



# NEXO

The Official Newsletter of **The Julian Samora Research Institute**  
The Midwest's Premier Latino Research Center

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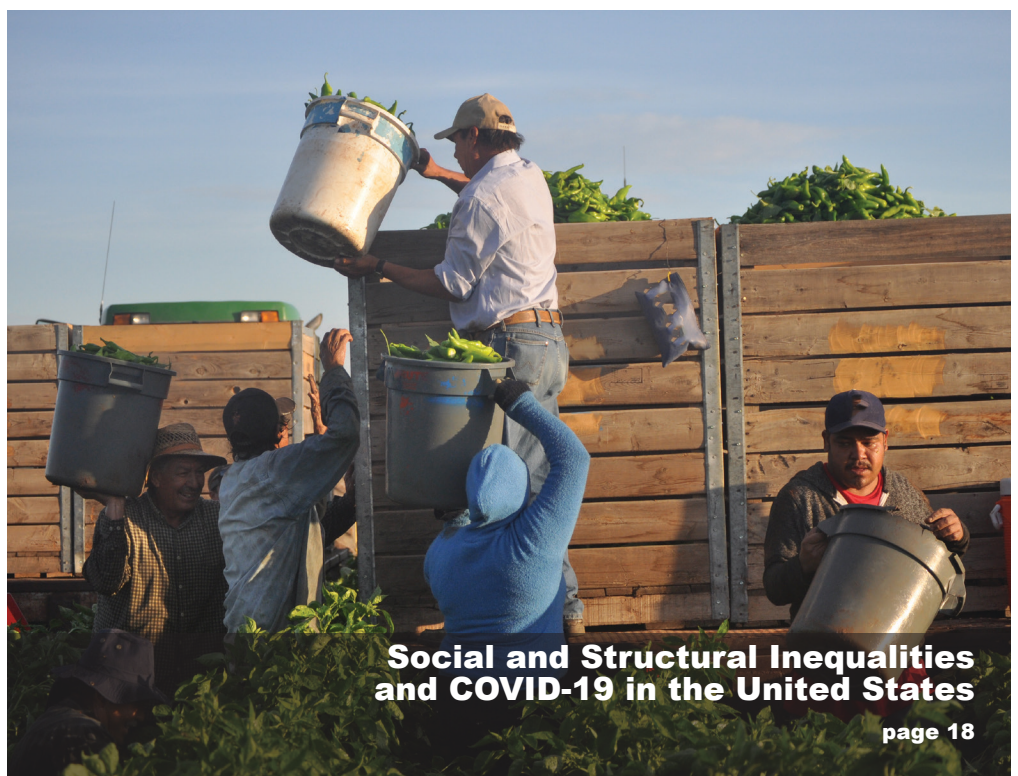
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*JSRI's mission is to generate, disseminate, and apply knowledge to serve the needs of Latino communities in the Midwest and across the nation.*



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JSRI at Michigan State University is committed to the generation, transmission, and application of knowledge as it relates to Latinos and Latino communities throughout the Midwest and the nation.

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## Essential Workers and the Pandemic



**Rubén O. Martínez**  
Director

In 1944 Kingsley Davis and Wilbert Moore set off a controversy in the study of social inequality by arguing that there are differences across occupations in terms of prestige and salary on the basis of scarcity. That is, positions that can be easily filled do not need to be well rewarded. It is those positions that require considerable training, they argued, that must have greater rewards if people are to be motivated to assume the burden and costs of acquiring the skills associated with them. The implication was that those on the higher end of the occupational ladder were

functionally more important for society.

The controversy revolved around two key issues: 1) the implicit acceptance of the existing aspects of social inequality as fair, and 2) the utility of functional analysis when it bypasses explanation. The first allows us to critically examine the structures of inequality in society and whether or not they are fair and justified. The second has resulted in the decline from prominence of functionalist theory in the social sphere. While Davis and Moore assumed the universality of inequality in society, with individuals assuming positions through a process of competition, criticism forced Davis to revise the theory to take into account the fact that many individuals obtain positions through status ascription. That is, individuals can and are assigned positions on the basis of social status rather than on merit. In America for example, race is a marker used for ascribing statuses associated with occupations, giving rise to the racial division of labor.

The way that the construct of race is used is as follows. Despite race being a social construct, people believe that biological races exist in a hierarchy based on differences in intelligence, control over emotions, and morality, or some combination thereof. Phenotypical features such as skin color, hair, and other features become the markers used to classify people into inferior and superior races. Sometimes cultural features are used as markers of race as well. Those classifications give rise to a social order with a racial division of labor in which the so-called inferior races are relegated to occupations on the lower end of the occupational ladder, with the others reserved for members of the so-called superior race.

In racial societies, members of the groups socially defined as inferior perform the so-called “dirty work” in the economy in jobs with low prestige and low wages and benefits. Some societies are more closed and others more open when it comes to social mobility. Neither are societies completely closed nor are they completely open in terms of social mobility. While the United States has been viewed as a society that is more open than others, say India, it remains a society rooted in racism, with features that limit upward social mobility on the basis of race. In the United States, the racial hierarchy classifies White persons as members of the superior population and all others as members of inferior populations.

Over time, racism became a feature of the social order in which members of one group define those of another as inferior and limit their life chances through the day-to-day dynamics of societal institutions. Racial beliefs legitimize the social inequalities that characterize the social order. Once institutionalized, racial beliefs

among the populations may recede in prominence but the differences in life chances remain. That does not mean that racial beliefs among the members of the dominant group no longer exist, they remain in the collective beliefs and sentiments of the dominant group to be mobilized when they feel threatened by subordinate groups.


The racial division of labor is constituted by the intersection of race and economic class and frames the allocation of occupational opportunities among the various ethno-racial groups. Wealth allows the circumvention of the structure of occupational opportunities in the economy even as it does not always transcend the inferior racial status in everyday life. Well-to-do minorities can still be racially discriminated against in the public sphere. And, their success may actually evoke resentment on the part of members of the dominant group that someone from an inferior group has risen above their own economic status. There are many circumstances in which that resentment becomes widespread and collective actions are taken against members of the subordinate groups.

As Latina/os entered American society following the American Mexican War, they became integrated into its racial order, their positions partly influenced by the nature of entry and the resources they brought with them. Today, poor immigrants and refugees from Mexico and Central America are at the bottom of the social and occupational orders performing manual labor jobs in the economy. The main sectors are agriculture, construction, service occupations (such as, building and ground cleaning and maintenance, food preparation and serving, etc.), and production. It is not an accident or a simple matter of competition and merit, for instance, that White Americans comprise nearly 90% of Chief Executives and Latina/os only 6.1%.

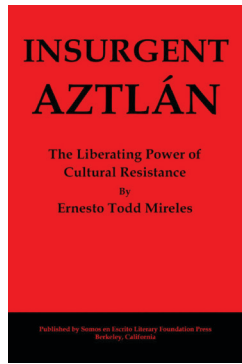
Today, Latina/os comprise the second largest ethnic population in the country, second only to non-Hispanic White Americans. They are also the target of White supremacists who have organized racist militias and ethno-nationalist groups in many states. These groups have increased in number since the election of Donald Trump as President of the U.S. in 2016. Their members promote the superiority of the White race and feel threatened by the demographic shift that is currently under way. Today, their targets are immigrants and refugees. They are motivated by the view that White American culture and identity are under threat of replacement by non-white populations. One factor that is not often discussed that has contributed to the frustration and resentment felt by many White Americans is the downward mobility and economic instability brought about by the neoliberal policies of the last half century.

Rather than recognizing that anti-government and anti-labor policies have led to economic instability, many White Americans blame immigrants and ethno-racial minorities for their economic hardships. A current belief is that immigrants are coming to take or steal jobs from “Americans,” thereby exacerbating their economic troubles. While effective in deflecting attention from neoliberal policies and in scapegoating immigrants, these views do not jibe with reality. Namely, immigrants contribute to economic growth and often “perform unpleasant, back-breaking jobs that native-born workers are not willing to do,” according to Vanda Felbab-Brown, a Senior Fellow at the Brookings Institute.

Take the role of farmworkers in the nation’s agricultural fields and meatpacking plants. These workers perform difficult work for low wages and few benefits that few others seek. Moreover, in the current pandemic, the jobs they perform have been declared essential by the President of the U.S., while absolving employers of liability if their workers contract the virus. Essential jobs must be performed to maintain critical infrastructure operations in society. “Essential workers” are in energy, healthcare, critical retail, critical trades, transportation, water and wastewater, agriculture and food production, and other industries. In 2019, 55.2 million workers were in occupations considered essential. The largest number of them were in healthcare (16.7 million) and agriculture (11.4 million). Lowest in prestige in the healthcare industry are aides, housekeeping workers, and janitors. Lowest in agriculture are the approximately 2 million migrant and seasonal farm workers comprised mainly of immigrants, the majority of whom are Latina/os. Frontline meatpacking workers number approximately 200,000 and are comprised mainly of non-White workers.

These workers were forced to put their lives on the line for the rest of the nation during the pandemic and often did so without adequate personal protective equipment. Meatpacking workers made national news when the plants they worked at became COVID-19 hot spots. As the peak produce season began farmworkers also were getting sick with the novel coronavirus. Despite being repeatedly threatened by President Trump, these workers maintained the food supply to the nation’s households, one of the most critical of operations in the nation’s infrastructure. While they may not have the education of other workers in more prestigious occupations, it is clear that their role in the economy is more important than that of many other workers, and that Davis and Moore were wrong in implying that the more educated in the occupational structure serve more critical roles in the economy. Racism and the racial division of labor are major factors in shaping the inequalities found in our occupational structure. 

## ***Insurgent Aztlán: The Liberating Power of Cultural Resistance***



by Ernesto Todd Mireles. 2020. Berkeley, CA: Somos en Escrito Literary Foundation Press.

Reviewed by Rubén Martínez

This book is an expanded version of a dissertation completed in American Studies in 2014 at Michigan State University. It consists of an introduction, five chapters, a conclusion, and a bibliography and endnotes. It also includes a preface, which is really a foreword, by Armando Arias who lauds it as “an original contribution to the existing scientific knowledge” that will “spark new transformative cultural interpretations” in the pursuit of a Xicano nation.

The basic premise of the book is that Xicano nationalism can be sustained and promoted through cultural resistance, primarily through arts and literature that engender understanding of settler colonialism and ways to move beyond it to establish a Xicano nation. Contrary to what Arias states, however, there is little scientific evidence provided for the arguments presented. There are innumerable quotes and references to the works of Franz Fanon and Amílcar Cabral, but little empirical evidence provided for generalizations made throughout the book. This is a work of literary and cultural analysis.

In the introduction the author presents four periods of Xicano/a political and cultural development following the takeover of northern Mexico by the U.S. in 1848. Period One, the Mexican Period, begins in 1848 and ends in 1915 with the Plan de San Diego in South Texas. Period Two, no label provided, is from 1915 to the 1950s, when *Xicano/as* formed regional organizations that later would become nationwide organizations. Missing are the *sociedades mutualistas* in the Southwest that were formed in Period One. One of the most prominent and influential was the Alianza Hispano Americana established in Tucson,

Arizona in 1894. Begun as an insurance and benefits organization, it was a precursor to LULAC and the G.I. Forum that evolved into a civil rights organization that fought against *de jure* segregation.

Period Three, labeled Mestizaje/Chicano Power Period, is from the 1950s to the 1980s. This period, according to the author, promoted the ideology of mestizaje and a form of “proto-nationalism” around Aztlán, the mythical homeland of the Aztecs. During this period Chicano Movement newspapers, Chicano Studies programs, and Chicano literature grew rapidly. The fourth period, the Indigenous Period, presumably from the 1980s to the present, is characterized by the “acceptance of the Xicano/a Indigenous heritage” (p. 21). The focus of the book is primarily on Periods Three and Four.


Chapter One provides an examination of insurgency literature, decolonization, national liberation, and the roles of literature and culture in these processes. Chapter Two identifies the “dominant literary tropes within Xicano/a resistance literature” (p. 25). Chapter Three discusses the criteria for determining whether or not a piece is resistance literature, reviews the ideas of different writers and thinkers on the return to history by the colonized, as well as the promotion of cultural resistance by the colonized. Chapter Four examines Xicano/a films and how they address issues of colonialism and resistance. Chapter Five provides a critique of the ideology of mestizaje and continues the analysis of films and resistance literature.

Finally, in the Conclusion, the author reveals the mistaken ideas he had about the relationships among culture, politics and resistance, which he concludes are connected rather than separate. He was mistaken in believing that one type of political or cultural production was more grounded in resistance ideology than others. The revelation being that all works on Xicano/as contribute to an anti-colonial movement, albeit in the long run.

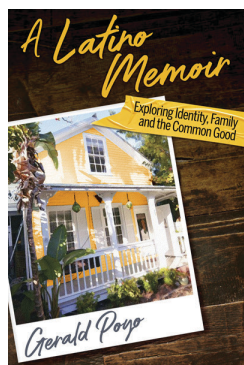
There are several problematic issues within the perspective presented by Mireles: 1) An anti-social-science attitude; 2) an anti-ideology-of-mestizaje viewpoint, and 3) the use of binary categories. He casts

anthropology as a pseudo social science that has contributed to capitalism and globalization but does not specify how that occurred. He fails to recognize the many schools of anthropology, especially those that are critical of capitalism. While much social scientific work in this country has been Eurocentric in its orientation, not all of them have been so. Scholars in the school of critical anthropology, for example, produce complex analyses of the interconnections among economic, political, and social processes.

Mireles holds that the ideology of mestizaje is rooted in a biological understanding of race that serves colonial hegemony by promoting incorporation within colonialism. He posits Xicano/as as indigenous peoples who are descendants of Meso-Americans. Indigeneity, he claims, “is a discourse of national liberation” (p. 90). While that may be true, one cannot deny the genetic and cultural blending that has occurred across the centuries among native peoples of the Americas and those of European descent. Indeed, they are likely the most numerous of peoples in the Americas. What Mireles sees are “de-indianized Indians” who must intentionally recover their cultures—that is, “re-indianization.” But is this actually possible given that culture is constantly changing? What is it that one “re-indianizes” into? Take for example the work of Manuel Quintín Lame, a member of the Páez peoples, who led a rebellion against colonial elites and mestizos in Colombia early in the 20<sup>th</sup> century. His views in *Pensamientos* reflect a blend of indigenous and Catholic ideas.

Finally, the use of binary categories such as colonizer/colonized and indigenous/colonizer simplifies both the complexity of the many ethnic peoples in the Americas and the challenges posed for a hemispheric indigenous movement. While Mireles is well read in Sixties revolutionary and resistant literatures, missing is an analysis of the contemporary conditions of global capitalism, the rise of a global oligarchy of transnational corporations, and the challenges they pose for nationalist movements. The works of Couze Venn and critical Latin American philosophers probably should be consulted. 

## ***A Latino Memoir: Exploring Identity, Family and the Common Good***



by Gerald Poyo.  
2019. Houston, TX:  
Arte Público Press,  
University of Houston.

Reviewed by  
Yoshira Donaji Macías  
Mejía

In *A Latino Memoir*, Gerald Poyo traces his family's roots to Cuba while simultaneously analyzing the politics between Cuba and the U.S. in a context of colonization and racism. This book is more than a personal memoir of the struggles associated with being Cuban in America. It is a profound and well written account of the historical evolution of how the United States served as a colonizing power in the Western Hemisphere and the factors that led to the emergence of communist Cuba and the rise of Fidel Castro. Through Poyo's life we see how people are impacted by colonization, capitalism, and racism in the U.S. and beyond.

His story begins by recounting the lives of past Cuban generations in his family. To set the stage, he provides an overview of his experience traveling to Cuba to conduct fieldwork as a doctoral student. He discusses how individuals working in the archives were his distant relatives through Jose Dolores Poyo, who has a central part in the memoir because he is the earliest known relative and was a revolutionary who contributed to Cuba's independence against Spain. During the time of the insurgency Jose Dolores Poyo had two choices, continue fighting with the insurgency as an underground activist or fight for independence by choosing exile. He opted for exile and traveled by boat to Key West, Florida. Jose Dolores Poyo created *La Yara*, a revolutionary newspaper discussing issues such as labor rights and business ventures in the U.S., among many other concerns in the Cuban community. This is where the story begins of the migration of Poyo's descendants to the United States.

