. The California legislature needs to do more than dumping money into welfare programs, such as allowing affirmative action, and increasing funding to school districts in lower-income areas, which would increase the number of minority healthcare professionals, expand COVID-19 public service announcements within communities of color, and vote alongside the California Legislative Black Caucus to support slavery reparations.

<sup>3</sup> Kurtis Alexander, *Coronavirus appears twice as deadly for blacks as whites in California*, Health, San Francisco Chronicle, April 17, 2020, <https://www.sfchronicle.com/health/article/Coronavirus-appears-twice-as-deadly-for-blacks-as-15206710.php>.

<sup>4</sup> Khiara M. Bridges, *The Many Ways Institutional Racism Kills Black People*, COVID-19, Time Magazine, June 11, 2020, <https://time.com/5851864/institutional-racism-america/>.

## **Possible Solutions**

### Diversifying the Medical Field

Blacks are disproportionately affected in a public health field as they are more likely than the rest of the American population to die during childbirth, from diabetes and cancer, or even during surgery. In 2017, African Americans had the shortest life expectancy of all Californians, were the most likely to be diagnosed with cancer. Experts who have studied this say this is tied to a history of medical abuse against patients of color, unequal access to care, and a lack of diversity within the medical field. Structural racism shapes health as it determines where hospitals and clinics are located, which neighborhoods have access to necessities that increase one's health, such as parks and healthy foods, and also the access to COVID-19 testing sites.<sup>5</sup> Since George Floyd's death, doctors have been calling for medical institutions to support the Black Lives Matter movement, along with reflecting on the lack of diversity within the medical field.

The first step to improve inequality within COVID-19 mortality rates would be to have more black healthcare professionals. An experiment by the Oakland Health Disparities Project proved this. To conduct this experiment, a picture of a doctor was shown to a black patient, then the patient would select the preventative services he wanted to receive. Surprisingly, the picture of the doctor did not affect the number of services selected. However, once the doctor walked into the room, this changed. Patients were more likely to select every preventative care service, particularly invasive Black doctors were 20-22% more successful in getting their patients to agree to more preventative services. The study found that this boiled down to communication.

<sup>5</sup> Sammy Caiola, *As demonstrators call for racial justice, some doctors push for equity in health care*, Cap Radio, June 5, 2020, <https://www.capradio.org/articles/2020/06/25/as-demonstrators-call-for-racial-justice-some-doctors-push-for-equity-in-health-care/>.

The experimenters noticed black doctors were engaging in nonmedical conversations with patients in the hallway.<sup>6</sup> This fosters a sense of trust amongst patients. Bringing in diversity would alleviate the distrust in healthcare professionals spurred by the Tuskegee Study. Black people represent 13% of the country's population, but only represent 5% of positions in the medical field. In California, the ratio is 6% to 3%. This is detrimental as black doctors could reduce the black-white gap in cardiovascular mortality by 19%.<sup>7</sup> An increase in representation would help bring down COVID fatalities within the black community as they would feel comfortable going to the doctor, seeking care, and following medical advice. Recently, there has been a push to reduce the barriers that keep some people of color out of the medical field, such as medical school tuition and expensive certifications. Also, Kaiser Permanente offers paid medical internships for students of color. However, there is more that needs to be done. California voters need to pass the bill to allow affirmative action. The current law banning it has led to an underrepresentation in the number of blacks in higher education.

There also needs to be better funding in black school districts to allow for students to gain the resources needed to work their way into medical school. Dr. Ogbu-Nwobodo said she had fewer access to textbooks growing up in Oakland. She said, as a physician, she is “working next to colleagues who were in science camp when they were 12.”<sup>8</sup> The state government gets away with distributing less funding to lower-income school districts through its attendance policy. Funding is based on the number of students in actual attendance, known as “average daily attendance.” Absenteeism rates tend to be much higher in school districts with a

<sup>6</sup> Marcella Alsan, Owen Garrick, Grant C. Graziani, *Does diversity matter for health? Experimental evidence from Oakland*, National Bureau of Economic Research, June 2018.

<sup>7</sup> *The Importance of Black Doctors*, The Short Wave (Podcast) July 6, 2020, <https://www.npr.org/2020/07/02/886686990/the-importance-of-black-doctors>.

