NAREA Factsheet.

The differential employment risks of a pandemic: Why are more African-Americans dying from COVID-19?

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There's a saying among Black communities in the United States that when white America sneezes, Black America catches pneumonia, and, if the statistics on morbidity and mortality from the ongoing COVID-19 pandemic are any indication, this saying is more literal than ever. Using statistics from 14 states in the United States that have released racial breakdowns of infection and mortality rates, African-Americans are significantly more likely to be infected and to die from COVID-19 (Brookings).

![COVID-19 Diagnoses for Blacks by State]

Figure 1: COVID-19 Diagnoses for Black people by State, April 2020. Source: Brookings

There are a number of scholars that have written about the reasons behind the racial disparities in COVID-19 infection and case fatality rates (Ray, 2020). The statistics for Black Americans are stark. In Michigan, Black people make up some 15% of the state's population but were 35% of the people diagnosed with COVID019. Similar trends have been found across multiple states as shown in Figure 1- From Illinois to North Carolina and South Carolina, Black residents are much more likely than other racial categories to be infected and die from COVID-19. According to the CDC, based on data from 14 states, with populations that were 18% Black, and 59% white, 45% of the hospitalized patients were white while 33% where Black, with Black people over-represented in the infection and case fatality rates relative to their population shares (CDC).
These disparities have a long history in the United States and are rooted in structural, institutional racism that is reflected in wealth inequality, unequal access to healthcare and relative lack of health insurance, racism in treatment of Black patients, neighborhood segregation and resultant inequalities in environmental quality and access to healthy food resources, and racial gaps in employment and labor market outcomes that predispose African-Americans to having a higher risk of infection and death from COVID-19 (CDC). The history of racial disparities in employment that has led to Black-Americans being more heavily represented in low wage service sectors, so-called “essential sectors”, that place them at higher risk from person to person contact and infection from the virus is also important to explore here and we outline this below.

**The employment risk factor for COVID-19: A brief history of racial discrimination and labor market segmentation in the US**

African-Americans, making up only about 13% of the US workforce, are more heavily represented in low wage service sector jobs like restaurant service workers, taxi-drivers, bellhops, maids/housekeepers and home health aides as shown in the Figure below.

![Figure 1](https://example.com/image.png)

**FIGURE 1**

*People of color remain overrepresented in some of the lowest-paying agricultural, domestic, and service vocations*

Shares of total employed people by occupation, race, and ethnicity, 2018

These jobs are less likely to have health insurance, and are among the lowest paid sectors in the US economy (Weller, 2019). Home health-aides, a sector with a major share of Black women at around 25%, have no benefits, no paid sick leave, no union and earn around $24,060 in May 2018, lower than the median annual wage for all occupations in the country. The Black unemployment rate is twice as high as that for white workers- March job statistics revealed that while the white unemployment rate dropped 1.1% in that month, the Black unemployment rate dropped 1.6%.

The history of Black employment in these low wage service sectors goes back to slavery where Black people were enslaved as coerced labor to work on agricultural plantations and as domestic servants within the households of white owners (Solomon et al., 2019). After the civil war, many freed Black workers attempted to move out of the undervalued, low wage farm work and domestic service work and were met with opposition in the form of laws called Black codes, that explicitly limited Black workers to service work as under slavery. Jim Crow laws, in place through the 1960s, continued to limit Black workers’ access to higher paid sectors.

In 1938, one of the most sweeping pieces of labor legislation the 1938 Fair Labor Standards Act (FLSA) is passed as part of the New Deal post Great Depression legislation. The FLSA expanded labor protections, established a 40 hour work week and minimum wage and employer mandated benefits for many sectors in the economy. Crucially many low wage service sectors like domestic service and agricultural occupations, where Black workers were heavily represented, were left out of FLSA protections, partly to appease white segregationists (Solomon et al., 2019). This meant that Black workers continued to have less job protection, wage security and benefits like employer sponsored retirement accounts, further limiting their abilities to earn a living wage and widening racial disparities in everything from wealth to health.

Even after the passage of the Civil rights act in the 1960s and anti-discrimination laws, Black workers continue to be discriminated against and are less likely to be hired today than similarly qualified white applicants (Pager, 2007). One study found that Black men without a criminal record were less likely to get call backs for job interviews than white men with criminal records (Pager et al., 2009). Black workers continue to be disadvantaged in the labor market, and the history of racial labor market segmentation means that they are over-represented in higher exposed to COVID-19 service sectors today.

**Policies to address higher employment-based COVID-19 risk among Black workers**

A number of scholars have suggested policies to address racial disparities in employment and resultant income, wealth and health that have placed and currently place Black workers at higher risk during the pandemic. Among them include, extending labor regulation protections to service sectors like home health aides,
restaurant service workers (including eliminating tipping laws that allow employers to pay restaurant servers as low as $2.50 an hour if they are tipped over a certain amount in a year). And extending sick paid leave, retirement benefits and other labor protections to workers in this sector as well. Others include universal health insurance, job guarantees, ‘baby bonds’ or government funded savings accounts for low-income families and cash grants to ensure households are able to smooth consumption during the pandemic ([Darity et al., 2018]). Support for access to unions for service workers to strengthen their bargaining power re-employers has historically been an important means of worker mobilization for these workers in the US. Access to information on labor protections, increased funding to the US Equal Employment Opportunity Commission (EEOC) and accompanying enforcement of anti-discrimination laws are essential policies as well.

Already, scholars have emphasized the importance of funding targeted towards at risk communities to increase testing, contact tracing and access to healthcare during the pandemic, and now more than ever these policies need to be put in place in the United States to assist Black communities who are experiencing disproportionate negative effects from COVID-19 ([Sethi et al., 2020; Archibong et al., 2020]).