Poyo recounts his family's experience with the auto industry and American businesses. His grandfather, Francisco Poyo y Skillin, worked for American auto companies in Cuba, and this becomes another important aspect for understanding the development of identity. The grandfather is described as bicultural and bilingual, which points to the blending of Cuban and American cultures that Poyo's family experienced. He describes several instances where his great grandparents, father, and he dealt with Americanization. The settlement of Jose Dolores Poyo in Key West resulted in a process of acculturation by which English and American culture were passed down through the generations in both the U.S. and Cuba. This exposure to English and American culture served the Poyo family well as transitions into various locations in the U.S. occurred. Due to Poyo's grandfather's death his own father matured quickly and decided to attend the General Motors Institute where he would later meet his wife.

The author discusses how the move to America changed the family and addresses themes of race and belonging in America and capitalism. Poyo describes his father's experiences with racism in America by focusing on how his father was treated in the U.S. One powerful experience was due to having a Spanish surname and how this hindered his chances at employment even though phenotypically he looked White and was qualified for the positions which he applied. Not unlike other Spanish-speaking immigrants, these experiences prompted his father to actively seek assimilation into American society in the hope that it would make it easier for his family and him by reducing the amount of discrimination and promoting success. Poyo also recounts an racial incident that he experienced while in college when he tried to join a fraternity with another Latino friend who was of darker complexion. He describes how White fraternity members discriminated against his friend. These are just some of the many examples highlighted by the author regarding racism in American culture.

The theme of belonging runs throughout the entire memoir, as it arises in all the times Poyo's father, and later he himself, relocated

to various countries. The author discusses the lack of sense of belonging by his father in the United States and how Cuba became a distant memory due to the search for economic progress after the passing of his grandfather. The author also addresses how moving to various Latin American countries, due to his father's employment with General Motors (GM), resulted in him developing a strong attachment to Argentina. As the memoir unfolds readers learn that Poyo returns with his family to the U.S due to economic crises in Latin America, particularly in Argentina. This move challenges his identity by exposing him to American racism. During his time in college and graduate school his awareness of racism grew more and more.

These college experiences not only increased Poyo's understanding of racism and influenced his feelings of belonging, but they exposed him to American colonialism and capitalism, which would later serve as the catalysts for his pursuit of a doctoral degree. In college he was exposed to the Civil Rights Movement and new historical information on the colonizing past of the United States and Europe. These gains in historical knowledge, coupled with the support of his college mentors, would propel him to seek a doctoral degree. When he traveled to Cuba to conduct field work, he arrived with a perspective shaped by the Civil Rights Movement, the war in Vietnam, and other notable events of the Sixties. He opposed capitalism and colonialism and viewed Cuba as a prime example of the social struggle for equality and equity through a socialist social order. However, after his arrival to Cuba he quickly learned of the inequities that characterized Cuba. This visit becomes a turning point for him which molds his scholarly work and his support for social justice.


Throughout this entire narrative the themes of racism, belonging, capitalism, Americanization, and family intertwine to produce a wonderful tribute to the Poyo legacy. This book adds a rich history of the United States and Cuba that will extend into the future. This piece of literature is for anyone who wants to learn about Cuban history and the role the U.S. plays in the history of that nation. 



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## The COVID-19 Initial Impact on Michigan's Labor Market

Marcelo E. Siles & Rubén O. Martínez

The pandemic created by the spread of SARS-Cov-2, the novel coronavirus that causes COVID-19, has had an enormous impact on the economies of states and the nation. Michigan's Gross Domestic Product (GDP) achieved a growth of 2.7 percent in 2002, a high point prior to the Great Recession of 2007-09, then reached a negative 8.8 percent in 2009. It then had a positive increase of 5.5 percent in 2010, and since then had experienced relatively consistent growth, albeit in small increments, with a growth rate of .7 percent in 2019. From 2009 to 2019, the state's GDP increased in nominal terms from \$365.5 million in 2009 to \$541.5 in 2019, representing an increase of 48.2 percent. During this period Michigan's economy grew on average at 2.2 percent annually.

This economic expansion had a direct impact on the state's labor markets. The labor force participation rate (LFPR), people available to work as a percentage of the total population, reached a high of 62.8 percent in 2010, but this rate was lower than the national rate, which was 66.8 percent. This difference is due to Michigan having a higher proportion of elders than does the country as a whole. In 2012, Michigan's LFPR declined to 60.0 percent and remained practically constant at 60.5 percent

up to 2016, when it began to increase slowly but steadily to 61.8 percent in 2019 but remaining lower during this period than the national average. The state's unemployment rate reached a peak close to 15.0 percent in 2010, and then declined steadily to 3.6 percent in December 2019.

In January 2020, just as the pandemic was beginning, the state's unemployment rate reached 4.1 percent. Due to the COVID-19 outbreak, by April the state's unemployment rate jumped to 22.7 percent. Predictably, the decline in Michigan's unemployment rates show huge disparities among racial and ethnic groups. In 2009, during the Great Recession, African Americans were facing 17 percent unemployment, followed by Hispanics with 13 percent, Whites with 9 percent, and Asians with 8 percent. In 2019, the disparities continued even after the steady improvement in unemployment rates in the state. For African Americans it was 6.6 percent, for Hispanics 4.4 percent, for Whites 3.4 percent, and for Asians 3.3 percent. During this 10-year period, the improvement in unemployment rates was highest for African Americans with a difference of 10.4 percent, while the lowest was for Asians with 4.7 percent.

In March 2020, the Governor of Michigan and state health

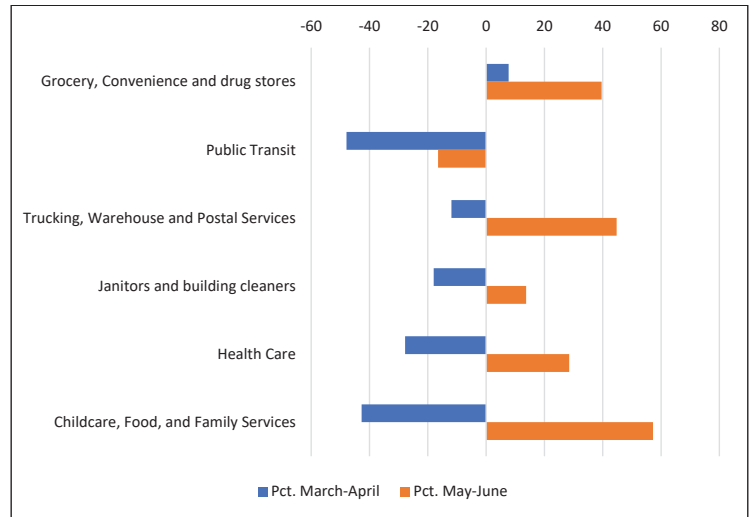
officials decided to halt economic activities to prevent the spread of the virus. As a result of this action, local labor markets experienced a direct negative impact even as it slowed the spread of the virus and saved lives. This article provides an analysis of the impact of the pandemic on employment changes during the periods March through April and May through June in Michigan's frontline and essential industries. We also describe changes in employment patterns during these two periods by selected worker characteristics, such as full-/part-time status, race and ethnicity, educational attainment, gender, age group, and family income. In addition, we describe employment changes in select industries by educational attainment and race and ethnicity.

Finally, we expand the analysis to job losses in four Michigan metropolitan areas: Detroit (Livingston, Macomb, Oakland, and Wayne Counties), Grand Rapids (Kent and Muskegon Counties), Saginaw (Saginaw and Genesee Counties), and Jackson (Jackson and Washtenaw Counties). To show the extent of the impact of COVID-19 on unemployment rates within the state we examine increases in rates within the four metropolitan areas from March to June. Data used for the analysis were obtained from the Current Population Survey (CPS) of the U.S. Bureau of the Census and the U. S. Bureau of Labor Statistics.

Researchers from the Center for Economic and Policy Research identified six broad industries currently on the frontlines of the response to the pandemic. These include “grocery store clerks, nurses, janitors and business cleaners, warehouse workers, and bus drivers, among others. They were essential before the pandemic hit, yet also overworked, underpaid, under protected, and under-appreciated” (Rho, et.al, 2020, p. 3).

Figure 1 shows that only one of those industries, Grocery, Convenience, and Drug Stores, increased its numbers of workers from March to April, reflecting a 7.7 percent increase. The other five industrial sectors showed declines in employment during this period with Public Transit (47.9%) and Childcare, Food, and Family Services (42.7%) having the highest employment losses, and Trucking, Warehouse, and Postal Service (11.9%) the lowest, with Janitors and Building Cleaners (18.0%) between the two. The public transit sector is the only frontline industry with negative employment figures in both periods from March through June. The sector lost 16.5 percent of its employed from May through June, which represents a total loss of 18,931 jobs from March to June. The other five industries showed employment gains from May through June, with Childcare, Food, and Family Services (57.2%) and Trucking, Warehouse, and Postal Services (44.7%) experiencing the highest gains, and Janitors and Building Cleaners (18.0%) and Health Care (27.8%) the lowest gains in employment.

**Figure 1. Michigan Frontline Industry Employment Changes, March to April and May to June 2020**



Source: Current Population Survey.

The six frontline industries experienced a total loss in employment of 421,973 jobs from March to April, but they recovered 342,574 jobs from May through June. This makes a net loss in employment of 79,399 jobs across the six frontline industries during the period of March to June 2020.

Table 1 presents figures for 13 industrial sectors in Michigan which are considered essential and have major employers in the state. The number of workers declined in all of these sectors from March to April. The four industrial sectors with the highest numbers of job losses were Educational and Health Services with 307,179, Manufacturing with 222,969, Leisure and Hospitality with 177,401, and Wholesale and Retail Sales with 173,103 jobs lost. These four essential industries reported a total loss of 880,652 jobs from March to April, representing 62.9 percent of the total number of jobs lost across the thirteen industrial sectors considered essential for Michigan's economy.



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**Table 1. Michigan Essential Employment Change, March to April and March to June 2020**

Essential Industry	April vs. March		June vs. March	
	% Change	Employment Change	% Change	Employment Change
Agriculture, Forestry, and Fishing	-44.2%	-33,189	20.3%	8,504
Financial Activities	-17.0%	-54,930	7.4%	19,893
Professional and Business Occupations	-14.9%	-60,344	47.9%	165,191
Service Occupations	-28.5%	-63,505	-18.5%	-29,492
Wholesale and Retail Sales	-28.4%	-173,103	-0.4%	-1,896
Office and Administrative Support	-2.6%	-10,139	16.3%	61,797
Construction and Extraction	-20.6%	-45,437	7.5%	13,135
Manufacturing	-27.7%	-222,969	31.6%	184,120
Leisure and Hospitality	-43.7%	-177,401	36.5%	83,284
Installations, Maintenance, and Repair	-29.6%	-52,914	-1.1%	-1,413
Production Occupations	-46.4%	-159,410	82.1%	151,257
Educational and Health Services	-25.5%	-307,179	14.9%	133,959
Transportation and Utilities	-17.4%	-38,624	3.9%	7,093

Source: Current Population Survey.

Only three of the thirteen essential industries reported employment losses from May through June: Service occupations lost 29,492 jobs, Wholesale and Retail Sales 1,896 jobs, and Installations, Maintenance, and Repair 1,413 jobs. The other ten industries had employment gains during this period. Manufacturing, Michigan’s key industry, added 184,120 jobs, Professional and Business Occupations added 165,191 jobs, Production Occupations added 151,257 jobs, and Educational and Health Services added 133,959 jobs. The total number of jobs recovered during this period was 795,432 jobs, which makes a net job loss from March to June 603,712, representing 11.2 percent of the number of jobs available in the essential industries in March.

Michigan’s essential industries with the highest numbers of job losses from March through June—Wholesale and Retail Sales (174,999), Educational and Health Services (173,220), Leisure and Hospitality (94,117), and Service Occupations (92, 997)—belong to the service sector of the state’s economy. Among these four industries the state lost 535,333 jobs or 88.7 percent of the total employment losses among all essential industries from March through June. Only two of Michigan’s essential industries reported employment gains during the period from March through June—Professional and Business Occupation with a gain of 104,847 jobs, and Office and Administrative Support with 51,658 jobs.



**Table 2. Michigan Employment Change, Selected Characteristics, March to April and March to June 2020.**

Selected Characteristics	March Employment	% Change March-April	Employment Change March-April	% Change May-June	Employment Change May-June
<b>Full/part-time status</b>					
Full-time	3,683,938	-21.9%	-805,229	22.5%	649,072
Part-time	1,016,006	-38.6%	-392,145	10.8%	67,419
<b>Race/ethnicity</b>					
White	3,867,194	-22.3%	-863,657	20.8%	623,844
Black	580,690	-49.9%	-289,892	27.5%	79,843
Hispanic	161,956	-6.0%	-9,640	74.3%	113,195
Asian	204,385	-17.0%	-34,675	-16.6%	-28,127
<b>Education</b>					
High School	1,195,455	-34.0%	-406,699	19.3%	152,476
Some College	869,659	-33.0%	-287,416	41.2%	239,621
Associate Degree	403,605	-31.7%	-128,038	21.8%	60,177
College	1,061,166	-10.2%	-108,014	10.0%	95,242
Advanced	696,432	-10.9%	-75,742	3.3%	20,324
<b>Gender</b>					
Male	2,425,329	-25.4%	-615,509	20.7%	375,062
Female	2,336,021	-27.7%	-647,068	20.4%	345,226
<b>Age group</b>					
16-24	599,942	-31.4%	-188,108	17.7%	72,954
25-34	1,031,767	-26.9%	-278,010	11.8%	89,093
35-44	897,245	-19.5%	-174,779	26.8%	193,427
45-54	1,074,626	-28.1%	-302,350	27.6%	213,314
55-64	715,647	-15.5%	-110,882	21.2%	128,019
65+	380,717	-37.6%	-143,245	25.5%	60,655
<b>Family Income</b>					
Under \$25,000	284,601	-46.0%	-130,816	27.9%	42,919
\$25,000 to \$49,999	844,417	-42.6%	-360,135	23.7%	114,630
\$50,000 to \$74,999	899,679	-20.0%	-180,207	-3.0%	-21,675
\$75,000 and over	2,671,247	-19.7%	-526,214	27.1%	580,615

Source: Current Population Survey.

Table 2 provides employment losses for six socio-economic characteristics of Michigan workers due to the coronavirus pandemic during the months of March and April and from May to June. The initial impact of the pandemic was uneven for Full and Part-time workers, with the latter group losing 392,145 jobs, or 38.6 percent, during March and April, while Full-time workers lost 805,229 jobs, representing 21.9 percent. From May through June, 716,491 jobs were recovered by Full-time and Part-time workers, which represents 59.8 percent of the total job losses by both types of workers from March to April. Full-time workers gained 649,072 jobs while Part-time workers gained only 67,419 jobs during the second period.

The analysis shows that the impact of the pandemic was also uneven among racial and ethnic groups. Blacks were the most impacted by the pandemic from March to April with 49.9 percent of them losing their jobs, while 6.0 percent of Hispanics, 17.0 percent of Asians, and 22.3 percent of Whites losing employment. This implies that the groups are differentially located in the occupational structure, and that Hispanics are disproportionately concentrated in essential industries. Among the four groups, a total of 1,197,864 jobs were lost during this period. The employment situation improved for three of the four racial and ethnic groups, but not for Asians who lost 28,127 jobs. Whites gained 623,844 jobs, Hispanics 113,195 jobs, and Blacks 79,843. A total of 788,755 were recovered from May through June by these groups of workers, which represent 65.8 percent or two-thirds of the total jobs lost during March and April 2020.



Regarding level of education, workers with only a high school education and those with some college lost employment in large numbers. The number of workers with a high school education who reported employment losses during March and April was 406,699 or 34.0 percent of this category, while workers with some college experienced a loss of 287,416 jobs or 33.0 percent of their employment at the beginning of the pandemic. On the other hand, employment losses for workers with college or advanced degrees were lower on a percentual basis—10.2 percent of workers with college degrees and 10.9 percent of workers with advanced degrees lost their jobs. Among these two categories a total of 183,756 workers lost their jobs during March and April 2020.

Workers in all the educational attainment levels reported job gains from May through June 2020. Those with some college education had the highest increases with 239,621 or 41.2 percent returning to work, followed by workers with only high school degrees who reported an increase of 152,476 or 19.3 percent. During this period, 82.3 percent of job recovery were for workers with educational attainments at the levels of high school, some college, and associate degrees, for a total of 452,274 jobs. The total number of job gains for workers at all educational attainment levels from May through June was equal to 567,840 jobs, which represents 56.5 percent of job losses from the previous period.