<sup>8</sup> Caiola, As demonstrators call for racial justice, some doctors push for equity in health care.

disproportionately high number of low-income students in comparison to school districts in more affluent, suburban areas. For example, Oakland has an absenteeism rate of 15.8% in comparison to 4.8% in San Ramon Valley Unified in Danville.<sup>9</sup> Instead of the average daily attendance policy, school districts can receive funding through total enrollment, which would increase school funding in Oakland, for example, leading to an increase in the availability of resources for further education. An increase of funding to predominantly black neighborhoods through the elimination of the average daily attendance policy and the passage of affirmative action would allow for more diversity within the medical profession, which would contribute to leveling racial health disparities.

### Better Communication

In addition to bringing more diversity into the medical profession, basic methods of communication need to be articulated to the public during a pandemic, such as empathy and maintaining consistent messaging. Public health professionals have come forward saying that these methods have not been implemented by the current administration. Jerome Adams, the U.S. Surgeon General, said that African Americans and Latinos need to “step up” and stop drinking and smoking. Health experts say this is victim blaming, which is detrimental, and not conducive to stopping the spread of infection. People of color have been experiencing a higher rate of infection due to systemic racism, which has caused underlying health complications, putting them more at risk to coronavirus. Therefore, victim blaming is not the correct approach. There is a lack of minority messengers in positions of power to serve as influencers, who are needed to provide outreach and support to minority communities. The Centers for Disease

<sup>9</sup> Louis Freedberg, *California's school district funding flaws make it difficult for districts to meet teacher demands*, EdSource, February 19, 2019, <https://edsources.org/2019/californias-school-funding-flaws-make-it-more-difficult-for-districts-to-meet-teacher-demands/608824>.

Control and Prevention said that one of the agency's priorities is educational outreach to minority populations. In the works is new web content for racial minority groups, social media campaigns, culturally relevant information, and public service announcements for the black community.<sup>10</sup> Even if these methods have not been conducted by the current administration in DC, the government in California needs to focus on educational outreach to minority communities. Just like what the medical field needs, healthcare organizations in the state also need more minority spokespeople in positions of power to provide outreach to black communities. These solutions show the problem is not going to be solved solely by giving money to families through welfare, but also pushing for more minorities in positions of power. Statistics have shown that welfare in California has helped, but there needs to be so much more done than just giving money, and not reforming the system. Sacramento needs to listen to the demands of the California Legislative Black Caucus in order to level the playing field for black Americans. Without an overturn in the government, the quality of live will be lower for black Americans, leading to disparities, such as mortalities from health pandemics.

### Reparations

Lastly, another solution to racial disparities within healthcare is to provide reparations. California has a history of slavery starting with the enslavement of indigenous people by Spanish colonists. Chairman of the California Legislative Black Caucus, Shirley Weber, introduced the reparations bill in the state Capitol. According to Weber, California is not a free state because the state condoned slavery and respected the rights of slave holders to own people, even though the state did not have a black slave trade. California insurance companies insured slaves brought to California during the Gold Rush, in which whites from southern and eastern states brought their

<sup>10</sup> Laura Barrón-López, *Trump coronavirus response feeds distrust in black and Latino communities*, Coronavirus, Politico, April 21, 2020, <https://www.politico.com/news/2020/04/21/race-coronavirus-outreach-197470>.

enslaved servants with them to do the labor of finding gold. According to historical accounts, this was among the reasons the California Constitution outlawed slavery—gold seekers did not want to compete with those who had the advantage of slave labor. Due to California’s history of slavery, the bill introduced by Weber would create a task force to study slavery and develop proposals for potential reparations. Weber says one reparation “could be as simple as anyone who has lived in California for a certain number of years, they get admission to the university for free.”<sup>11</sup> Reparations have been brought up at the federal level, but most Americans do not support reparations for slavery. Last year, a House judiciary panel assembled for a hearing on reparations, for the first time in a decade. Weber believes that attitudes could change since so many eyes are being opened to systemic racism after the current uprising as a result of George Floyd’s death.

