


Beyond Social Vulnerability: COVID-19 as a Disaster of Racial Capitalism

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Abstract

The hazards and disasters field routinely emphasizes that there is no such thing as a natural disaster. This is a nod to the fact that environmental disasters are caused by the human actions or inactions intersecting with the occurrence of a natural hazard, e.g. hurricane, fire, earthquake. This essay argues that the disaster literature can help us understand the causes and consequences of the COVID-19 pandemic but only if we consider the pandemic as a disaster and its profound impacts as outcomes of racial capitalism. Through intersectional systemic forms of oppression that both devalue Black, Indigenous and Latinx people and extract labor from them, racial capitalism has rendered these communities vulnerable.

Keywords: Social Vulnerability; Racial Capitalism; Disasters; COVID-19.

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1 Introduction

It might be said that the COVID-19 pandemic is somewhat primetime for those of us who write that there is no such thing as a natural disaster. What is more unnatural than a virus that threatens to wipe out a generation of grandparents, a myriad of poor Black, Indigenous and brown folks, immunocompromised folks and the intersections thereof? But to call this and other disasters unnatural does not mean they are anomalies that would not have happened if local, state, national and global governance structures, health care systems, worked as they should. As with the devastation caused by hurricanes and earthquakes, COVID-19 is ravaging the US and the rest of the world due to intersecting oppressive systems including sexism, racism, classism, and capitalism.

In this essay, I discuss the COVID-19 pandemic as a disaster. As an urban planning and disaster scholar, it is tempting to turn to the oft-used framework of social vulnerability to understand disasters, but I argue that social vulnerability is not critical enough a lens with which to analyze disasters, including the COVID-19 pandemic. Instead, I suggest that racial capitalism, with an understanding of intersecting oppressions such as sexism and ableism, allows us to understand some of the root causes of this pandemic. I reflect on how racial capitalism intersects with other forms of oppression. Lastly, I briefly discuss mutual aid as a response to the pandemic.

2 COVID-19 as Disaster

There is no consensus on the definition of “disaster” in the literature. Oliver-Smith (2020) argues that the lack of agreement is due to the word being commonly used in everyday conversations and disasters’ “external variability”, i.e. the plethora of natural and technological events that trigger disasters and their varied effects, and “internal complexity”, i.e. the multitude of social, environmental and physical processes that result in and occur during disasters (p. 31).

Despite the lack of agreement on what disasters are, there is a consensus on the fact that disasters are not “natural”. Researchers emphasize that while hazards, such as earthquakes and hurricanes, can be formed by natural processes, they become disasters, at least partially, due to socio-economic processes and policies that expose people to hazards and fail to adequately mitigate hazards, prepare populations for the hazards, and address uneven social and physical vulnerabilities (Moser Jones, 2009).

The COVID-19 pandemic has several markers of a disaster. The pandemic has disrupted the lives and livelihoods of billions of people with shelter in place and stay-at-home orders issued by governments globally, bringing jobs, economies, and lives to a halt. As of February 2021, there have been over 26.4 million cases in the US and over 103 million cases globally with over 446,000 deaths and 2.2 million deaths respectively in the US and worldwide (The New York Times, 2021). The US government deficit was sitting at \$ 3.1 trillion at the end of 2020.

Like most disasters, the pandemic has both revealed and compounded existing racial and ethnic modes of domination. Initially, US states were slow to release infection and death rates disaggregated by race and ethnicity but now most states have, and the results are at the same time unsurprising and unsettling. People of color are dying at higher rates than white people. Black people in the US have died at 1.5 times the rate of white people, American Indian and Alaska Natives at 1.4 times the rate, Hispanic or Latino people at 1.2 times the rate, and Native Hawaiian and Pacific Islanders 1.1x the rate of white people (The Atlantic, 2021).

While it is clear that COVID-19 can be considered an unnatural disaster, it was not caused by a glitch in the system (something that should not have happened had policies and systems worked as intended) but by the system itself. What is truly disturbing is that the long-standing intersecting systems of racism, sexism, ableism, ageism, and capitalism are working in service of white supremacy, patriarchy, capitalism and the domination of oppressed populations.

In the next section, I detail why the social vulnerability framework is insufficient for understanding disasters such as COVID-19. Understanding COVID-19 requires us to understand the processes by which the lives of people of color are devalued in order to extract labor and the lives of disabled, immunocompromised, and elderly people are treated as disposable, viewed as unproductive and incapable of producing profitable labor for capitalists.

