

# NASEM Roundtable on the Promotion of Health Equity

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## COVID-19 and the Spatial Legacies of Colonization and American Apartheid

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LAWRENCE BROWN, PHD, DIRECTOR OF COUNTY HEALTH RANKINGS AND ROADMAPS, VISITING PROFESSOR AT THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE

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# How We Frame & Collect Data Matters

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# BALTIMORE TRIES DRASTIC PLAN OF RACE SEGREGATION

Strange Situation Which Led the Oriole City to Adopt the Most Pronounced "Jim Crow" Measure on Record.



**O**ne of the most drastic measures ever adopted by any city in the United States to enforce race segregation is being considered by the Baltimore city council. The measure, known as the "Jim Crow" law, would require that all public buildings, including the city hall, be segregated by race. The law would also require that all public officials, including the mayor, be segregated by race. The measure is being introduced by a councilman, and is expected to pass in the near future.

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Shows a John McCallister Street in Which a Negro Lawyer Named McCallister Resides in One of the Buildings That He Owns.

Angels Avenue, Another Street Where Negroes Have Been Gently Admitted to Negro Tenants.





# Public Health Data and Baltimore Apartheid

New-York Tribune (New York, New York) • 20 Feb 1917, Tue

or money while under duress.

## NEGRO SEGREGATION PLAN MAY BE TRIED IN BALTIMORE

High Death Rate, Due to Bad Housing, Causes Conference on Remedy

Baltimore, Feb. 19.—To meet a situation of "alarming gravity," Mayor Preston announced to-night that he had called a meeting of 150 physicians, social workers and representative citizens for next Friday, to devise ways of improving the health of the negro element in this city. The negro death rate is 28 to 32 a thousand, while the white death rate is 16 to 18.

Mayor Preston declared that the city's health records show that for every white person who dies from tuberculosis there is a percentage of 3½ of negro deaths from the disease. He said that the poor housing conditions of the negroes were chiefly to blame.

It is understood that the Mayor will announce a plan of partial segregation for negroes. A section of the county may be laid out along modern lines as a negro colony. There are nearly 82,000 negroes in Baltimore.

## TO AID 90,000 NEGROES

Mayor Is Authorized To Name Housing Committee.

### SUBURBAN COLONY PROPOSED

Parking Of Alleys And Sanitary Campaign Are Among Suggestions At Enthusiastic Meeting.

#### STEPS TOWARD BETTER HOUSING.

Mayor Preston was authorized to appoint a committee to work out a plan for more sanitary housing and living conditions for the 90,000 negroes in Baltimore.

The committee will consider the closing and parking of alleys in negro districts and the establishment of settlements in the suburbs or in sections where colonization will not be objectionable.

Dr. John F. Goucher announced that Morgan College planned the purchase of a tract of 50 or 60 acres for a negro settlement, with a new college building as the centre.

Dr. William T. Howard, Jr., Acting Commissioner of Health, presented statistics showing that the death-rate among negroes was nearly 100 per cent. greater than among white people, due to conditions under which they live.

A committee to prepare a plan for better housing and living conditions for the 90,000 negroes in Baltimore will be appointed by Mayor Preston today or Monday as the result of a number of suggestions made at a largely attended and earnest conference at the City Hall yesterday afternoon.

The necessity for action was urged by the Mayor, Alfred S. Niles, Dr. William T. Howard, Jr., Acting Commissioner of Health; Francis M. Jencks, the Rev. George A. Griffiths, of Mount Calvary parish; Dr. Henry Barton Jacobs, Dr. John F. Goucher and William W. Emmart. Bishop John Gardner

share, I think, in clearing up the situation by paving the alleys, purifying the water and in completing house connections with sanitary sewers. I hope this coming summer to have all the private alleys in Baltimore paved. We are doing this now in a wholesale way, and the city forces are also making rapid progress in paving of public alleys. This will greatly improve physical conditions and permit the alleys themselves to be washed and kept in a sanitary condition.

**Sanitary Campaign Planned.**  
"But the condition of the premises themselves is very largely individual and beyond the reach of the municipality or its representatives. The Health Department and the Police Department have some control over this, but their regulations are difficult to enforce. A campaign of sanitary education is being undertaken in the churches and the schools, and I am giving every encouragement and incentive to this that I can contribute.

"There seems to be ample territory in the colored blocks and in the mixed blocks for the expansion to take care of the existing and future colored population, and we should work along practical lines and not attempt impractical ones. Any change in the segregation would meet with very great opposition from our white population and bring about friction and hostility between the races, which would be very much to be deplored. The present segregation law should be thoroughly tried out. The mixed block seems to open a wide opportunity for the expansion of the colored settlement.

"The problem, after all, is akin to the tenement problem, and should be treated with a view to the welfare of the whole community. It is not a question only for the colored race, but a question for our own people to consider thoroughly when it appears that the white people are very largely the owners of the property occupied by the colored people, and the care, cleanliness and sanitation of these premises is largely a problem for the property-owning class to solve."

#### Physician Gives Statistics.

Dr. Howard stated that the negro population of Baltimore represented numerically 15.2 per cent. of the whole, as compared with 28.66 per cent. in Washington, 5½ per cent. in Philadelphia and about 2 per cent. in New York and Boston. In all of these cities, he said, the annual death rate per 1,000 from all causes is much greater in the negro than in the white race. Last year it was 78 per cent. greater in New York, while in Baltimore, with its larger proportional population, the rate was 94½

## MUNICIPAL JOURNAL OF BALTIMORE

A SEMI-MONTHLY PUBLICATION OF



ISSUED BY THE CITY GOVERNMENT

Volume 5  
Number 5

REGULAR CIRCULATION 12,000  
Representing One of the Best Mailing Lists in the City

Baltimore, Md.  
March 16, 1917.

## WHAT CAN BE DONE TO IMPROVE THE LIVING CONDITIONS OF BALTIMORE'S NEGRO POPULATION?

MAYOR PRESTON APPOINTS COMMITTEE TO STUDY THE SITUATION THAT THE PROBLEM MAY BE SOLVED.

Forty per cent. of the deaths from tuberculosis in Baltimore occur among the negroes, who, numbering approximately 90,000, represent but fifteen per cent. of the population.

This means that the mortality rate among negroes for all forms of tuberculosis is 260.4 per cent. higher than that of the white race.

For all diseases the death rate among negroes is 85.5 per cent. higher than that of the whites. This is an appalling situation, a tremendous problem. And yet it is one that has long existed, not only in Baltimore but in every city where there is a considerable negro population. That it there is a considerable negro population, that it has never been adequately investigated and remedied, is a fact which is familiar to the public.

Nothing daunted by the vastness of the problem, Mayor Preston has determined that the time has come when action must be taken. To that end he has taken the initiative in instituting an exhaustive study of the whole question, in all its aspects, and has called upon the city forces to cooperate in the work.

Backed by the official recognition of the administration and propelled by the personal determination of the Mayor, at his personal contribution, the movement gives promise of definite results. In response to the call of the Mayor to attend a preliminary discussion of the question, a large number of scholars, clergymen, social workers, and men and women active in public affairs, gathered at the City Hall. The Mayor's presentation of the question by the Mayor to a committee of investigation was unanimously adopted. The members of the committee, since announced by the Mayor, is as follows:

Dr. J. D. Blake, Health Commissioner; Dr. W. T. Howard, Assistant Health Commissioner; Dr. J. H. Peaslee, James W. Chapman, Jr., Theodore Janeway, Judge Alfred S. Niles, F. M. Jencks, Dr. Henry Barton Jacobs, Morris Whittington, Dr. J. W. Mayrader, General Secretary, Federal Reserve Bank; Robert Egan, James Swan Freck, Mrs. Hamilton Williams, Dr. C. E. H. Harris, Dr. J. K. Hovell.