Analysis of the pandemic's impact on employment losses by gender shows almost an even distribution among male and female workers in both periods. Male workers lost 615,509 jobs or 25.4% from March through April. Female workers lost a slightly higher number of jobs at 647,068 or 27.7 percent. Male and female workers together lost a total of 1,262,577 jobs during this period. Male and female workers reported job gains from May through June, with men's job gains at 375,062 and women's job gains at 345,226, with a total of 720,288, or 57.0 percent of jobs lost during the first period.

The analysis also included an examination of employment losses among different age groups, which run from 16 years old to 65 and over. From March to April, all the age brackets showed job losses, with the largest at the two extremes. Workers in the age group of 16 to 24 years old experienced a loss of 188,108 jobs, or 31.4 percent in the first period, and workers within the 65 years old and over bracket lost 143,245 jobs or 37.6 percent. On the other hand, workers in all the age brackets reported job gains from May through June, but these gains were higher in the age brackets from 35 to 64 years old. Employment for workers in the age bracket 35 to 44 years increased by 193,427 jobs, for workers in the age bracket 45 to 54 years by 213,314, and for

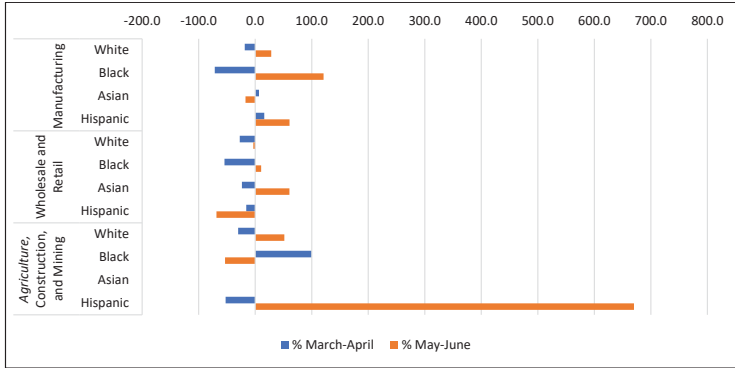


those in the age bracket 55 to 64 years by 128,019. From May to June the total number of jobs gained was equal to 757,462 jobs, representing a job recovery of 63.3 percent of those lost during the first period.

Finally, Table 2 shows disparities in employment losses related to family income. From March to April, workers with family incomes up to \$50,000 registered the highest numbers of job losses with 490,951 jobs. Families with incomes less than \$25,000 lost 130,816 or 46.0 percent of their jobs, while those with incomes from \$25,000 to \$49,999 lost 360,135 jobs or 42.6 percent of their jobs. Families with incomes of \$75,000 or higher lost 526,214 or 19.7 percent of their jobs. During this period, families at all income levels lost a total of 1,197,372 jobs. In terms of recovery, families with incomes of \$75,000 and higher reported job gains of 580,615 jobs in May and June, exceeding job losses during the first period. Families with incomes Under \$25,000 recovered 42,919 jobs or 27.9 percent of those lost during the first period. Families with incomes between \$50,000 and \$74,999 continued to lose jobs during the second period losses. They lost an additional 21,675 jobs for a total of 201,882 or 22.4 percent during the two periods combined. A total of 738,164, or 60.5 percent, of jobs lost were recovered from May through June by the family income levels.

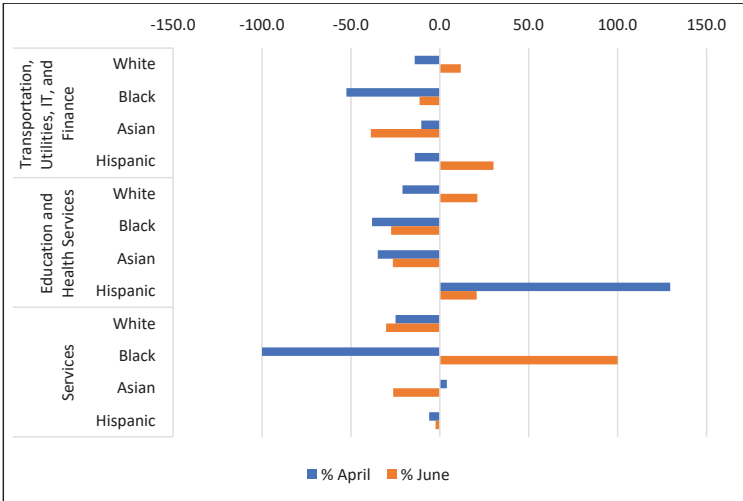
Figures 2 and 3 show changes in employment due to COVID-19 for six broad industries in Michigan by race and ethnicity during the two periods. The six industries are: 1) Manufacturing; 2) Wholesale and Retail Sales; 3) Agriculture, Construction, and Mining; 4) Transportation, Utilities, IT, and Finance; 5) Education and Health Services; and 6) Services. From March to April, African Americans had the largest percentual job losses among the racial and ethnic groups in five of the industries, and only a small number of job gains in the Agriculture, Construction, and Mining sector with 5,791 jobs. They lost 109,503 or 71.5 percent of their jobs in Manufacturing, 28,316 or 54.3 percent in Wholesale and Retail Sales, 47,242 or 52.5 percent of jobs in Transportation, Utilities, IT, and Finance, 71,720 or 38.1 percent of jobs in Education and Health Services, and all their jobs, 100 percent, in the Service sector.

**Figure 2. Michigan Employment Change for Broad Industries by Race and Ethnicity, March to April and May to June, 2020.**



Source: Current Population Survey.

**Figure 3. Michigan Employment Change for Broad Industries by Race and Ethnicity, May and June 2020.**



Source: Current Population Survey.

During this period, Whites reported job losses in all the six industries, but at lower percentages than African Americans. They lost 18.5 percent or 111,773 jobs in Manufacturing, 27.3 percent or 146,216 jobs in Wholesale and Retail Sales, 30.3 percent or 87,700 jobs in Agriculture, Construction, and Mining, 14.1 percent or 67,034 in Transportation, Utilities, IT, and Finance, 21.0 percent or 195,843 in Education and Health Services, and 24.9 percent or 47,575 jobs in the Services sector. Asians and Latinos show comparable results. Both groups gained jobs in the Manufacturing sector, Asians gained 6.7 percent, or 3,027 jobs and Latinos gained 5,513 jobs or 16.1 percent. On the other hand, Asians and Latinos reported job losses in the Wholesale and Retail Sales sector, with Asians losing 23.4 percent or 4,063 jobs, and Latinos losing 15.8 percent or 3,709 jobs.

White workers lost jobs in the six industrial sectors, most notably in Education and Health Services where they lost 195,843

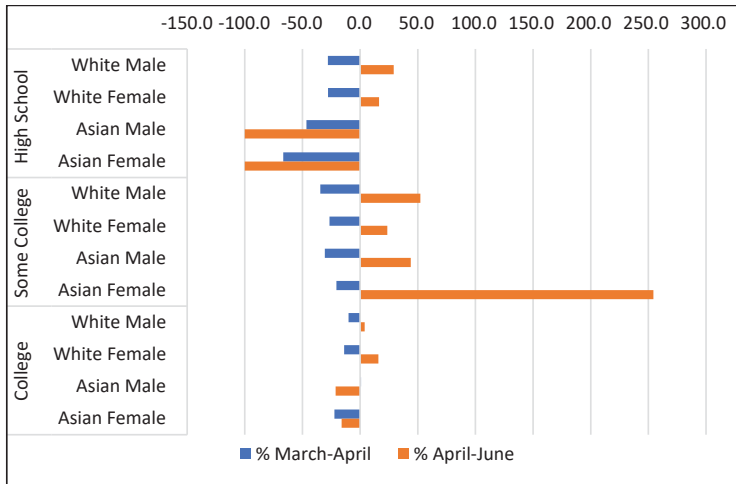
jobs or 21.0 percent. African Americans also reported a loss of 71,720 jobs or 38.1 percent in Education and Health Services, but they gained 5,791 jobs in Agriculture, Construction, and Mining. Latinos reported losses in three of the four sectors, but considerable gains in Education and Health Services where they gained 21,025 jobs, which represents a 129.6 percent increase. A total of 929,031 jobs were lost among these six essential industries from March to April 2020.

A total of 444,296 jobs were recovered by these industries from May through June 2020, which represents 52.2 percent of the job losses between March and April. Whites reported job gains in Manufacturing (139,628), Agriculture and others (104,257), Education and Health Services (155,893), and Transportation and others (48,123), and job losses in Wholesale and Retail sales (12,916), and Services (43,314). The other three groups reported mixed figures in the six industries with African Americans having the largest numbers in job losses.

Figures 4 and 5 describe employment changes by gender and educational attainment in the two periods of this study. During the first period, March to April, White and Asian males and females reported job losses at all educational levels but one. Asian males with college degrees reported modest gains of 713 jobs or 0.8 percent of March figures. From May through June, White males and females had job gains at all educational levels, especially males with some college, who gained 124,582 jobs or 52.2 percent of March figures. Asians with only a high school degree lost 100 percent of their jobs during this period, while Asian females with some college gained 6,123 jobs. Asians with a college degree also lost jobs, males 18,956 jobs and females 9,061 jobs. When considering educational attainment, race/ethnicity, and gender, a total of 1,006,496 jobs were lost between March and April. From May through June, 609,070 were recovered, representing 60.9 percent of total job losses.

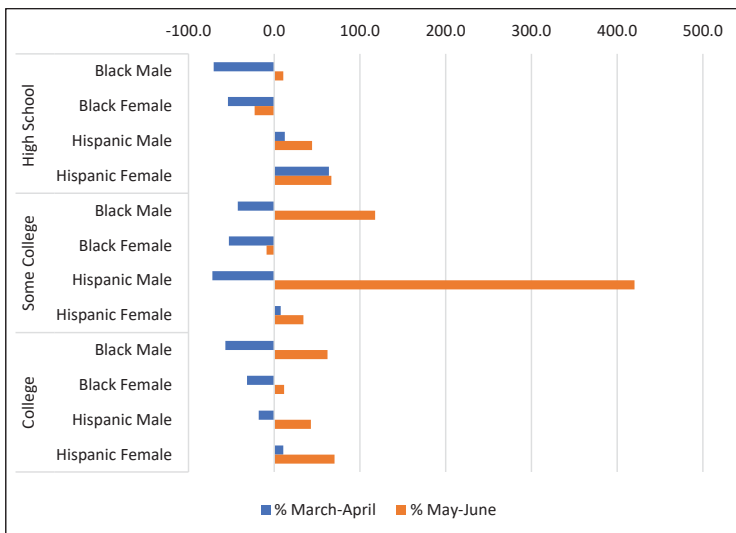


**Figure 4. Michigan Employment Change by Gender, Race/Ethnicity, and Educational Attainment, March to April and May to June 2020.**



Source: Current Population Survey.

**Figure 5. Michigan Employment Change by Gender, Race/Ethnicity, and Educational Attainment, March to April and May to June 2020.**



Source: Current Population Survey.

A further analysis of the other two racial/ethnic groups, Blacks and Hispanics, show that both male and female Blacks lost jobs during the first period at all educational attainment levels, Black males with only a high school degree lost 70.6 percent while Black females lost 54.0 percent of their jobs. During the second period, Black females with high school and some college degrees continue to lose jobs, but at lower percentages than in the first period. High school graduates lost 22.9 percent and those with some college lost 9.0 percent. Black females gained 11.5 percent of jobs during the second

period; that is May to June.

Hispanic males and females with high school degrees experienced modest job gains during the first period, males gained 4,147 jobs while females gained 8,028 jobs. Hispanic males with some college and college degrees lost jobs during this period, those with some college lost 10,669 jobs or 72.2 percent and those with college degrees lost 5,437 jobs or 18.1 percent. During the same period, Hispanic females experienced job gains at all educational levels, those with high school degrees gained 8,028 jobs or 63.8 percent, Hispanic females with some college gained 23,494 jobs or 7.6 percent, and those with college degree gained 43,808 jobs or 10.6 percent. Hispanic males and females, and Black males at all educational attainment levels gained jobs during the second period from May to June, while Black females with lower educational levels, high school and some college, lost jobs. Black females with college degrees gained 9,784 jobs during the second period.

We extended our analysis of employment changes during the two periods to four Michigan metropolitan and main economic centers, Detroit (Livingston, Macomb, Oakland, and Wayne Counties), Grand Rapids (Kent and Muskegon Counties), Saginaw (Saginaw and Genesee Counties), and Jackson (Jackson and Washtenaw Counties). The analysis for each of these metropolitan areas initially is centered on eight important industrial sectors for the state's economy: Manufacturing; Wholesale and Retail; Agriculture, Forestry, and Fishing; Construction; Transportation and Utilities; Financial Activities; Education; and Health Services, and Other Services. It also includes some of the workers' socioeconomic characteristics, such as type of employment (full vs. part-time), educational attainment, gender, age, and family income.

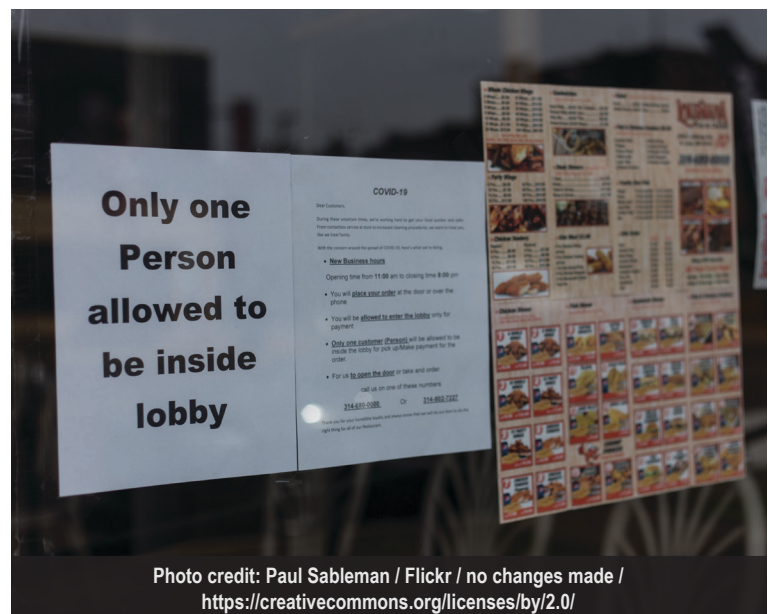


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**Table 3. Selected Michigan Metros, Employment Change, March to April and May to June 2020**

Characteristics	Detroit		Grand Rapids		Saginaw		Jackson	
	% Change April	% Change June	% Change April	% Change June	% Change April	% Change June	% Change April	% Change June
<b>Broad Industry</b>								
Manufacturing	-40.0%	23.9%	-53.8%	73.7%	-28.4%	43.3%	53.3%	17.3%
Wholesale and Retail	-33.3%	-18.3%	1.4%	17.6%	-4.2%	-7.9%	-19.0%	28.6%
Agriculture, forestry, and fishing	-4.8%	179.9%	-100%	100%	-----	0.0%	-10.9%	9.5%
Construction	-12.2%	65.2%	-56.0%	401.5%	-50.1%	-0.9%	-35.6%	-27.7%
Transportation and Utilities	14.7%	-9.5%	-68.2%	-0.5%	21.8%	54.7%	-76.4%	241.3%
Financial Activities	-15.2%	7.0%	-13.7%	-6.1%	-87.0%	256.4%	28.8%	9.6%
Education	-32.8%	5.1%	-13.2%	93.7%	-34.9%	-41.4%	6.2%	12.9%
Health Services	-28.5%	9.3%	-80.1%	-27.6%	-59.8%	440.9%	103.6%	-40.2%
<b>Total</b>	<b>-29.1%</b>	<b>9.1%</b>	<b>-37.0%</b>	<b>62.2%</b>	<b>-33.4%</b>	<b>15.5%</b>	<b>3.6%</b>	<b>11.0%</b>
<b>Full/part-time Status</b>								
Full-time	-24.1%	15.7%	-37.7%	81.6%	-20.1%	16.9%	-4.5%	37.2%
Part-Time	-42.8%	-1.1%	-47.5%	152.2%	-52.5%	23.1%	2.7%	-40.1%
<b>Education</b>								
High School	-45.2%	27.3%	-58.9%	186.6%	-23.2%	-51.0%	-8.9%	3.9%
Some College	-31.7%	53.1%	-36.2%	25.0%	-43.4%	75.6%	-19.3%	0.5%
College	-17.9%	-0.7%	-33.0%	68.4%	-1.2%	-17.5%	19.2%	23.0%
<b>Gender</b>								
Male	-25.7%	12.8%	-42.0%	66.9%	-19.3%	19.4%	4.5%	31.0%
Female	-30.2%	12.8%	-36.5%	125.1%	-32.6%	15.1%	-11.0%	15.9%
<b>Age Group</b>								
16-34	-33.6%	11.1%	-42.1%	131.9%	-28.0%	-34.3%	8.3%	8.9%
35-54	-30.1%	19.2%	-33.0%	76.4%	-31.4%	45.1%	1.5%	25.9%
55+	-11.9%	3.2%	-43.3%	72.0%	-6.0%	48.1%	-34.9%	59.4%
<b>Family Income</b>								
Under \$50,000	-47.3%	54.3%	-56.8%	73.2%	-35.5%	73.4%	-15.8%	-29.6%
\$50,000 and over	-23.3%	5.9%	-31.3%	99.8%	-21.6%	-0.7%	-26.3%	97.6%

Source: Current Population Survey.