3 Why Not Social Vulnerability?

In the second edition of their 1994 book on hazard vulnerability, Wisner et al. (2004) define social vulnerability as the “set of characteristics of a group or individual in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard” (p. 9). While they discuss the root causes of vulnerabilities and note that socially vulnerable groups are often treated as victims, the definition they provide reflects the uncritical nature of much subsequent literature on social vulnerability. Social vulnerability literature is rife with discussions that attribute vulnerability to the supposed intrinsic characteristics of individuals and groups instead of the structural causes that force communities of color, poor, disabled, elderly, and health-compromised folks to bear the brunt of disasters (Bolin, 2006; Jacobs, 2019).

The social vulnerability literature in urban planning and related fields is dominated by studies that map so-called vulnerable populations. This mapping essentially amounts to counting non-white, disabled and poor people, households without access to a vehicle and single woman-headed households, along with other characteristics. Once all these so-called destitute populations are added up, they are mapped in red and called “hot spots” (Cutter et al., 2000; Cutter & Finch, 2008; Finch et al., 2010; Van Zandt et al., 2012). There are few social vulnerability mapping studies that include conversations with these “vulnerable” populations or critical conversations about the root causes of vulnerability. These hot spots are largely treated as passive populations that magically became vulnerable, or, even worse, by their own faults (Jacobs, 2019).

Fortunately, there are fields that do better jobs of unpacking and critiquing the term “vulnerability” than hazards and disaster literature in urban planning. Development studies scholars critique the notion of vulnerability. Bankoff (2001) discusses vulnerability as a western construct imposed on the developing world that construct the Global South as dangerous with little consideration of how colonialism and imperialism produced and continue to exacerbate said vulnerability. The concept is also critiqued as overused and paternalistic to those designated as vulnerable (Chambers, 2006). A critical disabilities scholar, Burghardt (2013) contends that vulnerability is “a social construct that limits the lives of people with disabilities due to its implication of weakness and need and its inattention to socially imposed barriers” (p. 557). Burghardt (2013) also points out that the designation of vulnerable imposes contradictory roles on populations both assuming that they need charity-like protection from the state and its systems and also denying them the right to participate in systems, and to some extent, society. This critique of vulnerability becomes even more salient when we consider how ableism and other forms of oppression intersect with racial capitalism, shaping, impacting, and reinforcing each other, as will be discussed in a subsequent section of this essay.

In a critique of social vulnerability within disaster studies, Bolin (2006) insists that the study of disasters “requires a historically informed understanding of the particularities of racial formations in specific places and times and how those shape the environmental risks to which people are exposed” (p. 116). Bolin (2006) encourages the use of an environmental justice lens instead of social vulnerability for hazards as it makes visible the “complex mechanisms by which certain ethnic (and racial, gendered and classed) categories of people are disadvantaged” (p. 117). Hardy et al. (2017) echo this in an a study of racial coastal formation, insisting that if “deeply racialized history goes unrecognized, what [they] label colorblind [climate change] adaptation planning is likely to perpetuate the”slow violence” of environmental racism” (p. 62). While there are valid critiques of environmental justice activism and scholarship taking a less critical turn (Harrison, 2015; Pulido, 2000), there are many environmental justice scholars who explicitly take racism and white supremacy to task (Bullard, 2008; Pellow, 2017; Pulido, 2015; Taylor, 2000).

In the next section, I take cues from Pulido (2016a & 2016b) who contends that environmental racism — the antithesis of environmental justice — is but a component of racial capitalism. I argue that racial capitalism, and its intersections with sexism, ageism, and ableism, can help us understand the root causes and impacts of the COVID-19 pandemic.

4 Why Racial Capitalism?

While not the first scholar to use the term “racial capitalism”, Cedric Robinson is credited with expanding on its original usage in reference to South Africa’s apartheid economy to a term that encompassed modern capitalism by chronicling capitalism’s emergence in European feudal society (Robinson, 2000). The first racialized people under a racial capitalist order, Robinson argued, were Jewish, Irish, and Roma people (Kelley, 2017; Robinson, 2000). Racial capitalism expanded to the modern world through genocide, slavery, colonization, and imperialism, positioning processes of the devaluation of racialized people as central to the division of labor essential for the capital accumulation of those in power (Danewid, 2020; Robinson, 2000; Saldanha, 2020).