As the Mayor has pointed out, the evil effects of the unhealthy state of the negro race are not confined within their own numbers. With little if any knowledge of their home surroundings, we can only guess at the conditions which they must endure, prepare our food, tend our children and perform countless other services wherein personal contact is a matter of course. Regardless of our efforts to maintain sanitary and healthful environment for ourselves and families the infectious influence of these conditions is carried into our very midst to defile and destroy. Little wonder that Mayor Preston has been moved to challenge the sober consideration of those who are best fitted to deal with a social and economic problem of such magnitude. Let every citizen who can lend assistance to the committee rally to its support. Baltimore has demonstrated her ability to take the lead in other great reforms; may she contribute, in this instance, another great achievement in the cause of humanity.

The phase of the question receiving the largest share of attention at this time is that of housing. Crowded into small houses in alleys and narrow streets, the negro population is in a state of unsanitary conditions extremely unsanitary and unhealthy. Fresh air, sunlight and cleanliness, the essentials of correct living conditions are disastrously absent. Living in such close contact, one member of a household falling victim to tuberculosis or some other contagious or communicable disease, endangers the life of every other member.

Time and again whole families have been devastated by disease for the reason that segregation, isolation and contact unavoidable. Lack of sanitary conveniences and incomprehension of the value of personal hygiene have had a devastating effect upon these alleys dwellers, morally and physically. Hygiene has been supplanted by a corresponding lessening of the power to resist disease.

This is one of the big problems demanding a solution. What that solution shall be remains for the committee to determine. Several suggestions have been made. Sanitation developments on a large scale are the most important. The most important of these is the construction of a new negro colony. The negro population must be educated to the point of realizing the importance, from an individual and community standpoint, of cleanliness and health. It is to be taught that every accumulation of rubbish and filth, every violation of sanitary rules is a matter to the individual and the community. In no other way can these evils be fully removed.

Aymer's suggestion is that the city must have the cooperation of the negro population to make its work fully effective and intelligent cooperation is not to be expected of those who comprehend not the construction of sanitary tenement or apartment houses, with single rooms or suites of rooms available at a moderate cost. These have not only provided improved living conditions for the tenants but have paid a fair return on the money invested.

All of these propositions will be given due consideration by the committee. That each has merit is easily recognizable. No one of them, however, solves the whole problem. The withdrawal of several hundred negro families from the congested districts to suburban settlements will undoubtedly make more room for those who are left behind. But those remaining would still be in the same squalor and their environment would remain the same. The condemnation of slums and disease-infested sections for the purpose of providing better areas is a suggestion worthy of the greatest consideration. There are certain sections where this would seem to be the only way to avert pestilence. Yet this does not reach the root of the matter. The people living in these sections must find lodgings they will follow behind the white population, fall into the same squalor and disease. These sections must be completely destroyed and new ones built in their place. The committee must take the lead in this matter. That Mayor Preston's committee commands capabilities requisite to a prosecution of the inquiry is the desired end and beyond question.

One element necessary to a lasting reform, which will be doubt be strongly emphasized by the committee at the proper time, is that of education. The negro population must be educated to the point of realizing the importance, from an individual and community standpoint, of cleanliness and health. It is to be taught that every accumulation of rubbish and filth, every violation of sanitary rules is a matter to the individual and the community. In no other way can these evils be fully removed.

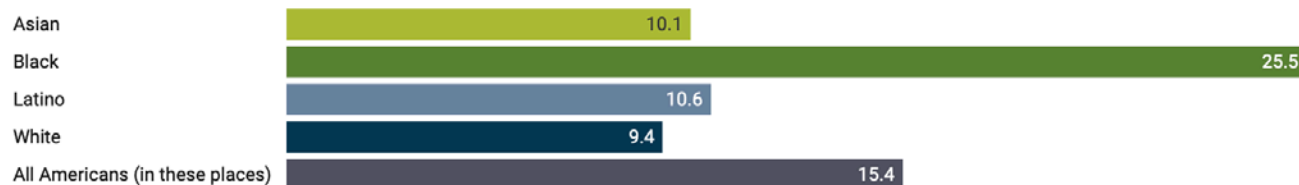
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# COVID-19 and Racial/Ethnic Disparities

## Rate of COVID-19 deaths reported by race/ethnicity through April 23, 2020

For all U.S. states with available data and Washington, D.C. Mortality rate per 100,000 residents of each group.

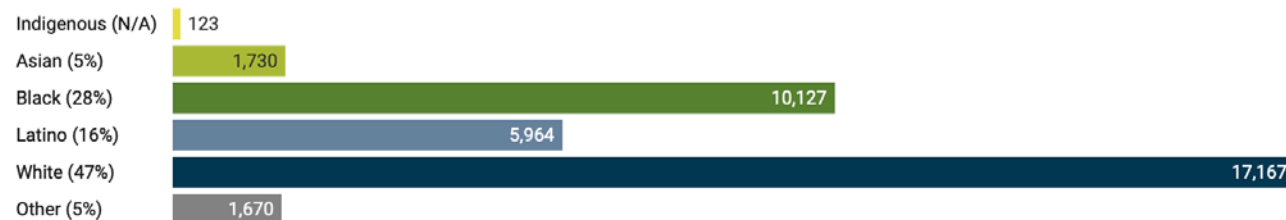


Includes data from Washington, D.C., and the 35 states of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin. Rates could not be calculated for Indigenous, Native Hawaiian or other Pacific Islander, and other races due to inconsistent data reporting across states.

Source: [APM Research Lab](#) • [Get the data](#) • [Created with Datawrapper](#)

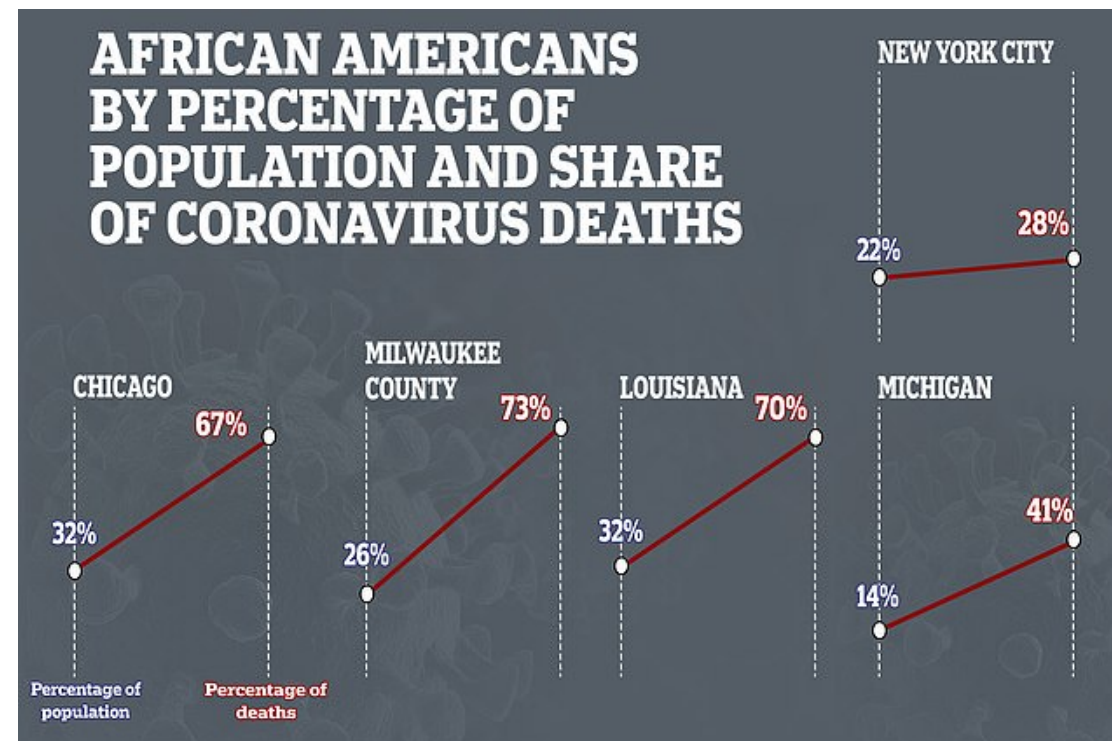
## Total COVID-19 deaths reported by race/ethnicity through April 23, 2020