The Detroit metropolitan area lost jobs in seven of the eight industries from March to April. Only Transportation and Utilities gained jobs (12,316). Major job losses were reported in Manufacturing (163,663), and Education and Health Services (156,323). Considerable job losses were also reported in the five categories of worker characteristics included in Table 3, with full-time workers losing 384,822 jobs, workers with only high school degrees losing 212,374 jobs, female workers losing 310,501 jobs, workers in the bracket 35-54 years losing 273,206 jobs, and those with family incomes of \$50,000 and over losing 379,888 jobs

The analysis from May through June shows job gains in six of the industries located in the Detroit area, with Manufacturing (58,671), and Construction (43,102) reporting the highest increases in job numbers. The Wholesale and Retail sector experienced the highest job losses among all industries, 30,703 jobs, during this period. Most workers included within the five characteristics on Table 3 gained jobs, especially those working full-time (189,577) and those within the age bracket between 35 to 54 years (121,602). Only 5,943 workers with college degrees lost their jobs from May through June 2020.

The analysis of the Grand Rapids area shows job losses across all broad industries but one. The Wholesale and Retail sales sector reported a small gain of 609 jobs from March through April. The two industrial sectors with major employment losses were Manufacturing (38,272) and Services (29,331).

Job losses were also reported in all five worker characteristics presented on Table 3. We found major job losses for full-time workers, who lost 114,126 jobs, males, who lost 89,100 jobs, and workers with family incomes over \$50,000, who lost 79,502 jobs.

The employment situation in the Grand Rapids area improved from May through June. Only three industrial sectors had negative figures, but with modest numbers. The Service sector lost 2,018 jobs, Financial activities lost 1,712 jobs, and Transportation and Utilities lost 55 jobs. The three sectors with the highest gains in employment were Education and Health, which gained 63,704 jobs, Construction, which gained 25,855 jobs, and Manufacturing, which gained 24,253 jobs during this period. The workers listed within the five characteristics presented in Table 3 reported employment gains from May through June. The three with the major job gains were: workers with family incomes over \$50,000 with 173,890 jobs, full-time workers with 153,933 jobs, and female workers who gained 130,455 jobs.

From March to April 2020, the COVID-19 pandemic had a huge impact on employment in the Saginaw area. All industries included in the study showed losses in employment. Financial Activities, with 24,799 jobs lost, and Education and Health Services, with 20,184 jobs lost, were the two industrial sectors with the highest losses in employment. The analysis by workers' socioeconomic characteristics shows job losses in all categories included in Table 3 with full-time workers losing 35,919 jobs, workers with family incomes over \$50,000 losing 33,052 jobs, and female workers losing 32,678 jobs.

During the second period, May through June 2020, the analysis shows employment increases in the Service sector, with 11,839 jobs, and the Manufacturing sector, with 9,890 jobs, as the top job winners among all the industries, while Education and Health Services lost 15,579 jobs during this period. In addition,





those with the major job gains during this period were workers in the age bracket 35 to 54 years, who gained 29,908 jobs, workers with family incomes under \$50,000, who gained 28,865 jobs, and full-time workers, who gained 24,082 jobs. On the other hand, workers with only a high school degree lost 20,153 jobs, and those within the age group 16 to 34 years lost 19,443 jobs.

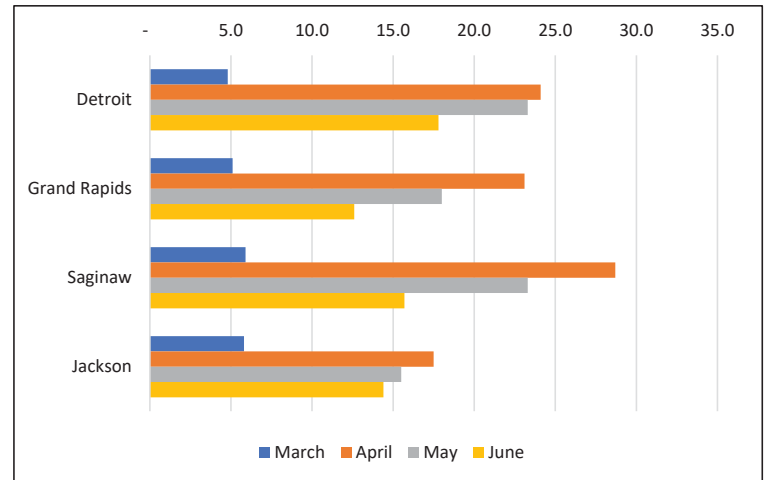
Finally, we analyzed the impact of the pandemic on employment in the Jackson area. During the first period, March to April 2020, Manufacturing, with 17,328 jobs, and Services, with 11,408 jobs, were the industrial sectors with the highest number of jobs increases. The two industrial sectors with the highest job losses were Transportation and Utilities, with 13,273 jobs, and Construction, with 10,459 jobs. The employment situation improved for these industrial sectors from May through June 2020. Six of the eight industrial sectors showed job increases during this period. Education and Health Services created 13,461 jobs, Transportation and Utilities created 9,909 jobs, and Manufacturing gained 8,602 jobs, making these three industrial sectors the top employment winners, while the Service sector lost 9,020 jobs and the Construction sector lost 5,254 jobs.

The analysis of employment changes by workers' socioeconomic characteristics show mixed results during the first period from March to April 2020. Workers with college degrees increased their job numbers by 26,159, and workers within the age bracket 16 to 34 years gained 7,800 jobs, whereas workers with family incomes over \$50,000 lost 52,535 jobs and those within the age group of 55 years and over lost 19,401 jobs. During the second period, from May through June 2020, most workers included within the same five socioeconomic characteristics reported employment increases, especially those with family incomes over \$50,000, who gained 144,072 jobs resulting in a 97.6 percent increase from April. In all, 85,113 or 37.2 percent of full-time workers and 45,884 males or 31.0 percent were hired during this period. Only two types of workers

had declines in their employment numbers: 18,830 part-time workers, or 40.1 percent of whom lost their jobs, and 21,282 or 29.6 percent of workers with family incomes lower than \$50,000.

Finally, Figure 6 shows estimated unemployment rates in four Michigan's selected metropolitan areas from March to June 2020. These rates were relatively low in March before the impact of the Coronavirus pandemic. They varied from a low of 4.8 percent in the Detroit area to a high of 5.9 percent in Saginaw. In April just after the initial impact of the pandemic, unemployment rates in the four metropolitan areas reflected huge increases, with Saginaw's unemployment rising to 28.7 percent, a net increase of 22.8 percent from March rates. Detroit's unemployment rate rose to 24.1 percent, representing an increase of 19.3 percent from the previous month. The Grand Rapids area unemployment rate reached 23.1 percent, increasing by 18.0 percent in a month, while the Jackson area unemployment rate grew by 11.7 percent since March reaching 17.5 percent in April.

**Figure 6. Unemployment Rates in Selected Michigan Metropolitan Areas, March through June 2020**



Source: U.S. Bureau of Labor Statistics; Employment and Unemployment Rates by State, June 2020.

Unemployment rates declined during the next two months, May and June, in the four metro areas, although at different rates. From April to May, Detroit had the lowest decline with 0.8 percent, while in Saginaw the rate declined by 5.4 percent, in Grand Rapids by 5.1 percent, and in Jackson by only 2.0 percent. From May to June, unemployment rates continued declining, reaching 17.8 percent in Detroit, 5.5 percent lower than in May and 6.3 percent lower than in April. The other three metro areas had a similar trend. The Grand Rapids area declined by 5.4 percent from May and 10.5 percent from its highest in April, reaching 12.6 percent in June. The Saginaw area unemployment rate in June reached 15.7 percent, 13.0 percent higher

than in April and 7.6 percent higher than the previous month May. The lowest monthly declines in unemployment rate are observed in the Jackson area which registered 14.4 percent in June, 1.1 percent higher than in May and 2.0 percent higher than in April.

Despite the noticeable declines in unemployment rates in the four metro areas, the registered rates in June were much higher than their rates in March. The unemployment rate in Detroit was still 13.0 percent higher, in Grand Rapids 7.5 percent higher, in Saginaw 9.8 percent higher, and in Jackson 8.6 percent higher.

### Summary

Michigan's economy grew relatively steadily since 2010, following the Great Recession of 2007-2009, on an annual average of 2.2 percent until 2018. In 2019, the economy grew by only 0.7 percent. Even during this period of economic boom, Michigan's labor force participation rates were lower than the national average by close to 5.0 percentage points. The unemployment rate in the state reached a high of 15.0 percent in 2010, and since then gradually declined, reaching a low of 4.1 percent in January 2020. In April 2020, from the initial impact of the COVID-19 pandemic, Michigan's unemployment rate reached 22.0 percent, an all-time high in the state.

When considering race and ethnicity and job losses, this rate shows important differences, with African Americans having the highest losses, followed by Latinos, Whites, and Asians. In 2010, the unemployment rate for African Americans was around 17.5 percent, almost double the rate for Asians, which was less than 8.5 percent. In 2019, the unemployment rate for African Americans was 6.6 percent, for Latinos 4.4 percent, for Whites 3.4 percent, and for Asians 3.3 percent. Again, the latest figures show an unemployment rate for African Americans double that corresponding to Asians.

According to the U.S. Bureau of Labor Statistics, Michigan lost more than 1.2 million jobs by April due to the initial impact of the pandemic which represented 25.7 percent of the state's employment figures in March. From May through June, 725 thousand jobs were recovered, or 60.2 percent of the total jobs lost. Regardless of the relatively high number of jobs recovered in these months, Michigan's employment numbers are still below March figures by 480 thousand or 10.2 percent. As a result of employment increases, the unemployment rate in the state's four major metropolitan areas declined, but at different rates. By June 2020, the unemployment rate varied from 12.6 percent in Grand Rapids to 17.8 percent in the Detroit area.

The analysis presented in this study shows an uneven impact of the COVID-19 pandemic on Michigan's employment



patterns, with the most vulnerable groups being African Americans and Latinos, females, part-time workers, young people, adults 65 years and over, low income families, and workers with low levels of education. We observed this trend both at the state and metropolitan levels.

Only one of the six frontline industries showed employment increases in the two periods, while four others reported losses during the first period and job gains during the second period. Only the Public Transit sector reported job losses from March through June 2020. On the other hand, all of the thirteen industrial sectors considered essential for Michigan's economy lost jobs in the first period, and three of them continued losing jobs during the second period, with the Service occupations sector impacted the most. This industrial sector mainly employs racial/ethnic minorities, part-time workers, females, and workers with low education level.

Lastly, the coronavirus pandemic impacted tremendously the U.S. and Michigan's economies, especially their labor markets. In May and June, we observe some signs of recovery, but it is highly dependent on the health conditions of workers. The problems will continue until a vaccine is available. Until then, people should take precautions shown to be effective in slowing the spread of the virus, namely wearing masks and social distancing. Some progress has been made, but there is still a long way to go until the nation recovers from the pandemic. 🌱

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## Third Man Records Releases Album *Introducing Martin Solis & Los Primos*

by Richard Cruz Davila


"*Introducing*" seems a counterintuitive title for an album by a performer whose musical career spanned over five decades. For many years, Martin Huron Solis, Jr., a *bajo sexto* player and vocalist, was well known and respected amongst Texas-Mexican musicians and fans in Southeast Michigan. In all those years of performing live, though, he never tried to pursue a career as a recording artist; known recordings of his music were limited to taped radio broadcasts and home video. Outside of the Mexican American community, Martin was virtually unknown. In this sense, *Introducing Martin Solis & Los Primos*, a collection of recordings almost lost to time, does mark an introduction of Martin's music to a broader audience than those who had the good fortune to see him perform live or hear him on a radio broadcast.

In 2018, while cleaning out his parents' attic, Martin's son Frank came across a paper grocery bag that he assumed to be garbage and nearly threw out. Fortunately, he looked inside just to be sure and found that it held multiple tape reels. Forgotten for years, the tapes contained recordings of over thirty songs, some rehearsal recordings and some live performances. Frank took the tapes to his childhood friend, Eddie Gillis, production manager at Third Man's Detroit pressing plant. Initially hoping only that Eddie could digitize the tapes to make CDs Frank could pass out to family members, Eddie was impressed enough with the recordings to share them with others at Third Man. Containing what are likely some of the earliest recordings of *conjunto* music in Michigan, Third Man Records recognized the historical significance of the tapes and the importance of sharing them widely. From the over thirty songs on the tapes, twelve are collected on the album, which was released in July of this year.



Los Primos circa 1950s. Photo credit: The Solis Family

The release of the album is the culmination of a journey that began in 2017 when Frank nominated his father for induction into the Tejano R.O.O.T.S. Hall of Fame (Recognizing Our Own Tejano Stars), located in Alice, Texas. Inducted in January of 2018, Martin became the first Michigan-based musician to be inducted into the Hall of Fame. Following his induction, Martin was recognized by Mayor Stacy L. Bazman of the City of Melvindale, his longtime home, who declared January 17<sup>th</sup>, 2018 "Martin Huron Solis, Jr. Day." He also received letters of recognition from Commissioner Ilona Varga of Wayne County's Fourth District, State Representative Clara Clemente of Michigan's Fourteenth District, and State Senator Morris W. Hood, III of the Third District. Martin gained further recognition in February of 2019 when he was selected as one of three awardees of the Michigan Heritage Award, presented by the Michigan Traditional Arts Program at Michigan State University. Though Martin passed away in August of 2019 at the age of 90, the Heritage Award was formally presented to his family during JSRI's 30<sup>th</sup> anniversary conference in October, 2019.

Only gaining recognition outside of the Mexican American community in the last years of his life, the release of *Introducing Martin Solis & Los Primos* cements his legacy as a pioneer of Texas-Mexican music in Michigan and an immensely talented performer. Martin thought of himself as a *conjunto* musician, but the songs on *Introducing* blur the lines between the *conjunto* and *orquesta tejana* styles, observable in the presence of his cousin Willy Huron on saxophone. Martin's abilities as a *bajo sexto* player are best heard on the instrumental polka tracks, while his vocal talent shines through on the *rancheras*. The album, as well as an upcoming documentary film directed by MSU alumnus Emily C. Smith, offer a final tribute to Martin's life and music, and are a testament to the vibrancy of the Mexican American community in Michigan. 



Album cover for *Introducing Martin Solis & Los Primos*.  
Photo credit: Third Man Records

## In Memoriam: Guillermo Martinez (1950-2020)

On July 20, 2020, musician, poet, and activist Guillermo Martinez passed away at his home in Kalamazoo, Michigan. Known as Memo or Willie to friends, Guillermo was born in Donna, Texas on August 15, 1950. His family traveled from Texas to Michigan as migrant farm workers and settled in Fennville, Michigan. His experiences as a farmworker guided both his art and his advocacy.

Guillermo got an early start as a musician touring with the family band, Los Zinco Magnifikos, having received instruction on accordion, guitar, keyboards, and drums from his brothers. Over the years he performed with a number of groups, including the Outsiders, the Lowriders, Karizma Band, Suave Band, and the group for which he has received the greatest recognition, Los Bandits de Michigan.

