On January 21, 2020, the US had its first confirmed case of the COVID-19 virus. (Holshue, et al., 2020) Two months later, the World Health Organization declared the outbreak as a pandemic. Public health measures, such as business closures, social distancing measures, and mask mandates were put in place to curb the spread of the virus. As of October 12, 2021, there have been 44,401,209 cases in the United States, with 714,243 people who have died due to complications from the virus. (Centers for Disease Control and Prevention, CDC, 2021) In terms of economic consequences, the pandemic caused a recession in the US. Widespread unemployment, changes in working hours, and remote work impacted the lives of many citizens.

Not all persons are equally impacted by the effects of the virus. Various studies have exhibited an intersection of social factors, such as race, class, and gender, in determining the severity of the pandemic’s impact on an individual. Focusing on race, this report aims to identify and understand the differing experiences of racial groups relative to each other during the COVID-19 pandemic.

Statistical data which measured the health and economic effects on each racial group were gathered, predominantly through the US Bureau of Labor Statistics’ Current Population Survey (CPS) and the Centers for Disease Control and Prevention (CDC). COVID-19 incidence and death rates were used to measure the impact of the pandemic on the health of different racial groups. Several factors were considered to gauge the economic impact of the pandemic recession on different racial and ethnic groups: unemployment rates, shares of employed that teleworked, and measures of stress and mental distress were utilized.

Reporting on the disproportional effects of the pandemic on different racial groups contributes to the body of research devoted to analyzing the racial inequalities experienced by US citizens today. Strengthening the study of systemic racism allows for a greater consciousness on race within the US and will hopefully lead to the consideration of race in public policy.

• Although absolute percentage and counts of incidence and death are higher among White groups, COVID-19 incidence and deaths within Black and Latino groups are disproportionately higher relative to their population. (Figure 1)
• Several studies conclude that a web of health and socioeconomic factors, rooted in systemic racism, caused these disproportional effects: higher rates of comorbidities1, overcrowded housing commonly within low-income neighbourhoods, and inaccessible health care due to low rates of insurance within Black and Latino groups2 all contribute to an increased risk of contracting the COVID-19 virus. Black and Latino groups also worked disproportionately in the service and production sectors, which increase the risk of contracting COVID-19 due to the inability to work remotely and their crowded nature.
• In terms of economic consequences, Black and Latino groups experienced higher rates of unemployment relative to White groups (Figure 2). Unemployment was notably higher among Black and Latino groups even before the pandemic. White groups were also more likely to be able to telework (Figure 3). Moreover, Black and Latino populations were more likely to suffer from mental distress from the COVID-19 pandemic (Figure 4). Black populations also seem to be recovering slower from the pandemic relative to other groups.
• These disproportionate economic consequences were found to be rooted in socioeconomic conditions influenced by systemic racism. Black and Latino groups consistently have a higher chance of holding low-income jobs in sectors hit hardest by the pandemic. Occupational distribution, or the types of jobs that Black and Latino groups hold, show that they are more likely to work in sectors with high unemployment rates and low abilities to telework. It has also been reported that access to social or structural determinants of health (housing, food, transportation, health care) has a considerable impact on the economic impact of the pandemic, particularly the chronic stress that minorities experience.6

Note: * Disorders classified as TSRDs in the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) include posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and adjustment disorders (ADs), among others.

References