For all U.S. states with available data and Washington, D.C. Percentage represents share of all deaths with known race/ethnicity.



Includes data from Washington, D.C., and the 35 states of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin. Rates could not be calculated for Indigenous, Native Hawaiian or other Pacific Islander, and other races due to inconsistent data reporting across states. States employ varying collection methods regarding ethnicity data, which results in percentages summing to more than 100%. Indigenous people are tallied separately in some states, but exist in "other" in other states; therefore, 123 is a presumed undercount of all Indigenous lives lost. "Other" includes Indigenous, Native Hawaiian or other Pacific Islander, and any deaths classified as "other race" in the data.

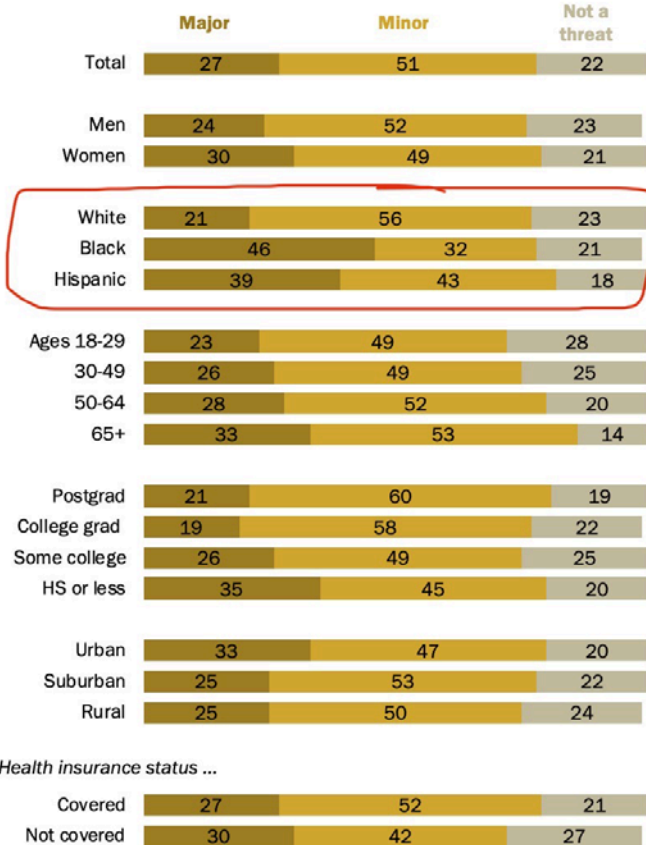
Source: [APM Research Lab](#) • [Get the data](#) • [Created with Datawrapper](#)



# How Much Were People Concerned?

## Personal health concerns over the coronavirus higher among black and Hispanic people than white people

% who say the coronavirus outbreak is a \_\_\_\_ threat to their personal health



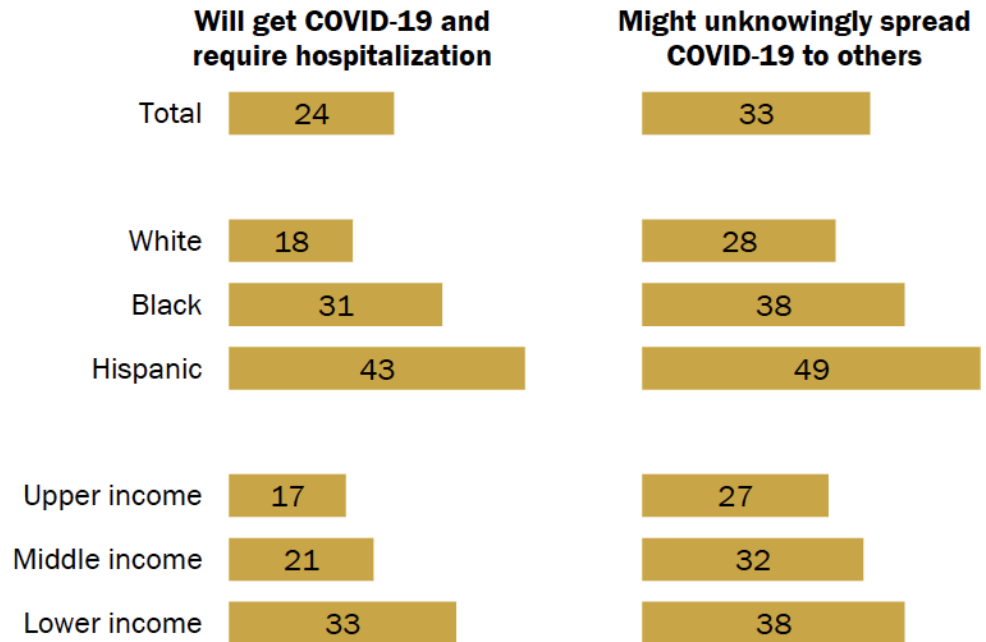
Note: No answer responses not shown.

Source: Survey of U.S. adults conducted March 10-16, 2020.

PEW RESEARCH CENTER

## Racial and income differences in concerns over contracting COVID-19, spreading it to others

% who say they are **very** concerned that they...



Notes: Whites and blacks include only those who are not Hispanic; Hispanics are of any race. Family incomes are based on 2018 earnings and adjusted for differences in purchasing power by geographic region and for household size.

Source: Survey of U.S. adults conducted Apr. 7-12, 2020.

PEW RESEARCH CENTER

# Missing Data

We don't have data for everyone.

- Latinx
- Asian/Pacific Islander
- Native Americans
- Individuals with disabilities
- LGBTQ



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# Stories Matter

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# COVID-19 Testing Delayed...

## TRIBAL COUNCIL MEMBER DIAGNOSED WITH COVID-19

on March 25, 2020

EDITOR'S



*NOTE: After several weeks of trying to get tested for COVID-19, Tribal Council Member Myra Pickering finally*

- MYRA PICKERING IS A TRIBAL MEMBER OF THE OTOE-MISSOURIA IN OKLAHOMA.