Formed in 1991, Los Bandits were led by Guillermo and René Meave. They blended Texas-Mexican *conjunto* music with rock & roll, blues, reggae, and other styles, and spoke directly to the migrant experience in Michigan. Los Bandits often performed in schools, teaching cultural sensitivity through music. Guillermo and René received numerous honors for their efforts, including a special tribute in 1999 from the Governor and Hispanic Caucus of the State of Michigan, the Distinguished “Aguila” Award in 2011 from the Committee to Honor César E. Chávez, and the Michigan Heritage Award in 2012 from the Michigan Traditional Arts Program at MSU. Los Bandits were also the subject of a 2005 documentary film, *More than a Tex- Mex Band*, directed by Dhera Strauss.

Guillermo also became an advocate for migrant farmworkers at a young age. During his time as a student at Kalamazoo Valley Community College he became a recruiter for the Fennville Migrant Summer School program. Over the course of his career he served on the State of Michigan Commission of Hispanic Speaking Affairs and the United Way Hispanic American Council. From 1994 to 2010, he worked for the State of Michigan



Low Riders circa 1985, Guillermo center left. Photo credit: Michael Martinez

Department of Labor and Economic Growth as an Agricultural Employment Specialist, promoting fair treatment of and equitable access to state services by migrant farmworkers. At the time of his passing, Guillermo worked as a Migrant Farm Worker Parent Engagement Coordinator for the Van Buren Intermediate School District, meeting with parents in migrant camps to provide information on such topics as the rights of and community resources available to migrant students and their families.

Over the years, Guillermo collaborated with the Julian Samora Research Institute in his capacity both as an advocate for farmworkers and as a musician and poet. Most recently, in 2019, he appeared on a panel at JSRI’s 30th Anniversary conference in a conversation with musicologist Laurie K. Sommers. He will be remembered for his many contributions to the cultural life of the Mexican American community in Michigan and his lifelong commitment to farmworker rights. 🌱



Michael Martinez (left) and Guillermo (right). Photo credit: Michael Martinez

## Send-Offs



In August, Office Assistant Alyssa Bedaine left JSRI for a position as Office Coordinator with Counseling and Psychiatric Services (CAPS) at MSU. Alyssa joined MSU Outreach and Engagement as a student employee in August 2014, and was hired by JSRI in September 2018 as a full-time office assistant. A skilled makeup artist, Alyssa brought to the JSRI office a

certain *je ne sais quoi* that will be greatly missed. Felicitaciones y buena suerte, Alyssa! 🌱



## Farm Management Course for Latino Farmers

The Julian Samora Research Institute (JSRI), in cooperation with Michigan Farming and Food Systems (MIFFS) and support from the National Immigrant Farming Initiative (NIFI) of El Paso, Texas, conducted for the second year a two-course sequence on farm management for Latino small farmers. The course sequence, "Introduction to Farm Management," extends for two semesters and is taught in Spanish at Lake Michigan College, South Haven campus by Marcelo Siles and Filiberto Villa.

During these two years, 37 Latino farmers participated in the program and 24 of them obtained their Certificates of Completion. Due to the COVID-19 pandemic, eight of the fourteen classes programmed for the 2020 Spring semester were conducted online via Zoom. Prior to making this change, the course instructors assisted students in learning about Zoom and how to participate in the course.



The course content has been designed to introduce Latino Farmers to the U.S. agriculture industry and how it operates. The course also teaches participants how to market their products, implement food safety practices, develop and maintain a good recordkeeping program, comprehend and maintain financial statements, develop business plans, complete tax forms, network with other farmers, and learn leadership principles and the advantages of social capital.

The course participants' evaluations of the program are highly positive, with several of them having implemented what they learned in the courses in their farming operations. Several are also encouraging other Latino farmers to participate in next year's cycle. The program organizers and instructors are very pleased with its outcomes since it has been creating a critical mass of Latino producers with basic knowledge about U.S. agriculture and farm management principles that help them to keep their farming operations sustainable over time. 🌱

## JSRI Scholarship Recipients 2020-2021



**Esther Ayers** is a second-year doctoral student in the Chicano/Latino Studies (CLS) Program and a licensed clinical bilingual social worker. Her research interests include Latinx young adults, trauma, and culturally adapted interventions. Esther's analysis is guided by Decolonial Methodologies, which interweaves theoretical perspectives using Funds of

Knowledge to examine strength-based approaches. She is currently working on publishing three articles. Upon completion of the CLS program, after obtaining the doctorate, Esther aspires to work at a Hispanic Serving Institution. She plans to combine her mental health research with her volunteer and advocacy experience in her community for over 20 years. 🌱



**Leobardo Vallejo** is a current Latinx student enrolled at Michigan State University. Born and raised in Weslaco, Texas, he comes from an ambitious seasonal farmworking family that values education. In 2017, he received the Future Leader scholarship from the Hispanic Commission of Michigan. In 2018, he landed an internship in Washington, D.C., and became an

Alum of the Congressional Hispanic Caucus Institute. As a sophomore he embarked on two study abroad experiences, one in Dubai and one in England. These experiences enhanced his research skills beyond the classroom. Leobardo aims to become a prominent figure within politics. He hopes that his education will prepare him to help others following in his footsteps. 🌱



Photo credit: Joseph Sorrentino / Shutterstock.com

## Social and Structural Inequalities and COVID-19 in the United States

Jean Kayitsinga and Rubén O. Martinez

### Introduction

The current pandemic of severe acute respiratory syndrome caused by the novel coronavirus SARS-COV-2 started in Wuhan (Hubei, China), in December 2019 and created a worldwide outbreak of the disease COVID-19. On January 20, 2020, the first case was confirmed in Snohomish County, Washington in the United States. As of August 31, 2020, a cumulative total of 5,997,636 COVID-19 cases (Figure 1) and 182,169 deaths were reported in the United States (Figure 2) and continued to increase. The cumulative number of COVID-19 cases and deaths vary significantly by state, metropolitan/nonmetropolitan areas, and counties. New York metropolitan area was the epicenter at the beginning of the pandemic, but growth in cases and deaths were reported in other large metropolitan areas such as New Orleans, Chicago, Milwaukee, and Detroit and in smaller ones like Albany, GA, and later in many rural areas in the South and other regions.

The coronavirus pandemic has exposed and exacerbated the already existing social, structural, and spatial inequalities in the country and their implications on health disparities. Minority populations, especially Latino and African American

populations, were disproportionately contracting SARS-COV-2 at high rates and were more likely to die from COVID-19. As of September 8, 2020, according to the Centers for Disease Control and Prevention<sup>1</sup>, of persons confirmed to have contracted COVID-19 and for whom race/ethnicity was available, 30.3% were Latinos, 19.0% were Blacks, 41.2% were Whites, 3.5% were Asians, and 1.2% were American Indians/Alaska Natives. Of those who died from COVID-19, and for whom race/ethnicity was available, 21.9% were Blacks, 16.7% were Latinos, 51.2% were Whites, 5.0 were Asians, and 0.8% were American Indians/Alaska Natives.<sup>2</sup> Racial and socioeconomic disparities in COVID-19 cases and deaths, especially in predominantly minority communities suggest that race/ethnicity, social class, and structural and spatial inequalities contribute to COVID-19.

Conceptually, this study relies on the framework by the World Health Organization (WHO) Committee on Social Determinants of Health (CSDH) for understanding the disproportionate social structural inequalities in COVID-19 cases and deaths. The CSDH framework highlights the upstream social, physical, and economic environments as the foundation from which health outcomes and health disparities arise. This framework

recognizes the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives—their access to health care and education, their conditions of work and leisure, their homes, communities, towns, or cities—and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a natural phenomenon but is a result of a combination of social policies and programs, unfair economic arrangements, and politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and cause much of the health inequality between and within countries. We postulate that the disproportionate nature of COVID-19 cases and deaths are a result of existing social and structural inequalities, especially in a context in which there has not been a coordinated national response.

This study examines the relationship between social structural inequalities and COVID-19 cases and deaths at the county level. We analyze cross-sectional associations between concentrated disadvantage, income inequality, racial/ethnic composition, and immigration concentration and COVID-19 cases and deaths, controlling for potential confounders, including chronic disease comorbidities, proportion of uninsured residents, proportion of residents 65 years or older, residential mobility, and metropolitan location.

### Background and Significance

The impact of COVID-19 goes well beyond the viral infection itself, reflecting the dynamics of long-standing adverse host environments characterized by institutional processes that produce limited access to resources (i.e., money, food, education, health care, job flexibility), making disadvantaged communities more vulnerable during the pandemic. It is commonly known that greater social disadvantage in educational attainment and income is associated with poorer health in both the United States and Europe. According to Williams and Cooper (2020), the striking racial/ethnic disparities reported for COVID-19 infection, testing, and disease burden are a clear reminder that failure to protect the most vulnerable members of society not only harms them, but also increases the spread of the virus with devastating health and economic consequences for all. COVID-19 disparities are not the fault of the most vulnerable populations, instead they reflect social policies and systems that maintain health disparities in good times and inflate them during a crisis. While the coronavirus does not discriminate, systemic processes point to the likelihood that socially disadvantaged groups would have higher rates of COVID-19 confirmed cases

and deaths. People from low socioeconomic backgrounds, those located in the secondary labor market, and racial and ethnic minority populations concentrated there, are unlikely to have the necessary financial and other resources to make self-distancing and self-isolation a viable option within the context of their daily lives.

Physical and service characteristics of neighborhoods can create and reinforce socioeconomic and racial/ethnic disparities in health. Latinos and African Americans, for example, live in residentially segregated neighborhoods, and this has consequences in the areas of education, occupations, and health. Do and colleagues (2017) found that segregation has negative effects on the health of U.S.-born Latinos.<sup>3</sup> Similarly, Kim and Bostwick (2020) found that COVID-19 disproportionately affected poor, highly segregated African American communities in Chicago. They found significant spatial clusters of social vulnerability and risk factors, both of which are significantly associated with increased COVID-19-related death rates. They also found that a higher percentage of African Americans was associated with increased levels of social vulnerability and risk factors. In addition, they found that the proportion of African American residents has an independent effect on the COVID-19 death rate and that the disproportionate effects of COVID-19 in African American communities are a reflection of racial inequality and social exclusion that existed before the COVID-19 crisis.<sup>4</sup>

Wadhera and colleagues (2020) also show that risks associated with COVID-19 varied markedly by borough of residence in New York City. The Bronx had the lowest levels of income and education and the highest proportion of Latino and Black residents and the highest rate of COVID-19 hospitalizations and deaths, whereas Manhattan, the predominantly White and most affluent borough of New York City, had the lowest rate of hospitalizations and deaths.<sup>5</sup> Yancy (2020) also found that in Chicago, 50 percent of COVID-19 cases and nearly 70 percent of COVID-19 deaths involve Black individuals, although Blacks make up only 30 percent of the city population. Moreover, these deaths were concentrated mostly in just five neighborhoods.<sup>6</sup>

Race/ethnicity remains an important social factor that influences health primarily because of racism. The effects of racism occur primarily through deep-seated societal structures that systematically constrain opportunities and resources for ethno-racial populations that historically have been the targets of racism by White American institutions. Racial residential segregation, in particular, is a key mechanism through which racism produces and perpetuates social disadvantage.<sup>7</sup> Latinos and Blacks are more likely to reside in disadvantaged



neighborhoods with inadequately resourced schools characterized by low quality educational processes and low educational attainment levels by students, with resultant health effects. The highest concentrations of lead in Flint, for example, were located in its most disadvantaged neighborhoods.

Latinos and African Americans and many people of color are more likely than White Americans to provide high-risk essential services, including low-wage jobs that cannot be done remotely. They also tend to have fewer financial resources to draw on in the event of health problems or economic disruption. Further, underlying comorbidity conditions such as cardiovascular disease, hypertension, diabetes, obesity, and asthma reflect structural societal flaws beyond simply poor lifestyle choices and ultimately lead to higher COVID-19 mortality rates in both rural and urban environments. Ethno-racial minorities are more likely to be uninsured compared to non-Hispanic Whites, and uninsured adults are less likely to have control over cardiovascular disease risks. These comorbidity conditions that make COVID-19 more deadly are linked to segregation and concentrated poverty.

Racism affects health more directly through pathways involving stress. Chronic stress related to experiences of racism, including relatively subtle experiences arising even without consciously prejudicial intent, may contribute to racial/ethnic disparities in health, regardless of one’s neighborhood, income, or education.<sup>8</sup> Whitney (2020) argues that racism and capitalism construct harmful social conditions that fundamentally shape COVID-19 disease inequities because they shape multiple diseases that interact with COVID-19 to influence poor health outcomes; affect disease outcomes through increased multiple risk factors for poor people of color, including racial residential segregation, homelessness, and medical bias; shape access to flexible resources, such as medical knowledge and freedom, which can be used to minimize both risks and the consequences

of disease; and replicate historical patterns of inequities within pandemics, despite newer intervening mechanisms thought to ameliorate health consequences.<sup>9</sup>

### Data and Methods

Data were drawn from publicly available secondary sources, including USAFacts cumulative COVID-19 cases and deaths data by county through September 8, 2020; the CDC Surveillance System for the prevalence of diabetes and obesity; the CDC Interactive Atlas of Heart Disease and Stroke (2016-2018); and the U.S. Census Bureau 2013-2018 American Community Survey (ACS) summary files for county sociodemographic characteristics downloaded from IPUMS NHGIS, University of Minnesota.<sup>10</sup>

Table 1 displays descriptive statistics for all major variables. The outcome variables are *COVID-19 confirmed cases* and *COVID-19 deaths*. The mean number of confirmed COVID-19 cases by county was 1,567.40 (standard deviation [SD] = 6,999.79) and the mean number of COVID-19 deaths was 50.91 (SD = 295.02), respectively. The mean county COVID-19 infection rate per 100,000 people was 1,094.12 cases (SD = 1,085.19). The mean county COVID-19 mortality rate per 100,000 people was 50.91 (SD = 295.02).

**Table 1. Descriptive Statistics of Selected Characteristics (N = 3,140), February – September 2020**

	N	Min.	Max.	Mean	S. D.
Number of COVID-19 cases	3140	0.000	206761	1567.397	6999.788
Covid-19 infection rate	3140	0.000	14019.851	1094.120	1085.192
Number of COVID-19 deaths	3140	0.000	7257	50.907	295.022
Covid-19 death rate	3140	0.000	413.858	26.182	40.954
Concentrated disadvantage	3140	-15.699	15.093	0.000	3.979
Income inequality (Gini)	3139	0.257	0.665	0.445	0.037
Percent Latino	3140	0.000	99.069	9.267	13.793
Percent Black	3140	0.000	87.412	8.926	14.468
Percent Asian	3140	0.000	53.333	1.438	3.077
Percent Native American	3140	0.000	82.480	1.772	7.218
Percent immigrant	3140	0.000	53.254	4.727	5.707
Chronic disease comorbidities	3135	-3.722	4.718	0.000	1.000
Percent obese (BMI ≥30)	3140	11.000	58.900	33.432	5.923
Percent with diabetes	3140	2.200	28.700	10.486	3.522
CVD death rate	3138	93.800	1028.000	465.211	98.907
Stroke death rate	3135	0.000	180.200	77.097	16.223
Hypertension death rate	3137	37.800	1136.300	255.306	108.194
Percent no health insurance	3140	1.742	45.585	10.071	5.078
Percent moved in last 5 years	3140	5.224	51.889	16.780	3.813
Percent 65 years and older	3140	3.799	55.596	18.372	4.577
Metropolitan area	3140	0.000	1.000	0.371	0.483

We used concentrated disadvantage index, Gini index, racial/ethnic and immigrant concentrations to measure county-level social inequality. *Concentrated disadvantage index* is a principal component factor that linearly combines eight variables: poverty, unemployment, receipt of public assistance, female-headed families, percentage of residents 25 years and older with less than a high school education, percentage of residents 25

years and older with a Bachelor degree or higher, percentage of affluent households ( $\geq$  \$75,000), and percentage of managerial and professional occupations. Each variable is weighted by its factor loading. The first five variables had positive factor loadings whereas the reminders had negative factor loadings (See Appendix A). Higher values on this score indicate counties with a high concentration of disadvantage. The concentrated disadvantage score ranges from -15.70 to 15.09 with a mean of 0 (SD = 3.98) (Table 1).

*Income inequality* was measured using the Gini index. The Gini index has a possible range between 0 and 1 where 0 represents complete income equality and 1 represents maximum income inequality. Income inequality ranges from 0.26 to 0.67 with a mean of 0.45 (SD = 0.04).