Reparations for past wrongs have taken root in other places, so California is not a stretch. Germany made reparations to victims of Nazi crimes during the Holocaust, and South Africa has made them to victims of apartheid. Even in the US we see reparations being made. Chicago is making reparations to blacks who were tortured by police between 1971 and 1992, North Carolina has offered reparations to the lower socioeconomic black women who were forcibly sterilized by the state, and Florida has offered reparations packages to survivors of a race riot that destroyed the black town of Rosewood. The package included money and college scholarships for their descendants.<sup>12</sup> California could follow the reparations of these states. For example, blacks have been disproportionately affected and arrested as a result of marijuana offenses, therefore, a portion state funding from marijuana sales could be distributed back to black

<sup>11</sup> Robin Abcarian, *Column: California should revive affirmative action and launch a slavery reparations task force*, Los Angeles Times, June 10, 2020, <https://www.latimes.com/opinion/story/2020-06-10/column-california-should-revive-affirmative-action-and-launch-a-slavery-reparations-task-force>.

<sup>12</sup> Abcarian, *Column: California should revive affirmative action and launch a slavery reparations task force*.



communities. Doing so would allow for a level playing field of opportunities, diminishing the current racial disparities. Along with reparations, the California Black Legislative Black Caucus have outlined a series of bills to level the black-white playing field, which should be taken seriously by voters and Sacramento as well.

### **Discrimination Within Laws**

Even though California is led by a liberal governing body, there still exist remnants of discrimination in its state laws. A big one is that there is a ban on affirmative action, which dates back to 1996. Currently, governments and universities are not allowed to consider race in their hiring and admissions decisions. The ban against affirmative action allow racial biases to continue, and limits the number of blacks in office and universities. Since lack of representation in the medical field is a cause for the mistrust in healthcare professionals, according to the Oakland Health Disparities Project, an allowance of affirmative action would open more doors to black representation in medical schools. There is a pushback in the Asian American community on lifting this ban, as some have said that considering race in college admissions will hurt them at some of the state's elite public universities where Asian Americans amount for a higher percentage of the enrollment than they do of the state.<sup>13</sup> The state Senate did vote to repeal the ban, but it now goes to the voters in November to decide. The fact that a liberal state still has a law banning affirmative action, and promoting injustice within the state, shows that systemic racism is something that should not be pushed aside in stereotypically "blue haven" states.

Along with an end to the ban on affirmative action, California's black lawmakers have recently urged the state legislator to pass laws that would address voting rights and begin a process to consider reparations for slavery. In the wake of the death of George Floyd and the

<sup>13</sup> Adam Beam, *California's affirmative action ban goes back to the voters*, Education, The Mercury News, June 24, 2020, <https://www.mercurynews.com/2020/06/24/californias-affirmative-action-ban-goes-back-to-the-voters/>

current Black Lives Matter Protests, leaders of the California Legislative Black Caucus spoke about their battle at the Capitol to correct injustice. In addition to the ban of affirmative action, another constitutional amendment discussed was ACA 6, which would restore voting rights to felons serving parole. Assemblyman Kevin McCarty said the existing law disproportionately affects black voters, and is a relic of Jim Crow laws. Other states in the country have gotten rid of this ban, but California has yet to do so. Lastly, the caucus showcased AB 3121 as a key proposal. This bill would create an eight-member task force to study the impacts of slavery in California, and develop proposals for potential reparations. To be a member, the caucus is seeking a bipartisan mix of lawmakers and representatives of civil society and reparations organizations.<sup>14</sup> If passed, this would be instrumental in the fight for equality, as a big part of the problem, seen in the current pandemic, is that the playing field is not level due to institutional racism. Also, because the caucus is seeking a bipartisan mix of members, this pushes away from systemic racism being political. The whole country is facing an uproar over systemic racism, not just states led by conservative lawmakers. Even though the government does pour a great deal of money into welfare, there are still problems within the government that need to be addressed, as demonstrated by the needs of the California Legislative Black Caucus.