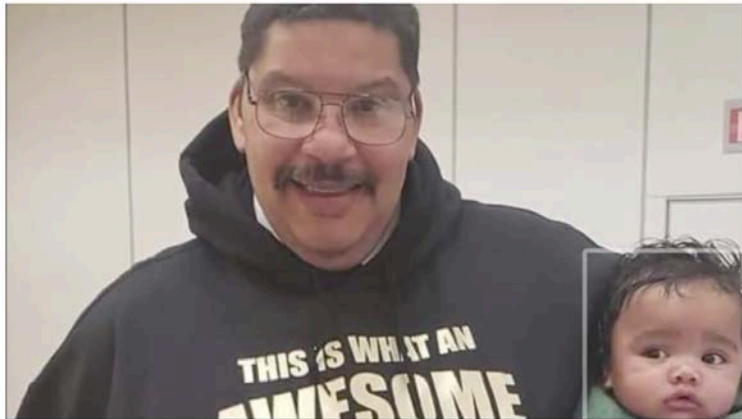
# ...COVID-19 Testing Denied

## Man says dad was turned away by 3 hospitals while sick with COVID-19, then died at home

Published 3 days ago | Coronavirus in Michigan | FOX 2 Detroit

**DETROIT (FOX 2)** - A father and grandfather are dead - and a widow is spending her anniversary in the hospital.

Her family is in mourning, wondering if some of their suffering could have been avoided.



Man says father was turned away by 3 hospitals sick with COVID-19 before he died at home

"I understand now why black people are the highest affected mortality rate with this because we're being pushed home to die and infect our family," Keith Gambrell said.

GARY FOWLER

## Detroit health care worker dies after being denied coronavirus test 4 times, daughter says

Kaila Corrothers said that when she thinks of her mother, Deborah Gatewood, there is one thought that lingers: "This did not have to happen this way."



Deborah Gatewood with her daughter Kaila Corrothers. Courtesy Kaila Corrothers

DEBORAH GATEWOOD

# Racial Bias in Testing?

## RESEARCH ARTICLE

# Dissecting racial bias in an algorithm used to manage the health of populations

Ziad Obermeyer<sup>1,2,\*</sup>, Brian Powers<sup>3</sup>, Christine Vogeli<sup>4</sup>, Sendhil Mullainathan<sup>5,\*†</sup>

† See all authors and affiliations

*Science* 25 Oct 2019:  
Vol. 366, Issue 6464, pp. 447-453  
DOI: 10.1126/science.aax2342

[Article](#)[Figures & Data](#)[Info & Metrics](#)[eLetters](#)[PDF](#)

You are currently viewing the abstract.

[View Full Text](#)

## Racial bias in health algorithms

The U.S. health care system uses commercial algorithms to guide health decisions. Obermeyer *et al.* find evidence of racial bias in one widely used algorithm, such that Black patients assigned the same level of risk by the algorithm are sicker than White patients (see the Perspective by Benjamin). The authors estimated that this racial bias reduces the number of Black patients identified for extra care by more than half. Bias occurs because the algorithm uses health costs as a proxy for health needs. Less money is spent on Black patients who have the same level of need, and the algorithm thus falsely concludes that Black patients are healthier than equally sick White patients. Reformulating the algorithm so that it no longer uses costs as a proxy for needs eliminates the racial bias in predicting who needs extra care.

*Science*, this issue p. **447**; see also p. **421**

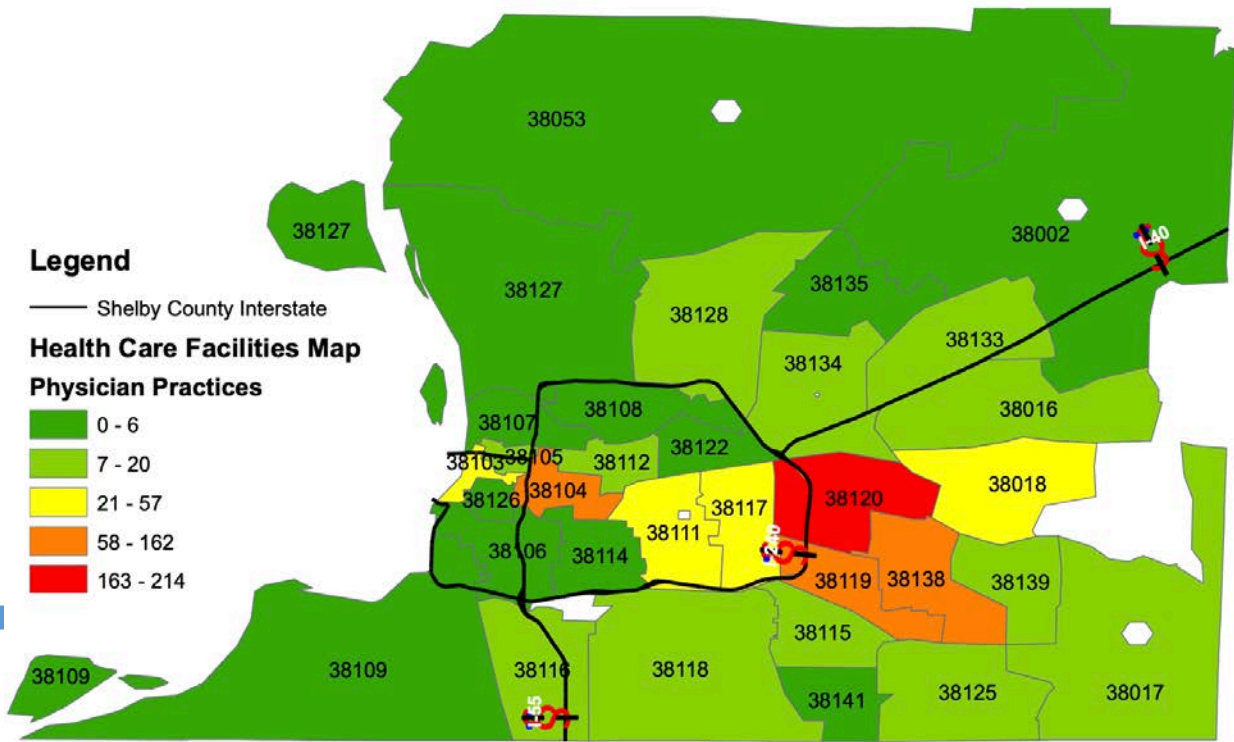
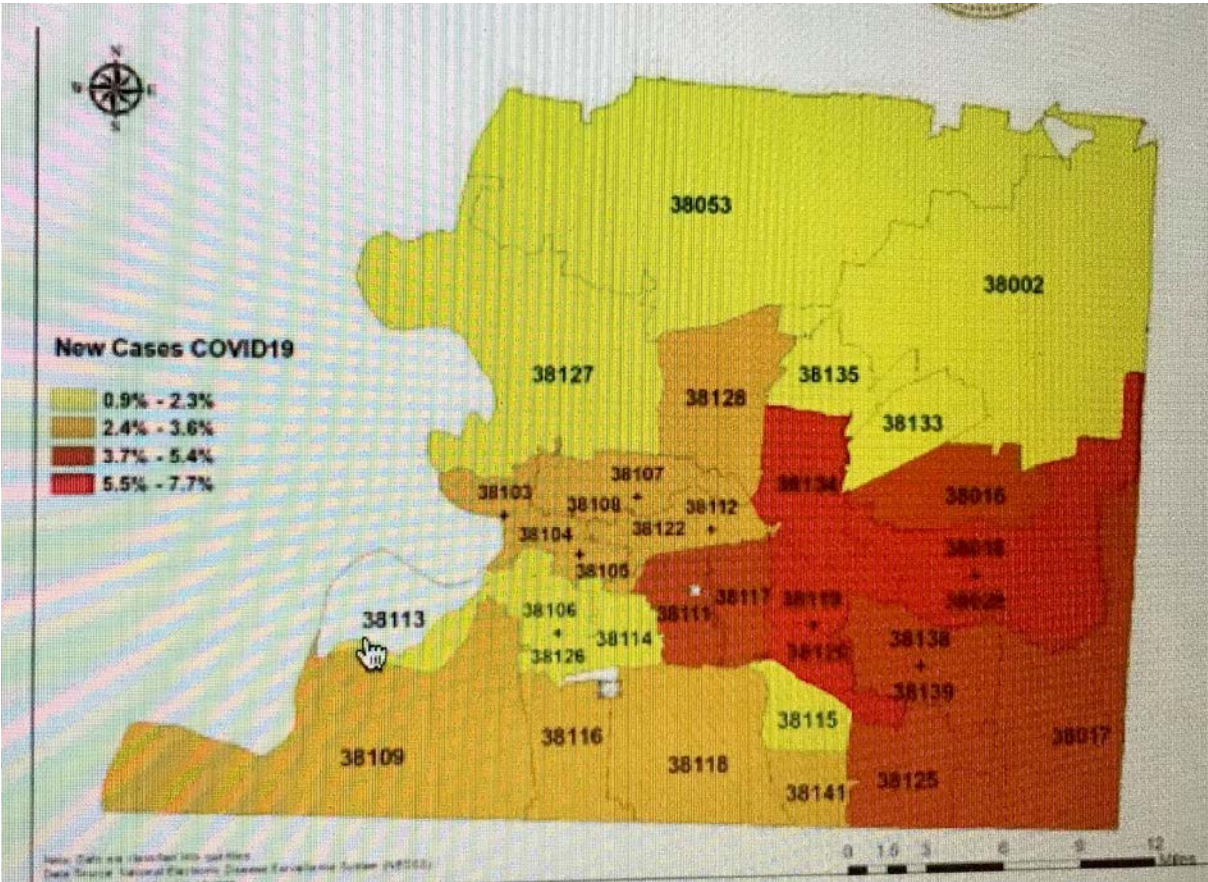