*Racial/ethnic composition and immigrant concentration.* The county racial/ethnic makeup was measured by the percentages of Latino, African American, Asian, and Native American residents. The percentage of Latino residents ranged from 0 to 99.07 percent with a mean of 9.27 percent (SD = 13.79). The percentage of African American residents ranged from 0 to 87.41 percent with a mean of 8.93 percent (SD = 14.47). The percentage of Asian residents ranged from 0 to 53.33 percent with a mean of 1.44 percent (SD = 3.08). The percentage of Native American residents ranged from 0 to 82.48 percent with a mean of 1.77 percent (SD = 7.22). The county immigrant concentration was measured by the percentage of foreign-born residents. The percentage of immigrant residents ranged from 0 to 53.25 percent with a mean of 4.73 percent (SD = 5.71).

*Covariates.* This study includes a set of covariates to control for potential confounding of county effects on COVID-19 cases and deaths. The covariates include the percentage of residents 65 years and older, the percentage of residents who have moved in the last five years, metropolitan residence, the percentage of residents without health insurance coverage, an index of chronic disease comorbidities, a standardized factor score that

combines the percentage of adult residents aged 20 years and older who are classified as obese (BMI  $\geq$ 30), the percentage of adult residents aged 20 years and older with diabetes, and cardiovascular disease, stroke, and hypertension death rates per 100,000 people 35 years and older.

The percentage of residents 65 years and older ranged from 3.80 percent to 55.60 percent with a mean of 18.37 percent (SD = 4.58 percent). The percentage of residents who have moved in the last five years ranged from 5.22 percent to 51.89 percent with a mean of 16.78 percent (SD = 3.81 percent). The percentage of residents with no health insurance coverage ranged from 1.74 percent to 45.59 percent with a mean of 10.07 percent (SD = 5.08 percent). About 37.1 percent of counties (1,166/3,140) were in metropolitan areas and the remaining counties were in nonmetropolitan areas.

The chronic disease index ranges from -3.72 to 4.72 with a mean of 0 (SD = 1). One third of residents (33.43%) were considered obese (BMI  $\geq$  30). The obesity prevalence ranged from 11.0 percent to 58.9 percent. The diabetes prevalence ranged from 2.2 percent to 28.7 percent, with a mean of 10.49 percent (SD = 3.52). The mean cardiovascular disease (CVD) death rate was estimated at 465.21 per 100,000 people (SD = 98.91), ranging from 93.8 to 1,028 CVD deaths per 100,000 people. The mean stroke death rate was estimated at 77.10 per 100,000 people (SD = 16.22), ranging from zero to 180.20 deaths per 100,000 people. The mean hypertension death rate was estimated at 255.31 per 100,000 people (SD = 108.19), ranging from 37.8 to 180.20 deaths per 100,000 people (Table 1).

We used descriptive statistics, factor analysis, and negative binomial models of COVID-19 cases and deaths. We conducted all analyses separately for COVID-19 cases and COVID-19 deaths. Descriptive statistics (mean, standard deviation) were used to describe selected county characteristics. Factor analysis was used to assess whether a smaller number of linear combinations describe the socioeconomic structure of counties in the United States. Negative binomial models were used to examine bivariate associations between concentrated disadvantage, income inequality, racial/ethnic and immigrant concentrations and COVID-19 diagnosed cases and deaths. In multivariate analyses, negative binomial models were also used to assess the effects of those social structural factors on COVID-19 cases and deaths controlling for potential confounders. An interaction term between the proportion of Latinos and the proportion of immigrants was added in those models to determine the effects of Latino immigrant concentration on COVID-19 cases and deaths. The natural



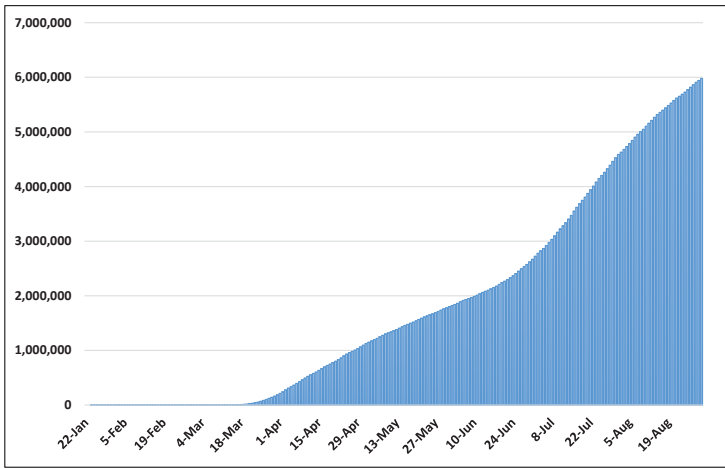
Photo credit: Xavier Donat / Flickr / no changes made / <https://creativecommons.org/licenses/by-nc-nd/2.0/>

logarithm of county population (/100,000) was used as an offset term.

**Results**

Figures 1 & 2 show the cumulative number of COVID-19 confirmed cases and deaths from January 22, 2020 to August 31, 2020. As of August 31, 2020, close to six million people (5,997,636) had a confirmed diagnosis of COVID-19 and over 180 thousand people (182,169) in the United States died as a result of COVID-19 (Figure 1 & Figure 2).

**Figure 1. Cumulative Number of COVID-19 Cases, January, 22 – August, 31 2020**



**Figure 2. Cumulative Number of Deaths by COVID-19, January, 22 – August, 31 2020**

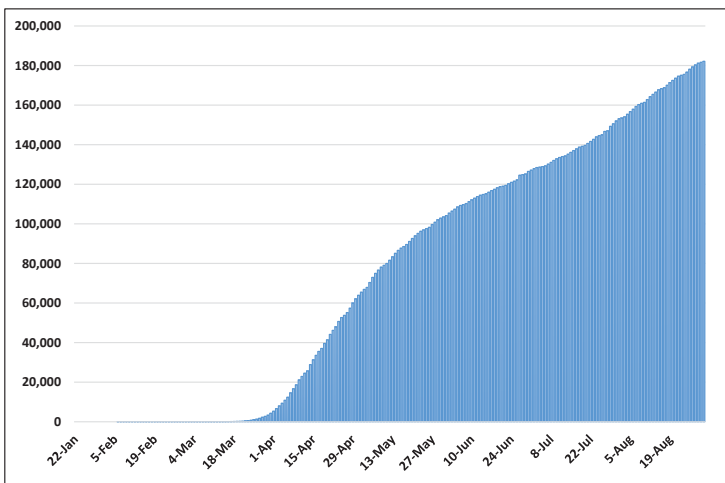


Table 2 displays the unadjusted associations between county concentrated disadvantage, income inequality, racial/ethnic and immigrant concentrations and COVID-19 diagnosed cases. The results show that at the county level, concentrated disadvantage, Gini coefficient, Black concentration, and immigrant concentration were significantly positively associated with higher

rates of COVID-19 cases. The incidence rate ratios of COVID-19 cases were 1.327 (95% CI: 1.286, 1.369) for concentrated disadvantage, 1.301 (95% CI: 1.257, 1.347) for income inequality, 1.237 (95% CI: 1.191, 1.285) for Latino concentration, 1.507 (95% CI: 1.449, 1.568) for Black concentration, 1.063 (95% CI: 1.015, 1.112) for Asian concentration, and 1.263 (95% CI: 1.218, 1.311) for immigrant concentration. In addition, higher rates of COVID-19 cases were associated with chronic disease comorbidities (RR: 1.290, 95% CI: 1.249, 1.333) for chronic disease comorbidities.

**Table 2. Unadjusted Negative Binomial Models of COVID-19 infections and deaths.**

Variable	Covid-19 cases	Covid-19 deaths
	RR (CI)	RR (CI)
Concentrated disadvantage	1.327 (1.286, 1.369)	1.214 (1.177, 1.253)
Income inequality (Gini)	1.301 (1.257, 1.347)	1.459 (1.403, 1.518)
Percent Latino	1.237 (1.191, 1.285)	1.171 (1.126, 1.219)
Percent Black	1.507 (1.449, 1.568)	1.618 (1.553, 1.686)
Percent Asian	1.063 (1.015, 1.112)	1.198 (1.143, 1.255)
Percent Native American	0.999 (0.968, 1.030)	1.022 (0.988, 1.058)
Percent immigrant	1.263 (1.218, 1.311)	1.262 (1.218, 1.309)
Chronic disease comorbidities	1.290 (1.249, 1.333)	1.196 (1.157, 1.236)
Percent obese (BMI ≥30)	1.172 (1.135, 1.211)	1.092 (1.055, 1.130)
Percent with diabetes	1.282 (1.237, 1.330)	1.257 (1.209, 1.307)
CVD death rate	1.234 (1.193, 1.275)	1.197 (1.154, 1.241)
Stroke death rate	1.243 (1.202, 1.286)	1.130 (1.094, 1.167)
Hypertension death rate	1.182 (1.141, 1.225)	1.143 (1.102, 1.187)
Percent no health insurance	1.385 (1.332, 1.441)	1.201 (1.154, 1.249)
Percent moved in last 5 years	1.065 (1.028, 1.104)	0.878 (0.843, 0.914)
Percent 65 years and older	0.746 (0.723, 0.770)	0.795 (0.765, 0.827)
Metropolitan area	1.203 (1.119, 1.294)	1.413 (1.307, 1.527)

Notes: All continuous variables were standardized (mean = 0, SD = 1). RR = Rate ratio = exp (coefficient). CI = 95 percent confidence interval. Death rates are expressed as 100,000 people.

More specifically for chronic disease comorbidities, the prevalence of obesity and diabetes and cardiovascular disease, stroke, and hypertension death rates were significantly and positively associated with higher rates of COVID-19 cases. The rate ratios of COVID-19 cases were 1.172 (95% CI: 1.135, 1.211) for obesity, 1.282 (95% CI: 1.237, 1.330) for diabetes, 1.234 (95% CI: 1.193, 1.275) for CVD death rate, 1.243 (95% CI: 1.202, 1.286) for stroke death rate, and 1.182 (95% CI: 1.141, 1.225) for hypertension death rate. In addition, higher rates of COVID-19 cases were associated with a greater proportion of uninsured residents (RR: 1.385, 95% CI: 1.332, 1.441), residential mobility (RR: 1.065, 95% CI: 1.028, 1.104), and residence in metropolitan areas (RR: 1.203, 95% CI: 1.119, 1.294). Lower rates of COVID-19 cases were associated with a greater proportion of older people 65 years and older (RR: 0.746, 95% CI: 0.723, 0.770) (Table 2).

Table 2 also displays the unadjusted associations between county concentrated disadvantage, income inequality, and

racial/ethnic and immigrant concentrations and COVID-19 deaths. Concentrated disadvantage, income inequality, Latino concentration, Black concentration, Asian concentration, and immigrant concentration were significantly and positively associated with COVID-19 deaths. Higher COVID-19 deaths were associated with greater concentrated disadvantage (RR: 1.214, 95% CI: 1.177, 1.253), higher income inequality (i.e., higher Gini coefficient) (RR: 1.459, 95% CI: 1.403, 1.518), a higher proportion of Latino residents (RR: 1.171, 95% CI: 1.126, 1.219), a higher proportion of Black residents (RR: 1.618, 95% CI: 1.553, 1.686), a proportion of Asian residents (RR: 1.198, 95% CI: 1.143, 1.255), and higher immigrant concentration (RR: 1.262, 95% CI: 1.218, 1.309). In addition, higher rates of COVID-19 deaths were associated with higher chronic disease comorbidities (RR: 1.196, 95% CI: 1.157, 1.236). Higher rates of COVID-19 deaths were associated with obesity (RR: 1.092, 95% CI: 1.055, 1.130), diabetes (RR: 1.257, 95% CI: 1.209, 1.307), CVD (RR: 1.197, 95% CI: 1.154, 1.241), stroke (RR: 1.130, 95% CI: 1.094, 1.167), and hypertension (RR: 1.143, 95% CI: 1.102, 1.187). In addition, higher rates of COVID-19 deaths were associated with a greater proportion of uninsured residents (RR: 1.201, 95% CI: 1.154, 1.249) and residence in metropolitan areas (RR: 1.413, 95% CI: 1.307, 1.527). Lower rates of COVID-19 deaths were associated with residential stability (RR: 0.878, 95% CI: 0.843, 0.914) (Table 2).

Using multivariate analysis, we next examined the effects of concentrated disadvantage (Model 1), income inequality (Model 2), racial/ethnic composition and immigrant concentration (Model 3), and a combined model of social inequality on COVID-19 cases (Model 4), controlling for potential confounders at the county level. The results are displayed in Table 3. After controlling for chronic disease comorbidities, proportion of

uninsured residents, proportion of residents 65 years or older, residential mobility, and metropolitan location, the results show that a higher concentration of disadvantage in a county was associated with higher COVID-19 cases (1.227, 95% CI: 1.160, 1.298) (Model 1, Table 3). Higher income inequality in a county was also associated with higher COVID-19 cases (RR: 1.199, 95% CI: 1.155, 1.245) (Model 2, Table 3), net of the effects of potential confounding covariates.

**Table 3. Adjusted Negative Binomial Models of COVID-19 Infection Rates.**

Variable	Model 1	Model 2	Model 3	Model 4
	RR (CI)	RR (CI)	RR (CI)	RR (CI)
Concentrated disadvantage	1.227 (1.160, 1.298)			1.082 (1.016, 1.152)
Income inequality (Gini)		1.199 (1.155, 1.245)		1.053 (1.010, 1.098)
Percent Latino			1.106 (1.040, 1.176)	1.091 (1.023, 1.163)
Percent Black			1.379 (1.318, 1.444)	1.336 (1.272, 1.403)
Percent Asian			0.816 (0.775, 0.858)	0.814 (0.773, 0.856)
Percent immigrant			1.565 (1.444, 1.697)	1.580 (1.454, 1.716)
Percent Latino x percent immigrant			0.931 (0.909, 0.953)	0.925 (0.903, 0.948)
Chronic disease comorbidities	1.082 (1.031, 1.136)	1.170 (1.127, 1.215)	1.196 (1.139, 1.256)	1.144 (1.079, 1.212)
Percent uninsured	1.195 (1.141, 1.250)	1.242 (1.192, 1.294)	1.089 (1.044, 1.135)	1.057 (1.010, 1.106)
Percent 65 years and older	0.787 (0.758, 0.817)	0.774 (0.746, 0.803)	0.869 (0.832, 0.907)	0.857 (0.820, 0.895)
Percent moved in last 5 years	0.950 (0.914, 0.988)	0.935 (0.899, 0.972)	0.962 (0.924, 1.001)	0.958 (0.920, 0.997)
Metropolitan area	1.414 (1.303, 1.534)	1.262 (1.167, 1.365)	1.115 (1.028, 1.210)	1.146 (1.054, 1.246)

Notes: All continuous variables were standardized (mean = 0, SD = 1). RR = Rate ratio = exp (coefficient). CI = 95 percent confidence interval. Death rates are expressed per 100,000 people.

In addition, after controlling for those covariates, a higher proportion of Latino (RR: 1.106, 95% CI: 1.040, 1.176), Black (RR: 1.379, 95% CI: 1.318, 1.444), and immigrant (RR: 1.565, 95% CI: 1.444, 1.697) residents in a county was associated with higher COVID-19 cases, respectively (Model 3, Table 3). In contrast, a higher proportion of Latino immigrants, an interaction term between the proportion of Latinos and the proportion of immigrants (RR: 0.931, 95% CI: 0.909, 0.953) and Asian concentration (RR: 0.816, 95% CI: 0.775, 0.858) residents were associated with lower COVID-19 cases, respectively (Model 3, Table 3). Finally, after controlling for the effects of potential confounders in the combined model (Model 4, Table 3), higher rates of COVID-19 cases were associated with concentrated disadvantage (RR: 1.082, 95% CI: 1.016, 1.152), income inequality (RR: 1.053, 95% CI: 1.010, 1.098), Latino concentration (RR: 1.091, 95% CI: 1.023, 1.163), Black concentration (RR: 1.336, 95% CI: 1.272, 1.403), and immigrant concentration (RR: 1.580, 95% CI: 1.454, 1.716), whereas lower rates of COVID-19 cases were associated with Asian



concentration (RR: 0.814, 95% CI: 0.773, 0.856) and Latino immigrant concentration (RR: 0.925, 95% CI: 0.903, 0.948), respectively (Model 4, Table 3).