This essay is not the first to make the connection between racial capitalism and COVID-19. McClure et al. (2020) argue that racial capitalism in public health occupational settings is driving COVID-19 disparities. Laster Pirtle (2020) makes the more general case that racial capitalism is a fundamental cause of COVID-19 inequities. In this section, I draw from Laster Pirtle (2020) and from Pulido (2016b) who lays out an instructive example of how racial capitalism produces inequities through her examination of environmental racism.

4.1 The Production of Difference and Operationalization of Nonwhite Devaluation

Pulido (2016b) argues that environmental racism is a product of racial capitalism achieved by first producing social difference in order to extract value and then operationalizing nonwhite devaluation. Pulido (2016b) describes differential value as “the production of recognized differences that result in distinct kind of values... [which] become critical in the accumulation of surplus — both profits and power” (p. 4). The accumulation of capital is dependent on stark inequities between groups of people. Racial difference, and other produced differences based on gender, ability and age, are all central to capital accumulation.

Whiteness, and by extension white people, are seen as having innate value whereas non-whiteness, and non-white people, are only valued if labor, or some other value, can be extracted

from them by whiteness/white people (Leong, 2013). As Robinson (2000) put it, “The [then racialized] Irish worker having descended from an inferior race, so his English employers believed, the cheap market value of his labor was but its most rational form” (p. 39). Once devalued, racialized people are used for their labor or deserted by capital, like the poor people of color in Flint when their water was poisoned (Pulido, 2016a; Ranganathan, 2016).

The devaluation of non-white people has its origins in the past and present colonization of the Americas, global imperialism, and the genocide of people indigenous to the Americas and Africa. It is key that we understand these processes to understand how Black, Indigenous, Latinx people and other people of color are made vulnerable to COVID-19. People of color in the US disproportionately hold service-sector and healthcare jobs (Bouie, 2020). Despite the fact that these jobs are generally poorly paid, reflective of a long history of racially segmented labor, such workers in hospitals, senior homes, supermarkets and the postal service, quickly were recognized as essential (Bouie, 2020). Hence, fewer Black and Latinx workers are likely to have the flexibility to work from home (Rogers & Rogers, 2020), and are more likely to be in jobs that expose them to COVID-19.

4.2 Racial Capitalism and Intersecting Oppressions as Underlying Causes of the Pandemic

Laster Pirtle (2020) makes the case that racial capitalism is a fundamental cause of COVID-19 inequities because it (1) makes people of color more susceptible to diseases, such as hypertension and diabetes, (2) results in risk factors such as housing segregation and homelessness, (3) reduces people of color’s access to resources including healthcare and (4) reproduces the inequities of past pandemics, all of which produce worse outcomes for people of color with respect to COVID-19.

While racism has received less attention than race in public health literature’s examination of the social determinants of health (Kunitz, 2007; Robert & Booske, 2011; Walker et al., 2016), the field is increasingly recognizing the ways that structural racism shapes individuals’ and communities’ access to health and healthcare (Johnson, 2020; Yearby, 2020). A systematic review and meta-analysis of 293 studies in 333 articles showed that racism is associated with poorer mental, physical, and general health (Paradies et al., 2015). Health outcomes for communities living under oppression are worsened because they are denied access to quality housing, jobs that pay a living wage, education opportunities, and health care (Egede & Walker, 2020; Laster Pirtle, 2020). When we consider comorbidities, such as diabetes, with COVID-19, there is even more cause for concern. Studies have shown that racism is associated with increased risk of type 2 diabetes (Bacon et al., 2017) and racial segregation is associated with higher diabetes mortality (Kershaw & Pender, 2016). As Bouie (2020) states, “Today’s disparities of health flow directly from yesterday’s disparities of wealth and opportunity [...] If [B]lack Americans are more likely to suffer the comorbidities [...] it’s because those ailments are tied to the segregation and concentrated poverty”.

Racial capitalism does not act alone. Intersectionality’s core insight tells us that “race, class, gender, sexuality, dis/ability and age operate not as discrete and mutually exclusive entities, but build on each other and work together” (Collins & Bilge, 2016, p. 4). Particularly with this pandemic, the gendered, ableist, and ageist arms of capitalism work to devalue and dispose of oppressed populations and the intersections thereof.