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# Where Testing Happens Matters

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# COVID-19 in Shelby County, TN



STACY JACOBSON. MARCH 27, 2020. MAP OF SHELBY COUNTY CORONAVIRUS CASES HIGHLIGHTS AREAS LACKING TESTING. WREG.



# COVID-19 Testing Sites in Shelby County, TN

City of  
**MEMPHIS**  
MAYOR *Jim Strickland*

Sites for COVID-19  
Testing  
in the Memphis Area

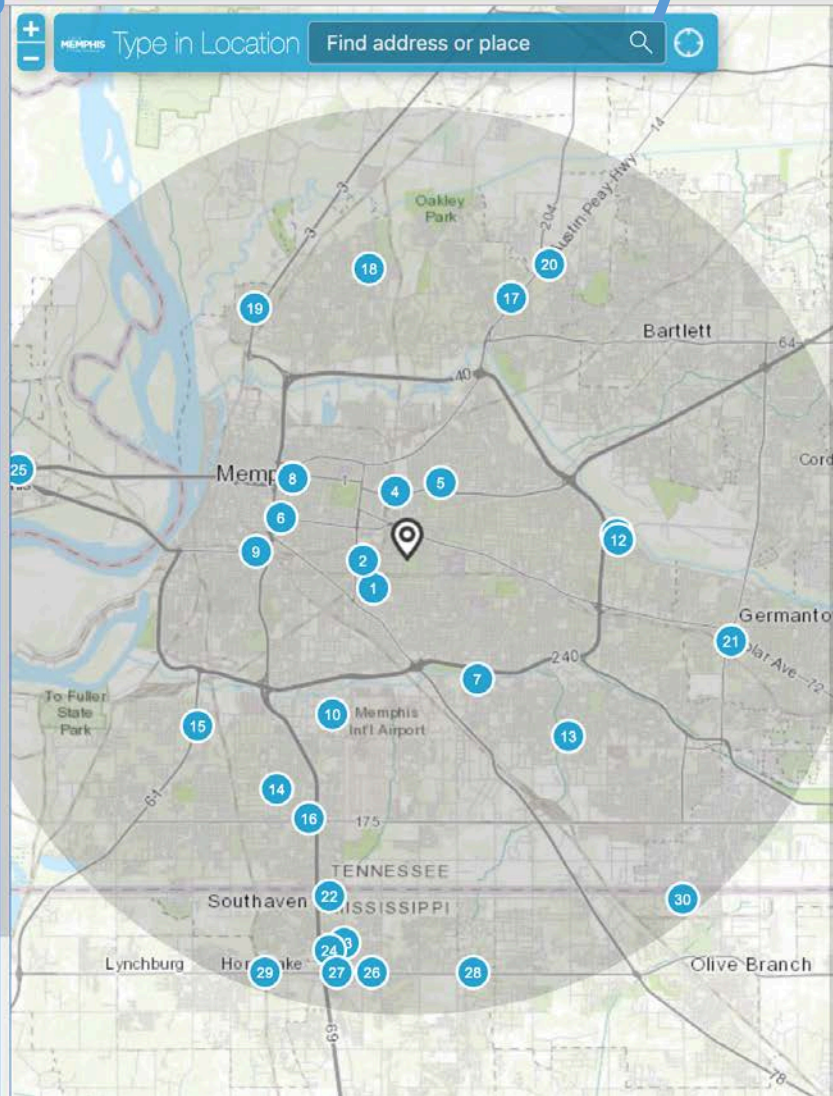
**From Mayor Strickland:**  
Governor Bill Lee is scheduled to attend Christ Community Health Services Free COVID-19 drive-through testing event this **Saturday, April 25, from 12:00–3:00 pm** at **Christ Community Health Services Frayser Health Center at 696 Frayser Blvd.**

The testing event is in association with Governor Lee's efforts to ensure that COVID-19 test is available to all Tennessee residents. All tests are administered by Nurses and National Guard medics and is available to anyone who desires to be tested for COVID 19.

Unlike previous drive-through testing, you do not need to be experiencing any COVID-19 symptoms and do not need to pre-register or schedule an appointment. Testing is open to everyone, and participants do not have to be Shelby County residents. Test results should be available within 72 hours, and everyone tested should receive a call regarding their results.