Next, we examined the effects of concentrated disadvantage (Model 1), income inequality (Model 2), racial/ethnic composition and immigrant concentration (Model 3), and a combined model of social inequality on COVID-19 deaths (Model 4), controlling for potential confounders at the county level. The results are presented in Table 4. Concentrated disadvantage, income inequality, Latino concentration, Black concentration, and immigrant concentration were significantly positively associated with COVID-19 deaths. After controlling for potential confounders, higher COVID-19 deaths were associated with greater concentrated disadvantage (RR: 1.260, 95% CI: 1.185, 1.339), higher income inequality (RR: 1.393, 95% CI: 1.335, 1.455), a higher proportion of Latino residents (RR: 1.116, 95% CI: 1.041, 1.197), a higher proportion of Black residents (RR: 1.533, 95% CI: 1.459, 1.610), and higher immigrant concentration (RR: 1.629, 95% CI: 1.480, 1.793). In contrast, lower COVID-19 deaths were associated with a higher proportion of Asian residents (RR: 0.842, 95% CI: 0.781, 0.908) and a higher proportion of Latino immigrants (RR: 0.925, 95% CI: 0.902, 0.948), net of the effects of potential confounders (Model 3, Table 4).

**Table 4. Adjusted Negative Binomial Models of COVID-19 Death Rates**

Variable	Model 1	Model 2	Model 3	Model 6
	RR (CI)	RR (CI)	RR (CI)	RR (CI)
Concentrated disadvantage	1.260 (1.185, 1.339)			1.102 (1.026, 1.184)
Income inequality (Gini)		1.393 (1.335, 1.455)		1.114 (1.060, 1.171)
Percent Latino			1.116 (1.041, 1.197)	1.096 (1.019, 1.178)
Percent Black			1.533 (1.459, 1.610)	1.448 (1.373, 1.527)
Percent Asian			0.842 (0.781, 0.908)	0.841 (0.780, 0.907)
Percent immigrant			1.629 (1.480, 1.793)	1.634 (1.480, 1.803)
Percent Latino x percent immigrant			0.925 (0.902, 0.948)	0.919 (0.895, 0.943)
Chronic disease comorbidities	1.074 (1.019, 1.132)	1.164 (1.117, 1.213)	1.169 (1.104, 1.238)	1.113 (1.042, 1.189)
Percent uninsured	1.094 (1.041, 1.151)	1.113 (1.064, 1.165)	1.003 (0.955, 1.053)	0.960 (0.911, 1.011)
Percent 65 years and older	0.791 (0.756, 0.828)	0.781 (0.747, 0.817)	0.908 (0.862, 0.956)	0.885 (0.840, 0.933)
Percent moved in last 5 years	0.768 (0.734, 0.804)	0.756 (0.721, 0.792)	0.796 (0.758, 0.835)	0.787 (0.749, 0.826)
Metropolitan area	1.869 (1.703, 2.051)	1.577 (1.442, 1.726)	1.250 (1.139, 1.372)	1.293 (1.175, 1.423)

Notes: All continuous variables were standardized (mean = 0, SD = 1). RR = Rate ratio = exp (coefficient). CI = 95 percent confidence interval. Death rates are expressed per 100,000 people.

After controlling for the effects of potential confounders in the combined model (Model 4), higher rates of COVID-19 cases were associated with concentrated disadvantage (RR: 1.102, 95% CI: 1.026, 1.184), income inequality (RR: 1.114, 95% CI:

1.060, 1.171), Latino concentration (RR: 1.096, 95% CI: 1.019, 1.178), Black concentration (RR: 1.448, 95% CI: 1.373, 1.527), and immigrant concentration (RR: 1.634, 95% CI: 1.480, 1.803) whereas lower rates of COVID-19 deaths were associated with Asian concentration (RR: 0.841, 95% CI: 0.780, 0.907) and Latino immigrant concentration (RR: 0.919, 95% CI: 0.895, 0.943), respectively (Model 4, Table 4).

### Discussion and Implications

The results imply that existing social inequalities contributed to COVID-19 diagnosed cases and deaths. Four dimensions of county social inequality—concentrated disadvantage, income inequality, racial/ethnic composition, and immigrant concentration—were associated with higher rates of COVID-19 diagnosed cases and deaths. These relationships persisted even after adjusting for the influences of county index of chronic disease comorbidities, encompassing the prevalence of obesity and diabetes, and mortality rates of cardiovascular disease, hypertension, and stroke, and other potentially confounding factors such as the proportion of older (65 years and older) and uninsured residents, residential mobility, and metropolitan location. These findings are consistent with studies that highlight the importance of social and structural determinants of health and health inequalities.<sup>11, 12, 13, 14, 15</sup>

There are, however, several limitations of the present study. First, this study relies only on county-level data. Individual-level data on COVID-19 cases and deaths by socioeconomic status, race/ethnicity, and immigrant status were not immediately available and are often underreported or not accurately reported in surveillance systems. County-level characteristics tend to be highly correlated and may cause multicollinearity- and confounding-related issues. We ran a series of factor analyses to assess whether a smaller number of linear combinations of county characteristics describe the social structure of those counties. We also controlled for potential confounding factors in the relationships between social structural inequalities and COVID-19 cases and deaths.

Second, the statistical analysis was cross-sectional in design; causal effects of social structural inequities on COVID-19 cases and deaths could not be analyzed across time. Also, beyond the scope of this study, county-level environmental factors, social mechanisms that may mediate the effects of social structural inequities on COVID-19 cases and deaths, most notably social cohesion and social capital, as well as individual-level intermediary mechanisms, including material circumstances, behaviors and biological factors, and psychosocial factors (WHO framework of social determinants of




health) were not included in this analysis.

Finally, counties are large spatial entities that may entail greater within- and between-county variations in COVID-19 cases and deaths. An analysis at the neighborhood level, if data were available, would be more informative on the effects of social structural inequalities on COVID-19 cases and deaths.

The COVID-19 pandemic has made clear the structural holes that exist in our social and health systems that affect health and perpetuate health disparities. To address the pandemic, a concerted effort should focus on addressing the upstream social structural inequalities that affect health outcomes. It is time for all stakeholders, especially policy makers, private and non-private organizations and institutions, and community coalitions to work together to address long standing inequities and commit to systematically eliminate all aspects of structural racism. Krouse (2020) put it better this way:

There has never been a more pressing time for us to enact progressive and far-reaching changes in social, economic, and political policies that will shape programs aimed at improving the health of all people living in the United States. We will need to address the larger issues concerning inequities in health for many groups in our country based on decades of inequalities. We need to concentrate on those individuals in lesser health and raise them to the status of healthy. This will involve influencing changes in social, economic, and political decisions and policies that shape national programs affecting our health. We can begin in our own communities, our own hospitals, and our own practices (pp. 1-2).<sup>16</sup>

Williams and Couper (2020) argue that the U.S. must develop a new kind of “herd immunity,” whereby resistance to the spread of poor health in the population occurs when a sufficiently high proportion of individuals, across all racial, ethnic, and social class groups, are protected from and thus “immune” to negative social determinants.<sup>11</sup> 

**Endnotes**

<sup>1</sup>Unfortunately, the data from the CDC is not comprehensive, with race/ethnicity available for only 50% of the confirmed cases and 82% for deaths.

<sup>2</sup>Centers for Disease Control and Prevention. 2020. Retrieved at: <https://covid.cdc.gov/covid-data-tracker/#demographics>.

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<sup>5</sup>Wadhwa, R. K., Wadhwa, P., Gaba, P., Figueroa, J. F., Maddox, K. E. J., Yeh, R. W., & Shen, C. (2020). Variation in COVID-19 hospitalizations and deaths across New York City boroughs. *Jama*.

<sup>6</sup>Yancy, C. W. (2020). COVID-19 and African Americans. *Jama*.

<sup>7</sup>Williams, D. R., & Collins, C. (2016). Racial residential segregation: a fundamental cause of racial disparities in health. *Public health reports*.

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<sup>13</sup>Phelan, J. C., Link, B. G., & Tehranifar, P. (2010). Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications. *Journal of health and social behavior*, 51(1\_suppl), S28-S40.

<sup>14</sup>Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health: sociological contributions. *Journal of health and social behavior*, 51(1\_suppl), S15-S27.

<sup>15</sup>Diez Roux, A. V., & Mair, C. (2010). Neighborhoods and health.

<sup>16</sup>Krouse, H. J. (2020). COVID-19 and the Widening Gap in Health Inequity. *Otolaryngology–Head and Neck Surgery*, 0194599820926463.

**Appendix A. Principal Component Factor Analysis**

Variable	Factor Loading
<i>Concentrated disadvantage</i>	
Percent in poverty	.847
Percent unemployed (16 years and older)	.546
Percent of families on public assistance	.315
Percent female-headed families	.662
Percent less than high school diploma (25 years and older)	.794
Percent Bachelor degree (25 years and older)	-.764
Percent affluent (≥ \$75,000)	-.823
Percent managerial or professional occupations (16 years and older)	-.731
<i>Chronic Disease Comorbidities</i>	
Percent obese (BMI ≥30)	.698
Percent with diabetes	.742
CVD death rate	.855
Stroke death rate	.753
Hypertension death rate	.598

## What Does it Mean to Defund the Police?

by Richard Cruz Davila

“Defund the police. No more cops. That’s what they’re fighting for.” These were the words Fox News channel personality Tucker Carlson used on his show on June 2, 2020 in response to growing calls to shrink the budgets of municipal police departments. Carlson’s alarmism, however, is a gross misrepresentation of calls to defund police forces. In the aftermath of the police killings of Breonna Taylor in Louisville, KY and George Floyd in Minneapolis, MN, the phrase “defund the police” has circulated rapidly in the national discourse, but there remains confusion about what this phrase actually means. Contrary to Carlson’s warning of the lawlessness that would follow if there were suddenly “no more cops,” what advocates of defunding the police are actually asking for is a gradual redistribution of municipal funding from police departments to other public services that would reduce the need for police intervention. From a reformist perspective, as Edward Ongweso, Jr. writes in VICE, this basically means “make police departments smaller and more accountable.” For some scholars and activists, however, the end result of defunding the police is the abolition of the institution of policing as it currently exists, but only through a lengthy process of creating healthy communities in which the need for police is eliminated.

The idea is not new to those scholars and activists working in the area of criminal justice reform, though it has only recently entered the greater national consciousness during the most recent protests against police brutality and police killings of Black Americans and Latinos. One group currently at the forefront of the discussion is Black Lives Matter. Founded in 2013 by Alicia Garza, Patrisse Cullors, and Opal Tometi in response to the acquittal of George Zimmerman in the vigilante killing of Black teenager, Trayvon Martin, Black Lives Matter became a viral hashtag and rallying cry against the devaluation of Black lives evident in the lack of accountability for police and vigilantes who perpetrate acts of violence against Black communities.

The movement gained further traction following the 2014 killing of Michael Brown in Ferguson, MO by police officer Darren Wilson, which sparked weeks of protest in Ferguson and solidarity actions across the country. Though Black Lives Matter organizers have not ceased their work in the years since, the movement gained renewed momentum in the wake of several recent police and vigilante killings of Black persons, particularly Ahmaud Arbery, killed in February by vigilantes in Brunswick, GA, George Floyd, killed in Minneapolis, MN in May by police

officer Derek Chauvin, and Breonna Taylor, killed in March by Louisville police officers executing a no-knock warrant for a suspect already in custody at another location. Since the beginning of this most recent round of protests, there have been multiple police and vigilante shootings and killings of Black and Brown persons that have drawn further action from protesters.

In Austin, TX, Mike Ramos was shot and killed by police officer Christopher Taylor, and in Tucson, AZ, Carlos Lopez died in police custody due to the manner of restraint and cardiac arrest. In Gardena, CA, Los Angeles Sheriff’s deputies shot and killed 18-year old Andres Guardado as he ran away from them, and in Phoenix, Ramon Lopez died in police custody after having hands and ankles restrained by three police officers and left lying face down on hot pavement for up to six minutes. The outside temperature that day was 99 degrees, and pavement temperature can reach up to 180 degrees. In Oakland, CA, California Highway Patrol officers fired approximately 40 rounds into the car of Erik Salgado, killing Salgado and injuring his pregnant girlfriend, causing her to lose her child. In Louisville, David McAtee was shot and killed when police officers and National Guard opened fire during a protest against the killings of George Floyd and Breonna Taylor. In, Kenosha, WI, police officer Rusten Shesky shot Jacob Blake seven times, leaving him paralyzed below the waist. During protests against the shooting, a 17-year-old armed pro-police vigilante opened fire, killing two protestors (both White) and injuring a third before walking past a police line unimpeded and fleeing to his home in Illinois.

George Floyd’s death at the hands of the Minneapolis Police Department was especially galvanizing for protests against police brutality across the U.S., due largely to cellphone video captured by a bystander, which shows Chauvin kneeling on Floyd’s neck for nearly nine minutes. In the video, Chauvin is seen brazenly looking at the camera with his hands in his pockets, suggesting both that he no longer viewed Floyd



Photo credit: Alexander Oganezov / Shutterstock.com


as a threat and that he believed that he would not be held accountable for his actions in spite of video evidence. The video also shows three other officers failing to intervene even as Floyd called out, “I can’t breathe.” These were the same dying words spoken in 2014 by Eric Garner as New York police officer Daniel Pantaleo held him in an illegal chokehold, also captured on video. Despite the video evidence in Garner’s case, both a Staten Island grand jury and the U.S. Department of Justice, under the leadership of William Barr, declined to indict Pantaleo.

Proponents of defunding the police argue that the actions of officers such as Chauvin and Pantaleo show that efforts at reform have not stopped police from killing Black Americans and Latinos, who were in many cases unarmed. In a June 9 VICE article, Ongweso writes that a reformist campaign called “8 Can’t Wait” calls for police departments to take eight immediate actions to address police brutality. In their demands are requirements for officers to attempt to deescalate situations, to warn suspects before shooting a firearm, and to intervene when another officer uses excessive force, as well as a ban on chokeholds. Critics of the 8 Can’t Wait campaign argue that many cities have already implemented many of these policies to little effect. In New York, chokeholds were already banned when Pantaleo used a chokehold against Eric Garner. Warning before shooting policies were already in effect in Louisville when police shot Breonna Taylor eight times in her own bed, and in Cleveland, OH, when police officer Timothy Loehmann shot and killed 12-year-old Tamir Rice. Minneapolis had already implemented a duty-to-intervene policy before three officers stood by as Chauvin knelt on George Floyd’s neck—Chauvin had already been the subject of 17 misconduct complaints.

In contrast to 8 Can’t Wait, the abolitionist campaign 8 to Abolition proposes eight “non-reformist reforms” to “build toward a society without police or prisons, where communities are equipped to provide for their safety and wellbeing.” The platform of 8 to Abolition includes such demands as the demilitarization of policing, the removal of police from schools, providing safe housing for everyone, and investment in community self-governance. Principal among their demands is the shrinking of police budgets and reallocation of those funds to services such as a full spectrum of healthcare, education, childcare and support for families, free and accessible public transit, access to food, and youth programming. Abolition is, in their view, “not only a matter of tearing down criminalizing systems such as police and prisons that shorten the lives of Black, brown, and poor people, but also a matter of building up life-sustaining systems that reduce, prevent, and better address harm.”

In many large American cities, police funding accounts for

a significant proportion and in some cases the largest share of municipal budgets. For instance, according to a 2017 study from the Center for Popular Democracy, in Oakland, CA in fiscal year 2017 the police budget accounted for 41.2% of the city’s general fund. In Chicago, IL the number was 38.6%, in Minneapolis 35.8%, and in Houston, TX 35.0%. In Detroit, the police budget in 2017 was \$310,200,000, amounting to 30.0% of the city’s general fund. These numbers dwarf the amount of money dedicated to social programs in the U.S. Annie Lowery, writing for the Atlantic, states, “At all levels of government, the country spends roughly double on police, prisons, and courts what it spends on food stamps, welfare, and income supplements.” Such funding disparities are in large part due to the shift toward punitive neoliberal economic policies instituted with increasing frequency in the years after the social movements of the 1960s. Disinvestment in public social services result from austerity measures from which police forces have been largely immune, even as rates of violent crime have decreased since the 1990s. Police unions play a significant role in resisting any reductions in police budgets, as well as in resisting efforts at reform.