The COVID-19 pandemic has worsened gender disparities in the workplace. In December 2020, there were 140,000 jobs lost across the US. Men and white women experienced net gains in jobs whereas Black and Latina women experienced staggering losses (Kurtz, 2021). Given the

overrepresentation of women of color in service jobs, these disaggregated losses make sense as the hospitality industry lost close to 500,000 jobs. Women have also reported increases in care-taking responsibilities with many schools and childcare facilities closed during the pandemic (Center for Disease Control and Prevention, 2020).

Disability justice advocates have been aware of the dangers COVID-19 poses to disabled communities since the start of the pandemic. Beyond the fact that some disabilities are comorbidities with COVID-19, ableism (the oppression of and discrimination against disabled people) is deadly to disabled communities. A medical college in Italy published criteria for medical personnel to consider when the pandemic was overwhelming Italian medical facilities. The guidelines suggested that care should be prioritized for younger people and persons without comorbidities to make the best use of limited medical resources (Mounk, 2020). Disability justice groups in the US have filed complaints that some healthcare providers were discriminating against people with disabilities when making triage decisions (Shapiro, 2020). Also, consider the Lieutenant Governor of Texas, Dan Patrick's remarks on Fox News that "he would rather die than see public health measures damage the US economy, and that he believed" lots of grandparents" across the country would agree" (Žižek, 2020, p. 4). This type of declaration can only be made when capitalism has systemically devalued the lives of elderly, disabled, immunocompromised and the powers that be have rendered oppressed populations expendable.

Pulido (2016b) states "if environmental racism is a part of racial capitalism, then its regulation becomes the province of the state". Like most other countries, the US response to COVID-19 has largely been regulated by the governments with cities and states issuing and rescinding stay-at-home orders for its populations. It is not a far leap to understand the outcomes of this pandemic as the result of governments' actions and inactions because as Matthewman and Huppertz (2020, p. 3) state, "Outbreaks are inevitable. Pandemics are optional." The failure of the government to implement policies that protected vulnerable populations, provided hazard pay to essential workers, and allowed for non-essential workers to stay home without having to sacrifice their material needs, has resulted in the COVID-19 outbreak becoming a devastating disaster and pandemic.

5 Moving Forward

In her book, *Freedom is a Constant Struggle*, Davis (2016, p. 1) says, "Progressive struggles — whether they are focused on racism, repression, poverty, or other issues — are doomed to fail if they do not also attempt to develop a consciousness of the insidious promotion of capitalist individualism". In this essay, I have shown that racial capitalism as it intersects with ableism, sexism and other forms of oppression, offers us a powerful lens for understanding the root causes of vulnerability and the deep inequities that they result in. While social vulnerability researchers within the hazards and disasters field are well-intentioned, "social vulnerability" does not lend itself to critical analyses of structural inequities and the insidiousness of racial capitalism underlying the disparities in COVID-19 outcomes.

In Roy's (2020) often quoted essay, "The pandemic as portal", she encourages us to prepare ourselves not for a "return to normality" but to be "ready to imagine another world" and to be "ready to fight for it". In a pre-pandemic article, Hobart and Kneese (2020) describe a radical, collective care that sprung up during the Civil Rights movement and the women's movement a response to the failed "neoliberal model of care [...] of moralized self-management [that] glosses over the political, economic, and ideological structures that do the work of marginalization" (p. 4). They point to initiatives and projects that distributed pamphlets about women's repro-

ductive health to communities, provided free breakfasts for primarily poor Black children, and ran free medical clinics focused on preventative care.

Springer (2020) encourages us to see some of the imagining of other worlds that Roy seems to call for through the “resurgence of reciprocity that we are seeing” (p. 113) as response to the pandemic. This resurgence can be seen in the global, local mutual aid networks filling in the gaps that the state has left wide open. The Mutual Aid Disaster Relief organization describes itself as a “grassroots disaster relief network based on the principles of solidarity, mutual aid and autonomous direct action” that focuses on “solidarity not charity”. They define mutual aid as “voluntary, reciprocal, participatory assistance among equals and being with, not for, disaster survivors” (Mutual Aid Disaster Relief Network, 2020). This national network has a directory of over 425 independent mutual aid networks in the United States representing 44 states and the District of Columbia ranging from neighborhood networks to racial, ethnic and religious-specific networks. As Springer states, the necessity of mutual aid networks “[serve] as a testament to the fact that the selfishness of capitalism was never going to produce a world in which we could find comfort.” This other world that we must imagine and build should exist outside of systems of oppression such as racial capitalism.

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