**Updates:**

MEMPHIS Type in Location Find address or place



TESTING FACILITIES

30

MILES (1-12)

1 Christ Community Health Center Or...  
~1.12 MILES

2 UT Drive-Through Testing @ Tiger L...  
~1.17 MILES

3 Christ Community Broad Ave Health...  
~1.9 MILES

4 Christ Community Health Center Wo...  
~1.9 MILES

5 Walgreens  
~2.28 MILES

6 Methodist University  
~3.56 MILES

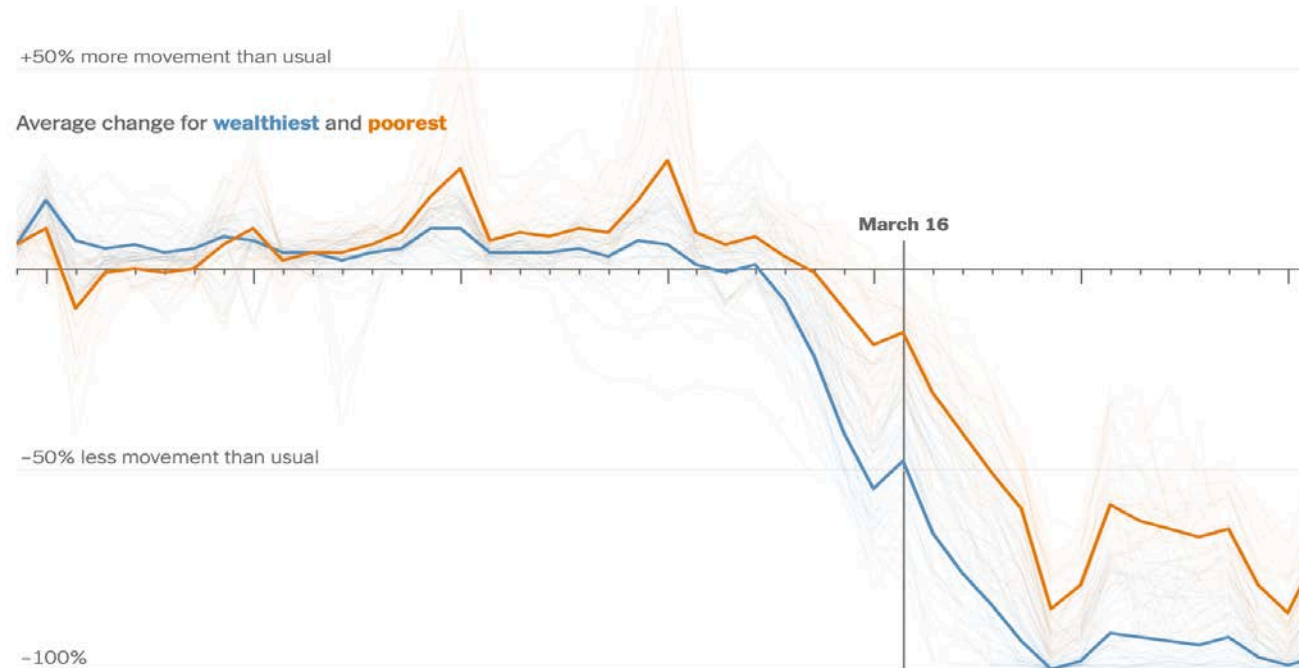
7 Cherokee Health  
~3.62 MILES

8 Church Health  
~3.76 MILES

English



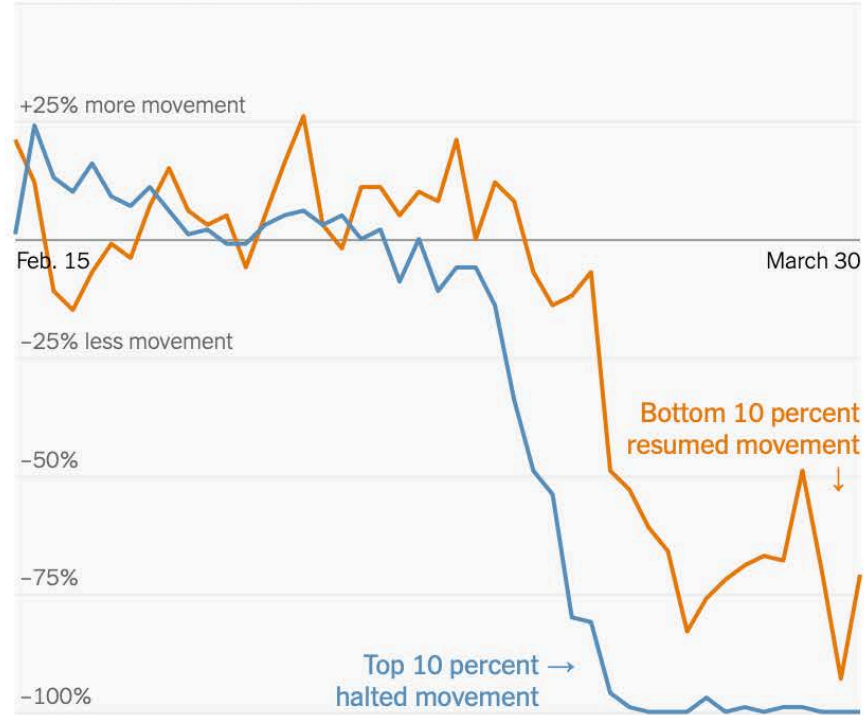
The wealthiest people, those in the **top 10 percent** of income, however, have limited their movement more than those in the **bottom 10 percent** of the same metro areas, according to a Times analysis of cellphone location data.



Location Data Says It All: Staying at Home During Coronavirus Is a Luxury (New York Times, April 3, 2020)

## Change in movement in metro areas with high income disparity

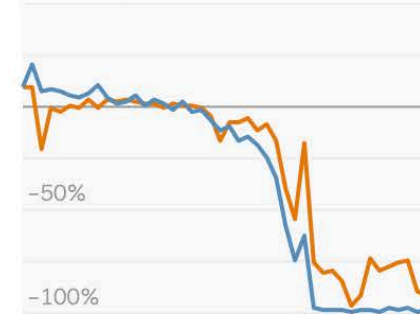
Bridgeport-Stamford, Conn.



Washington



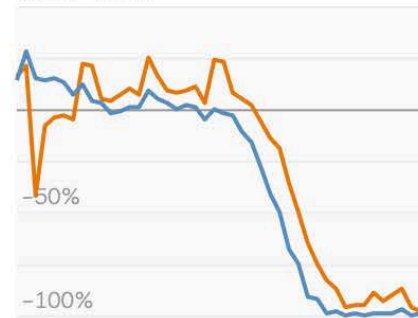
San Francisco



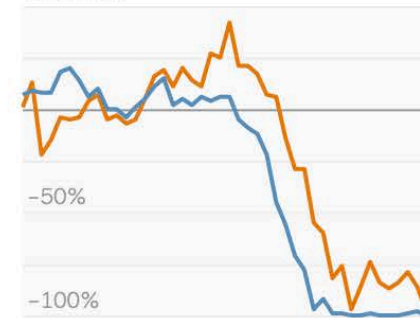
San Jose, Calif.



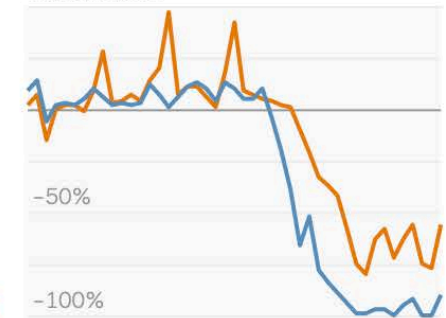
New York



Boston



Baltimore



Location Data Says It All: Staying at Home During Coronavirus Is a Luxury (New York Times, April 3, 2020)

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# Space is the Place: COVID-19 Data

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# Three Waves of COVID-19

- Wave 1: Seattle, California, nursing homes, cruise ships
  - Wave 2: Large urban areas (especially New York City & adjacent areas, New Orleans)
  - Wave 3: Rural areas, Tribal Lands, Deep South
-

# Hypersegregation in America

## Fewer U.S. metropolitan areas are hypersegregated today...

The number of American metropolitan areas where black residents experience hypersegregation — a particularly intense form of social and geographic segregation — has dropped by nearly half over the past 40 years, according to a new analysis by Princeton researchers Douglas Massey and Jonathan Tannen. Areas in red were hypersegregated in 2010. Areas shown in gray were hypersegregated at some point from 1970 to 2000.