## **Welfare**

One would assume that welfare programs that assist lower-income residents of color counter all of these racial biases experienced. If a family receives extra money from the government, they are able to buy healthier food, invest in education, afford healthcare, etc. However, this is not the case, as demonstrated by the racial disparities in COVID-19 infections

<sup>14</sup> Taryn Luna, *California's black lawmakers urge support for bills to address systemic inequality*, California, The Los Angeles Times, June 2, 2020, <https://www.latimes.com/california/story/2020-06-02/californias-black-lawmakers-proposals-legislature-george-floyd-protests>.

in California. California is known for its welfare programs. In California, 66 of 100 families below the poverty line in the state receive assistance. For comparison, in Texas for example, only 6 out of those 100 receive assistance. California contains 34% of the nation's welfare recipient, but 12% of the nation's population. There is a long legacy of focus on social welfare due to years of Democratic control in the state. The state pays an average of \$638 to families on welfare, which is one of the highest monthly cash grants in the country. California's welfare programs differ from other states' programs because the state continues to give aid for children even when the parents lose eligibility. The state even provides benefits to some people who find a job, and even helps parents with child care and transportation.<sup>15</sup>

An example of a welfare program in California is the California Work Opportunity and Responsibility to Kids (CalWORKs), a Temporary Assistance for Needy Families (TANF) program. CalWORKs is county operated public assistance program that gives cash and other services to families with children in the home that qualify for the program. Families that qualify include ones that have little or no cash, need housing, food, utilities, medical care, or clothing. These families receive assistance to help pay for these necessities. In calculating the amount of money the family receives, the county considers the income of the family.<sup>16</sup> In 2017, around \$5.3 billion was going into CalWORKs to support 1,232,070 recipients. The average monthly assistance per family was around \$505 a month for 37 months.<sup>17</sup>

Even with this dumping of welfare money into low-income families, COVID-19 is twice as deadly as it is for blacks than it is for whites. The basis of who is affected the most by

<sup>15</sup> *Is California the welfare capital? Delving into why California has such a disproportionate share of the nation's recipients*, Politics, The San Diego Union Tribune, July 28, 2012,

<https://www.sandiegouniontribune.com/news/politics/sdut-welfare-capital-of-the-us-2012jul28-htm1story.html>.

<sup>16</sup> *California Work Opportunity and Responsibility to Kids (CalWORKs)*, Social Services, California Department of Social Services, 2020, <https://www.cdss.ca.gov/calworks>.

<sup>17</sup> *CalWORKs Key Fact and Figures*, Fact Sheet, California Department of Social Services, January 2017, <https://www.cdss.ca.gov/calworks/res/pdf/CalWORKsKeyFactsFigures.pdf>.

COVID-19 is driven by poverty. If welfare programs truly did provide full support, then there would not be a great racial disparity in death rates. The fact that these welfare programs are not reducing COVID-19 deaths among black communities show that this current public health crisis is not political. Just because California is led by a liberal governing body that invests in social welfare programs does not mean that all these problems I mentioned, such as redlining, food deserts, and a distrust in healthcare professionals are solved. California faces the same issues as states in the deep South such as Louisiana, where there is also a racial disparity between COVID-19 death rates. Yes, the state should continue to put money into welfare programs to help individual families. However, much more needs to be done to help communities of color besides dumping money into these programs.

### **Poverty in California**

Before delving into specific racial biases, a general glimpse at poverty in California shows there is an issue that needs to be addressed. 6.5% of the population of California identifies as black or African American, but they account for 40% of the state's homeless population. Nationally, black people comprise around 13% of the population, and 40% of the homeless population.<sup>18</sup> Therefore, the disparity is greater in California than it is nationally. These statistics provide strong evidence as to why racism is not political, as poverty is caused by institutional and structural racism in education, housing, employment, criminal justice, healthcare, and access to opportunities. Homelessness and poverty are byproducts of racism in America, not based on liberal versus conservative leadership within states.

<sup>18</sup> Kate Cimini, *Black people disproportionately homeless in California*, *California Divide*, Cal Matters, October 5, 2019, <https://calmatters.org/california-divide/2019/10/black-people-disproportionately-homeless-in-california/>.

## Examples of Racial Biases

The racial biases involving redlining, food deserts, and a distrust in healthcare all contribute to disparities in COVID-19 infections rates. Redlining, the policy of discriminatory mortgage lending practices, has led to an increased rate of asthma in historically redlined neighborhoods, based on an analysis of eight California cities. This is due to a higher level of diesel particulate matter in the air, along with psychological stresses as a result in living in neighborhoods that have been historically affected by poverty, which has also been linked to asthma.<sup>19</sup> Even though redlining is now illegal after the Fair Housing Act of 1968, black people still face housing discrimination as “high-risk” historically red neighborhoods still remain largely low-income and have a higher proportion of black and Hispanic populations.<sup>20</sup> The example of redlining in California shows that segregation remains a country-wide issue that is still prevalent in blue states, not just a historical event in the deep South.

