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KEITH WAILOO: What we have this year is truly unprecedented, not just because it's a global pandemic, but it combines — one of the recent reporters noted — all the elements of a pandemic like 1918, with a economic depression like post-1929, with social unrest like 1968, and with cries for a new regime, a new approach to governance of the kind that you saw maybe in Tiananmen Square.

HOST: Hello, and welcome to "We Roar." With coronavirus still upending our lives, we're asking Princetonians everywhere to share how they're living and working through the crisis, how they're making sense of imperfect information, and how they're thinking about a post-COVID future. In this episode, we hear about social vulnerability today and through the lens of history.

KEITH WAILOO: I'm Keith Wailoo. I'm a professor of history and public affairs, and my title is the Henry Putnam University Professor of History and Public Affairs at Princeton.

We're in the middle of this pandemic. I'd say two months in, it became clear that there were these shocking disparities in the way the — COVID-19, the coronavirus, was manifesting itself along lines of race, but also along the lines of urban life, so that you'd have a situation now where in a state of — Wisconsin, let's say, you have a — 6% of the population is African American, but 27% of the deaths are African American. And you see those kinds of disparities, to lesser and greater degrees, manifest across multiple states.

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Americans are always “shocked, shocked!” by the face of poverty or by a cold, hard look at the way race and the Black experience differs for many from the experience of Anglo-Americans or even other ethnic groups. We saw that in the wake of Katrina.

I'd have to say my experience was to look at this and hope, and to hope, that it would not be another version of the story that we've seen before. And I think the sadness and the tragedy is that it is a version of the same story we've seen before. This is Katrina on steroids, manifesting itself not just in one city, New Orleans, but multiple cities in multiple venues at the same time across the entire United States.

So anyone who pays attention is not surprised. What is surprising is the scale of the disparity. But if you look at the way in which the lines between the well-off and the not so well-off have skewed — the disparities have grown over the last 20 years — it's not surprising at all.

My work straddles history and health policy. And I use history as my guide to what could be done, but also sometimes history can predict or, at least, can foreshadow. So epidemics have always been incredible revealers of underlying disparities, of the underlying character of a society. But this is a particularly insidious virus.

We learned about a month or so in that there is something called asymptomatic transmission. What does this mean? It means that if you live in an apartment complex and you're feeling fine, or if you were a bus driver and you're feeling fine — that you may be ill and transmitting this virus for two days or three days before you show any symptoms. And that, all by itself, explains why it is that coronavirus or COVID-19 has manifested itself in the way that it has in places which have congested living, public transportation, lobbies and elevators as the main means by which you get back and forth to your home.

So while some people might go quickly, almost knee-jerk, to, well, there must be something different about Black people or Latinos, it doesn't take very much thinking to see the way in which this particular organism makes certain kinds of vulnerabilities exposed and takes advantage of them. And when you have those vulnerabilities overlapped, it's particularly deadly.

So if you're elderly and if you have diabetes and if you're poor and if you live in a high-rise and if you live in New York City, guess what? This is devastating. So we need to understand the sociology of vulnerability, first and foremost, before — as — as a — as a feature of this virus, as a feature of this phenomenon, and then to understand how race and ethnicity, as in Latinos working in meatpacking plants in the middle of Iowa, are also the face of vulnerability, or prisoners, people living — people in prisons are afflicted adversely by this.

So I don't have a lot of evidence about how the protests following the murder of George Floyd in Minneapolis are related to COVID-19. But I think that it's fairly certain that if you have an ailment like this, a pandemic that has this kind of disproportionate, devastating impact on people of color, and then you add on top of it a kind of a sense that your community is being singled out and victimized and then you add to it a kind of narrative of ineptitude in terms of how government has responded, then you add to it the economic collapse that has created unemployment — the levels of which we haven't seen in decades upon decades, and then you add a heinous filmed murder of the kind that we saw in Minneapolis, it's not surprising at all that this would lead to the kind of outrage that we see manifesting itself across the nation.

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This is certainly a wake-up call to our government to rethink the way in which we address the health needs not just of African Americans and not just of Latinos and not just of the elderly in nursing homes, but how we rethink a system that has catered to those with insurance, those with resources.

We have had 30 or 40 years of impoverished public health so that, you know, this problem emerges, this coronavirus issue emerges, and we don't have a system that can produce masks or diagnoses. We have a public health system that has failed at every turn. And we also have a medical system that's failed, although it has been heroic with the resources that it has been given.

So while I understand and I certainly appreciate the fact that this is a Black Lives Matter or Black deaths, sadly, matter story, it's wrong to see this as something where we're going to address this only in Black communities. The what's exposed by the coronavirus problem goes deep to the way in which we have ignored fundamental problems in the way our society is organized and how we need to ensure the better health of everyone.

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