Albany, GA	Dayton, OH	Las Vegas, NV	Richmond, VA
Amarillo, TX	Denver, CO	Louisville, KY	Roanoke, VA
Asheville, NC	Detroit, MI	Milwaukee, WI	Rochester, NY
Atlanta, GA	Flint, MI	Mobile, AL	Saginaw, MI
Baltimore, MD	Fort Wayne, IN	Monroe, LA	Savannah, GA
Birmingham, AL	Gadsden, AL	Muncie, IN	Springfield, MA
Boston, MA	Grand Rapids, MI	Nashville, TN	St. Louis, MO
Buffalo, NY	Hartford, CT	New Orleans, LA	Syracuse, NY
Chattanooga, TN	Houston, TX	New York, NY-NJ	Toledo, OH
Chicago, IL	Indianapolis, IN	Oklahoma City, OK	Washington, DC
Cincinnati, OH	Jacksonville, FL	Omaha, NE-IA	Wichita, KS
Cleveland, OH	Kansas City, MO	Philadelphia, PA	Winston-Salem, NC
Columbus, OH	Lakeland, FL	Pittsburgh, PA	York, PA

## ...but segregation levels remain high in those areas.

The degree of segregation in hypersegregated cities, represented on a zero-to-100

Table 2 Hypersegregated metropolitan areas in 2010

	Unevenness	Isolation	Clustering	Concentration	Centralization	Average
High Score on All Five Dimensions						
Baltimore	64.3	62.4	62.6	79.1	79.1	69.5
Birmingham	65.2	62.6	78.3	68.3	79.3	70.7
Chicago	75.2	64.8	86.3	79.1	79.6	77.0
Cleveland	72.6	64.7	80.6	85.4	81.9	77.0
Detroit	74.0	70.0	82.6	86.2	74.6	77.5
Flint	67.3	61.7	84.2	80.1	84.1	75.5
Milwaukee	79.6	65.5	100.0	87.1	91.2	84.7
St. Louis	70.6	62.0	75.9	87.3	91.2	77.4
Average	71.1	64.2	81.3	81.6	82.6	76.2
High Score on Four Dimensions						
Boston	61.5	31.1	64.8	75.2	79.2	62.4
Chattanooga	63.0	48.6	66.8	78.8	62.6	64.0
Dayton	63.3	55.1	63.4	70.4	76.7	65.8
Gadsden	66.4	47.0	67.2	81.7	81.4	68.7
Hartford	62.3	35.4	80.5	71.1	70.7	64.0
Kansas City	58.6	43.3	52.1	86.5	88.1	65.7
Mobile	59.0	62.2	42.0	68.4	72.6	60.8
Monroe	63.4	66.7	62.6	51.7	71.6	63.2
New York	76.9	51.3	78.6	80.6	83.6	74.2
Philadelphia	67.0	55.8	85.0	69.7	70.0	69.5
Rochester	63.0	40.3	98.9	75.7	78.6	71.3
Syracuse	64.6	37.5	69.0	83.7	87.5	68.5
Winston-Salem	56.1	43.4	55.4	74.8	81.2	62.2
Average	63.5	47.5	68.2	74.5	77.2	66.2

# COVID-19 in Hypersegregated Cities

Cities	Segregation Intensity	Hypersegregation Status	Cases per 100,000
New York City	Category 4	Currently hypersegregated	1,873.4
New Orleans	Category 3	Once hypersegregated	1,613.3
Albany, GA	Category 2	Once hypersegregated	1,609
Detroit	Category 5	Currently hypersegregated	874.7
Philadelphia	Category 4	Currently hypersegregated	666.9
Chicago	Category 5	Currently hypersegregated	528.7
Washington DC	Category 3	Once hypersegregated	515.4
Indianapolis	Category 3	Once hypersegregated	480.3
Flint	Category 5	Currently hypersegregated	350.3
Denver	Category 2	Once hypersegregated	343.9



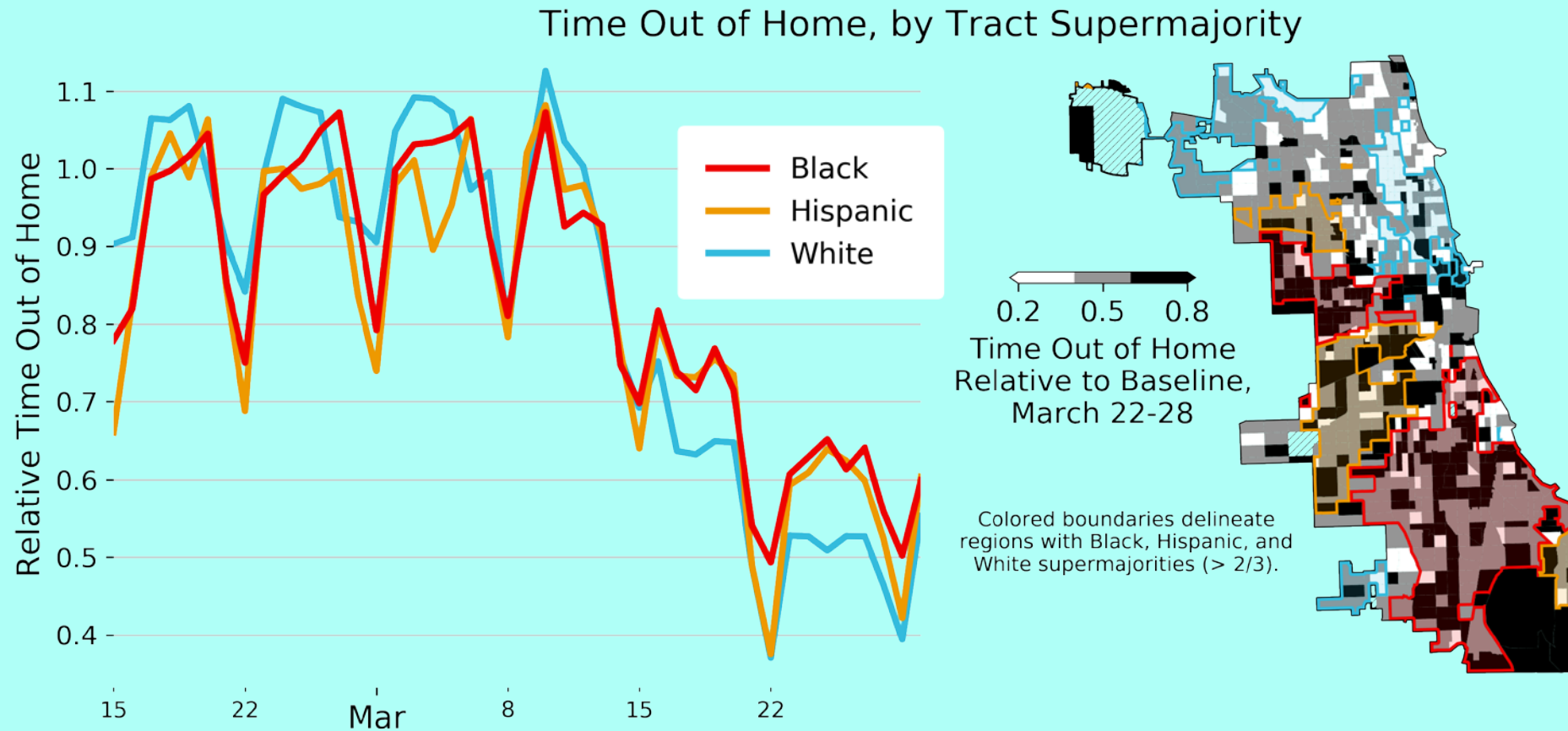
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# The Damage of Racial Segregation