Another factor contributing to an increased rate of infection in the black community is the distrust in healthcare professionals. This distrust dates back to the Tuskegee Study, in which Public Health Service Officials, followed 600 rural black men in Alabama with syphilis over the course of their lives, refusing to tell patients of their diagnosis, refusing to treat them, and even actively denying some of them treatment. A paper by Marcella Alsan at the Stanford Medical School and Marianna Wanamaker at the University of Tennessee concludes that the Tuskegee Study was responsible for over a third of the life expectancy gap between older black men and white men in 1980. Men with similar backgrounds to those represented in the experiment were

<sup>19</sup> Kara Manke, *Historically redlined communities face higher asthma rates*, Berkeley News, UC Regents, May 22, 2019, <https://news.berkeley.edu/2019/05/22/historically-redlined-communities-face-higher-asthma-rates/>.

<sup>20</sup> Cimini, *Black people disproportionately homeless in California*.

more likely to suffer from mistrust in the healthcare system.<sup>21</sup> Remnants of the Tuskegee Study still exist in California, as seen through the double-blind experimental study by the Oakland Health Disparities Project. Because of the Tuskegee Study, and that legal hospital segregation went unchallenged until the 1960s, there is a great sense of mistrust of healthcare professionals within the black community.

A lack of access to nutritious foods is also a cause for unequal COVID-19 infection rates. Lower income communities, which are primarily comprised of black residents as a byproduct of redlining, are located in areas known as “food deserts.” A food desert is a low income-area where a substantial number of residents have low access to a supermarket or large grocery store. This makes it hard for residents to have access to affordable nutritious food, which negatively impacts their health. Even though the Bay Area is widely known to be very liberal and provide support for low-income residents, Oakland is plagued by food deserts. In West Oakland, a predominantly black neighborhood where the median household income is \$32,000, there is an average of one supermarket for every 90,000 residents. Meanwhile in the Oakland Hills, a predominantly white neighborhood where the median household income is around \$60,000, there is an average of one supermarket for every 13,000 residents.<sup>22</sup> This is such a great divide, and causes residents in West Oakland to shop at neighborhood liquor stores, which do not have healthy food options. An unhealthy diet contributes to preexisting conditions, which make people more susceptible from falling extremely ill from COVID-19. These racial biases of redlining, distrust in healthcare, and food deserts show why COVID-19 disparities exist. The solutions of

<sup>21</sup> Vann R. Newkirk II, *A Generation of Bad Blood*, Politics, The Atlantic, June 17, 2016, <https://www.theatlantic.com/politics/archive/2016/06/tuskegee-study-medical-distrust-research/487439/>.

<sup>22</sup> *Oakland's food divide*, Oakland North, UC Berkeley Graduate School of Journalism, 2020, <https://oaklandnorth.net/few-food-choices/>.

diversifying the medical profession, fostering better communication within black communities, and passing the reparations bill, not solely dumping money into welfare programs, would help decrease this disparity.

## **Conclusion**

A factor of issues has led to racial disparities in coronavirus infections. A history of systemic racism has caused poverty and a distrust in the healthcare profession, leading to a variety of health issues within the black community, increasing the risk of COVID infections. Statistics in mortality rates have shown this is a nationwide issue, and not a political one. Historically, the red states in the South have been criticized for discriminatory policies. However, blue states, such as California, known for their welfare programs, still possess numbers that show disparities within infections across races. The disparities are prominent, which shows that simply dumping welfare money into a state is not going to solve public health issues caused by systemic racism unless there is an increase in minorities being in positions of power, within healthcare and as influencers as well. It is important for voters to realize that the idea of racism is not political, as it is not exclusive to the South. Clinging on to this stereotype allows voters in blue states to overlook the racist remnants in their own communities. Also, local governments need to take more action to suppress years of racism, such as leveling the playing field by making medical school assessible to people of lower economic status, and listening to the needs of black lawmakers when they discuss affirmative action and reparations for example. Welfare to low-income communities is one step, but it is not fully effective as the playing field is not level.