Going into the 2020 election, politicians and the American public are divided on the notion of defunding the police. While members of the Democratic Party’s progressive wing, such as New York Rep. Alexandria Ocasio-Cortez and Michigan Rep. Rashida Tlaib, support the movement to defund police, Democratic presidential nominee Joe Biden has instead proposed \$300 million to support police reform, and Republican incumbent Donald Trump has derided the idea as a “fad.” According to a Pew Research survey conducted between June 4 and June 10, 2020, a majority of Americans expressed support for the Black Lives Matter movement. Likewise, a July Gallup poll found that 58% of Americans agreed that major changes were needed in policing in the U.S., while only 6% felt that no changes were needed. Yet, in spite of this historic support for Black Lives Matter and police reform, according to the same Gallup poll only 47% of Americans support reducing police budgets and redistributing those funds to social programs, while only 15% of Americans support abolishing the police. Reporting the results of the poll, Steven Crabtree suggests the ambiguity surrounding the phrase “defund the police” may contribute to the lack of consensus, also noting that support for the idea is sharply divided along racial and partisan lines. In the face of the alarmism and misinformation sown by talking heads such as Tucker Carlson, a clear and reasoned understanding of what it would mean to defund the police may increase public support for a society in which public safety is maintained through a mix of social programs beyond just policing. 

## Historical Oppression and Voting: From Past to Present

by Yoshira Donají Macías Mejía and Juan D. Coronado

On May 16, 2020, at least 71 persons who voted or worked the polls in the Wisconsin primary on April 7<sup>th</sup> tested positive for SARS-CoV-2, the novel coronavirus that produces the disease COVID-19. Despite the pandemic, voters risked their health and well-being to exercise their constitutional right to vote. Voting is deemed a right of U.S. citizens. Democracy inherently relies on the enfranchisement of the masses. Without universal suffrage, a representative democracy cannot exist. Unfortunately, not everyone has the opportunity to vote in the U.S. The Wisconsin presidential primary demonstrates efforts to suppress the right of citizens to free elections in 2020. Initially, Governor Tony Evers hesitated postponing the election. Once Evers finally decided to postpone the election and send absentee ballots to constituents, it was too late for the turnaround to occur on time. The Wisconsin Republican legislature was in support of the election taking place in person and the U.S. Supreme Court decided to block Evers' executive order to postpone the election. The consequences of this action resulted in many individuals not voting due to fear of contracting the novel coronavirus. Also, individuals requesting an absentee ballot did not receive them in time to meet the deadline. The elimination of polling locations limited access to voting sites among members of underserved communities and decreased turnout.

Voting restrictions are not new and existed in colonial times. Slaves, Native Americans, women, Freed Blacks, Catholics, and Jews were barred from voting. Far from being inclusive, the American War for Independence did not achieve universal suffrage and would not be considered by the Founding Fathers who ensured the WASP (White Anglo Saxon Protestant) power structure remained in the hands of the wealthy. However, New Jersey momentarily provided "all inhabitants" the right to vote in its constitution of 1776, revised it in 1790 to read "he and she,"



Photo credit: Tallmaple / Shutterstock.com

but then, in 1807, limited voting to free White men who paid their taxes. This was done by the Democratic-Republican Party to give itself an advantage over the Federalist Party in upcoming elections. The struggle of White women to obtain the right to vote gained momentum from the Seneca Falls Convention in 1848, the first women's rights convention held in the U.S., with suffragists such as Elizabeth Cady Stanton, Lucy Stone, and Susan B. Anthony achieving a special place in history.

The same is not true for Native Americans. The struggle for Native Americans' political inclusion is traced to New Mexico with Miguel Trujillo, a Native American, who fought for the right to vote. The efforts of native men and women like Sophia Alice Callahan, who wrote about enfranchisement of native peoples, are less known. In 1884, the Supreme Court declared in the Case *Elk v. Wilkins* that Native Americans were not citizens by birthright, thus they could not vote. The Indian Citizenship Act of 1924 finally gave Native Americans citizenship but voting rights were not fully extended until the 1960s.

African Americans faced similar exclusions. During Reconstruction, the addition of the 14<sup>th</sup> and 15<sup>th</sup> Amendments to the Constitution extended citizenship and the right to vote to land-owning males over the age of twenty-one. Yet, poll-taxes, literacy tests, and the grandfather clause discouraged and disallowed the large majority of African Americans from voting. The *coup de grâce* to the voting aspirations of persons of color in the South and the Midwest at that time came in the form of domestic terrorists, such as the Ku Klux Klan, who bulldozed hundreds of thousands of potential votes by employing intimidation tactics and outright violence against these communities, especially on election days. It was very common for hate groups and law enforcement agencies to block roads from these communities to polling stations on election days.

In the 20<sup>th</sup> century, barriers to the democratic electoral process continued. Ethno-racial minority groups were marginalized by the expanded use of literacy tests and poll taxes that disproportionately disenfranchised these communities. Latino civil rights organizations, such as the *Alianza Hispano Americana*, LULAC (League of United Latin American Citizens) and the American G.I. Forum, realizing the importance of obtaining political power, held drives, beauty contests, and other fundraisers to pay for poll taxes. The American G.I. Forum formed Viva Kennedy Clubs that not only supported the Democratic presidential ticket but contributed to John

F. Kennedy's slight margin of victory in 1960. Eventually, it would be Lyndon Johnson, who just months after Kennedy's assassination, showed gratitude to excluded communities by passing the Civil Rights Act of 1964. In signing the law, Johnson showed signs of breaking away from his segregationist Southern base while vocalizing his personal experiences working with the Mexican American community as a schoolteacher in Cotulla, Texas early in his career. A year later, Johnson would sign the Voting Rights Act of 1965 that would allow historically excluded minorities to vote.

After passage of the Voting Right Act of 1965 new challenges arose to deny voter rights among racial and ethnic minorities. These new tactics include gerrymandered redistricting, increased incarceration rates for Blacks and Latinos, voter ID laws, long lines at the polls, and reduced polling locations. Redrawing district lines has been ongoing for decades by both Democrats and Republicans. However, recently the Republican Party is benefiting the most from redistricting and is in control of the practice. Recently states like Michigan adopted new measures to reduce voter inequities by passing a referendum in 2018 that established the Independent Citizens Redistricting Commission that is to ensure that redistricting is in the hands of Michiganders and not legislators.

Voter ID laws have become pervasive modes of voter suppression in recent decades. Research demonstrates that Whites are more likely to have an ID than Blacks, Latinos, and Asians. This creates inequities in political influence among racial and ethnic minorities because it prevents segments of these communities from voting. Native Americans are also less likely to have access to state issued IDs because they rely on their tribal IDs which some states do not accept for voting purposes. North Dakota enacted a voter ID law aimed at voter suppression by requiring that voters have physical street addresses. This law, which the U.S. Supreme Court refused to address, makes it difficult for Native Americans in North Dakota to vote because tribal reservations do not have physical street addresses,

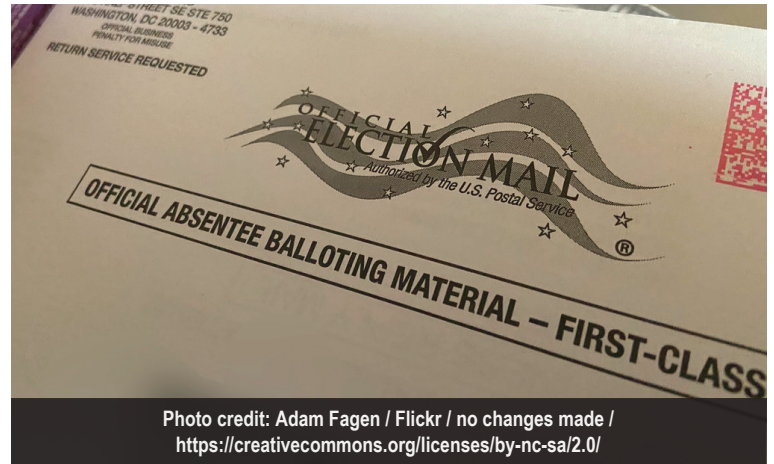


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which makes it problematic when acquiring an ID that fulfills the requirements of the voting law. This law perpetuates structural and institutional racism 21<sup>st</sup> century style.

There is a need to restore and maintain the right to vote among citizens. In the 2016 presidential election, flawed voter machines in several states including California hindered trust among voters. The removal of early voting opportunities in some states also reduces the opportunities to vote. Long lines were a problem during the presidential primary in Texas in March 2020, with Blacks and Latinos waiting one to two hours to vote. Instead of waiting in line, many people forfeited their democratic voice. Not so in Wisconsin, however, where voters were forced to stand in long voting lines in April as the pandemic spread throughout the state and the country.

Racism, sexism, xenophobia, classism, and political conservatism continue to limit universal suffrage. Attention needs to be given to the rhetoric used to obstruct voter access. In the 2020 election season, President Trump and the Republican Party have promoted rhetoric opposing the use of absentee ballots due to potential voter fraud. These arguments are not new and were pervasive two decades ago in the 2000 election. Absentee or distance voting are essential given the current health crisis engendered by the pandemic, otherwise election postponement and lack of social distancing measures among voters may reduce the turnout, which most likely would benefit the Republican Party's chances of maintaining political power.

In protecting the right of all citizens to vote during the 2020 election, government at all levels must ensure that every registered voter is able to cast an absentee ballot, provide early voting options, provide transportation and language services to vulnerable populations, enact automatic registration for adults, and add more (rather than closing) polling locations. These are key immediate steps that should be taken prior to all elections to increase turnout among all population segments. That is, if Americans still value democracy. 🗳️

## Where is the Science?: The Politics of the Coronavirus Pandemic Response

by Yoshira Donaji Macías Mejía

Since news first circulated about the novel coronavirus, members of the Trump administration have downplayed the seriousness of the virus by calling it a hoax and spreading misinformation. Recently released audio recordings of Bob Woodward's interviews with President Trump demonstrate the willingness of the administration to deceive Americans. The federal government's response to the pandemic has been disastrous, occurring as a result of the President politicizing the pandemic and continuously sowing seeds of division. Not only was political polarization a problem, so was the fact that state governments were left to fend for themselves to figure out how best to control the pandemic. As a result of uncoordinated responses by federal and state leaders, public opinion also impacted the containment of the pandemic.

Because the Trump administration did not take the pandemic seriously, Americans were confused as to the deadliness of SARS-CoV-2, the coronavirus that causes the disease COVID-19. As a result, many did not heed the precautions of social distancing and mask wearing urged by Dr. Anthony Fauci and other medical experts. State governments were forced to take action to protect their residents. But even when state governments took actions to protect their residents and public safety, President Trump promoted political partisanship by urging Republican Governors to keep businesses open, thereby avoiding precautions to curb the pandemic. States led by Democratic governors shut down immediately and asked their residents to stay home to help contain the spread of the virus. This was opposite the response by most Republican governors who did not shut down their states until months later or opted to remain open all together.



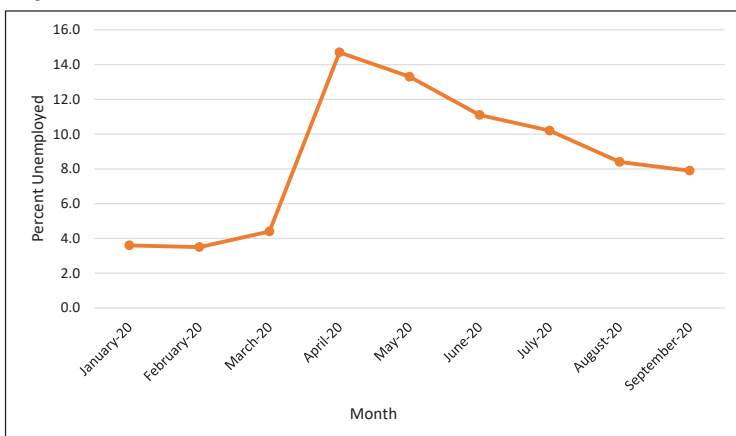
States that opted to shut down early in the pandemic include New York, Michigan, California, and Washington. These were states experiencing early increases in the number of COVID-19 cases. Leadership in New York, despite muddling through uncharted territory, stands as a model for addressing the pandemic at the state level, but Michigan also is another example of how proactive leadership by a Democratic governor helped curtail the number of coronavirus cases and deaths. Other states, ones with supporters of the Trump administration, such as the Lieutenant Governor of Texas who was willing to sacrifice the elderly in a rush to reopen the economy, are examples of how partisanship has taken the forefront of the pandemic.

Early in the pandemic the federal government managed to quickly pass a relief bill to ensure that Americans received financial assistance. Democrats and Republicans came together to pass a relief bill that gave eligible Americans \$1,200 in stimulus checks and an extra \$600 a week to the unemployed. Yet, the Coronavirus Aid, Relief, and Economic Security (CARES) Act itself serves as an example of the political nature of the response to the coronavirus pandemic. For instance, individuals who do not have a social security number or are married to an undocumented individual, even if one of the partners is a U.S. citizen, were ineligible to receive a stimulus check. Further, because this component of the CARES Act was only for four months, a second stimulus package has been under negotiations. Republican senators seek to reduce unemployment insurance benefits for unemployed workers by casting individuals who are receiving unemployment as lazy and unmotivated to seek employment. This negative view of workers is promoted despite evidence to the contrary that generous benefits are a disincentive for workers to seek employment. This view, promoted by conservative legislators like Rand Paul, perpetuates the myth that welfare makes people lazy.

The pandemic has brought illness, death and an economic crisis with federal leaders unable to agree on the next response since the first relief bill was passed. The unemployment rate was at 8.4% in August (more than twice what it was in February), after having reached a high of 14.7% in April. There were roughly 13.5 million Americans out of work in August, down from 23.1 million in April. At the end of August, according to estimates by the Bureau of Labor, 30.9 million workers were either receiving unemployment benefits or had applied and were awaiting a decision. While these numbers appear positive, they do not present a complete picture. Millions of workers have not recovered employment and are no longer receiving unemployment benefits. Further, the lower unemployment rate does not necessarily mean that people are better off. Unemployed workers cannot find employment that will help them take care of themselves and their families, with many having lost the health insurance they had through their previous employment. It would be helpful to have figures on the demographics of workers who recovered employment and in which sectors. For instance, are they working in the service sector, as essential workers, and if so are these employees working in dangerous or safe working environments? These questions need to be answered for there to be a comprehensive view of what is occurring with civilian employment.

In addition to the historically high unemployment rates, it is important to identify the states that have been assisting individuals on the front lines and those who are the most vulnerable. This is especially important given the racial and ethnic gaps with regard to the differences in risk that members of subpopulations are subjected to in the pandemic. Initial numbers show that Latinos and Blacks are the ones facing the brunt of the pandemic, are more likely to be unemployed, and have the

**Figure 1. Unemployment Rate in the U.S., January - September, 2020**




Source: Federal Reserve Bank of St. Louis



highest risk of contracting Covid-19. Among essential workers, Latinos comprise a large segment of those in agriculture and in cleaning services (whether it be people’s homes, offices, stores, or hospitals). Further, they have been dying at a greater rate than their White counterparts. At the close of summer, the states with the highest rates of infection and death were California, Arizona, Texas, and Florida. These states have a majority (57.7%) of the 60.1 million Latinos in the country and point to the vulnerability of this population during this health crisis.

Some state and local governments have made it their responsibility to help immigrants during the crisis. California, for example, has provided undocumented immigrants with some monetary assistance. Gavin Newsom, the governor of California, created a cash assistance program through state funds and private donations to provide undocumented immigrants with \$500 each. Also, on the list of entities that provided aid to immigrants are the cities of Chicago and Washington, D.C. These support programs contrast the responses by states like Florida, whose governor blamed the spread of COVID-19 on Latino farmworkers. Despite undocumented immigrants’ immense contributions to the economy, particularly the nation’s food systems, they were excluded from receiving aid by the federal government. These examples show that the pandemic has been politicized by Trump and the Republicans. Instead of helping everyone equally, irrespective of the states people live in, they have been perpetuating inequities during a time of crisis.

The polarizing and reckless nature of the Trump administration continuously made it difficult for government officials who are invested in protecting citizens to curtail the spread of the coronavirus and promote and protect public safety. Whether it was the President describing the coronavirus as a “hoax” or government officials stalling passage of another relief bill, the results have been inhumane and destructive of human lives. 

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