- Fewer health care facilities in urban areas (Ko et al, 2013) and rural areas (Caldwell et al., 2017)
- Food apartheid and increased obesity (Goodman et al, 2018; Reese, 2019)
- Higher rates of heart disease and stroke (Greer et al., 2013\*), blood pressure (Kershaw et al., 2017)
- Worse outcomes in child/youth health (Kotecki et al., 2018\*)
- Medical apartheid (White-Means et al, 2009; Washington, 2007; Boyd 2019)
- Increased air pollution (Woo et al, 2019; Grove et al, 2017)
- The historical underdevelopment of Black neighborhoods and under-resourcing of public goods in highly segregated cities (Trounstein, 2018)
- Hyperpolicing both in terms of more fatal police shootings (Siegel et al, 2019) and more excessive force complaints (Smith and Holmes, 2014)
- Overall (Hicken et al., 2019)

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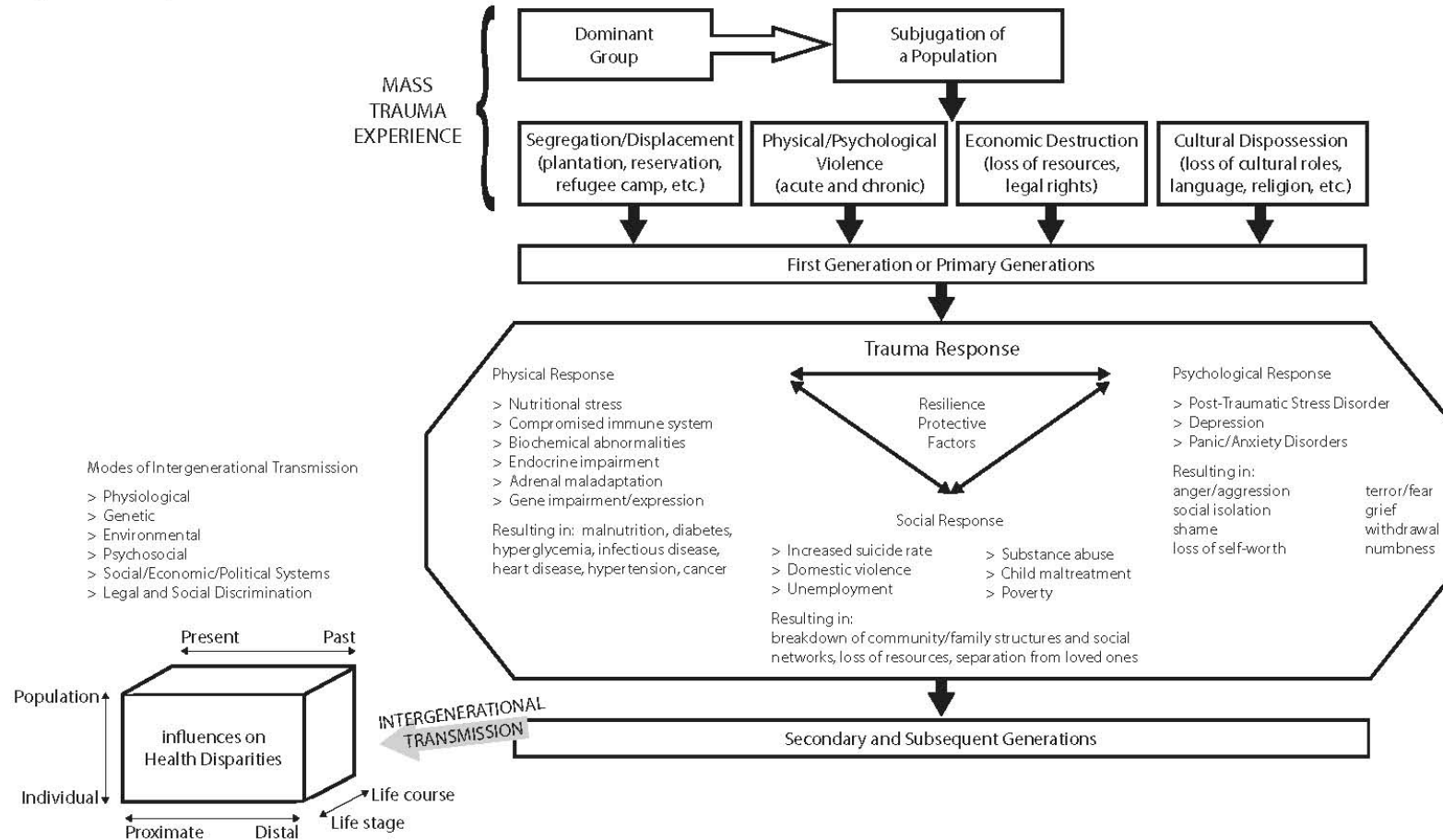
EMPIRICAL FINDINGS HIGHLIGHT HOW RACIAL SEGREGATION HURTS WHITE PEOPLE WHO LIVE IN HIGHLY SEGREGATED CITIES.



Measuring Neighborhoods' Changes in Mobility, in Response to Coronavirus (Jamie Saxon)

# Historical Trauma in America

Figure 1. Conceptual Model of Historical Trauma



# COVID-19 in Tribal Lands

Counties	Native American Tribal Groups	Percentage Native American in County	Cases per 100,000
McKinley County, New Mexico	Navajo, Hopi, and Zuni	73.3	877.2
Navajo County, Arizona	Navajo, Hopi	43.2	563.3
Apache County, Arizona	White Mountain Apache, Navajo, et al.	72.8	413.9



# COVID-19 in State Correctional Institutions

Counties	Institution Name	Institution racial demographics	Cases per 100,000
Lincoln County, Arkansas	The Cummins Unit	54% White, 42% Black (statewide)	5,162.5
Bledsoe County, Tennessee	Bledsoe County Correctional Complex	58% White, 40% Black (statewide)	4,006.3
Marion County, Ohio	Marion Correctional Institution	Almost half White and half Black	3,319.4
Pickaway County, Ohio	Pickaway Correctional Institution	60% White, 38% Black	2,889.2

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# Solutions

- **Spatially contextualize COVID-19 data.** By only highlighting COVID-19 inequities by race and ethnicity, we obscure the spatial legacies of colonization and American Apartheid. We're setting people up for COVID-19 stigmatization and demonization by not going to the root.
  - **Decolonize and desegregate.** COVID-19 is exposing the spatial legacies of colonization and American Apartheid. To heal from ongoing historical trauma, America must go to the root and repair the damage.
  - **Pursue de-carceration.** We need to address crime and violence from a structural level, not just at the individual level. COVID-19 is revealing that overcrowded prisons and mass incarceration are bad for public health.
  - **Budget to support life.** In FY2019, America allocated \$686.1 billion to the Department of Defense and \$90 billion to the Department of Health and Human Services. In FY2018, Baltimore City allocated over \$471.9 million to the Baltimore Police Department from the General Fund while allocating only \$40.8 million to the Baltimore City Health Department. We can't have healthy populations with apartheid budgets.
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