Cook Center - Mary Bassett

**Mary:** There really hasn't been a single year since we've collected any type of public health statistics in the United States when the data have not documented that people of African descent, are sicker and have shorter lives. And that is not because there are biological reasons that make people of African descent less healthy.

**Maddie:** Well, thank you, Dr. Bassett for being here for our first episode of the Cook Center Podcast. So this first series is focused on our book, the pandemic divide, and it’s, you know, building up to our conference about the same subject matter.

So could you first give the audience a little background on what the book is about?

**Mary:** Well, we all know that the COVID pandemic pulled back the curtain on many societal failures, because very soon, just within a month of the first person in the United States recorded as having died of COVID, we saw vast, racial, ethnic inequities emerging and who is getting infected and who is dying.

So this really brings a social science perspective to this, and, sort of covers the broad array in the book of what in public health we often refer to as a social determinants of health, but which in ordinary speech really would be the extent to which our society has been able to offer people a decent life. And that's what the book's about.

**Maddie:** Thank you. And, you know, you've kind of told us about social determinants of health. I think some other key topics or terms in the book are structural and systemic racism, which you touch on in your forward, as well as white supremacy. I think an understanding of each of these is really important for the readers to really grasp all that's being covered here. Could you tell us a little bit more about each of these?

**Mary:** A little bit more about each future? Sure. I I'd be happy to, you know, it's really impossible to separate the pandemic years from the event of George Floyd's murder, which happened during those days. And so while we were watching Black, Latinx and indigenous people die at higher rates, and at younger ages, we also witnessed this display of police power against a Black man in excruciating sort of intimate detail. And so that brought out the idea that we're not dealing with a problem of just one bad cop or, you know, one prejudiced individual doctor, we're dealing with something that's deeper than that.

And the idea of structural racism really came to the fore for us as a nation. I mean, the, the president of the United States has even issued, you know, speeches which used this language. And it's a very important distinction because it makes it clear that the way in which racism is present in our lives is not only due to individual faults, but related to the embeddedness of racism in all of our institutions.

And that's what we mean by structural racism and more broadly, the ideology that underlies all of this is the ideology of white supremacy, what some people refer to as the hierarchy of human value, that people are worth more if they're classified as white, then they are if they're classified as a person of color.

So it includes not only African Americans who are subject to enslavement, but people of indigenous descent who are subject to genocide and all people who are not white, but we like to refer to affirmatively as people of color who experience the hierarchy at which, people who are white remain at the top.

**Maddie:** Thank you for explaining those terms more, and I think to your point, a lot of what this book does also is points to these historical factors, these elements that are embedded in our nation's history, deeply embedded, and in the ways that health and society and all of these things tie together.

So, and I think you, you spoke to that in your forward and you highlighted three, at least, important messages to be taken away from the book. So I'd love to kind of walk through those one by one, if that's all right with you.

**Mary:** Sure, with pleasure.

**Maddie:** so the first message You spoke to was the policy impact of white supremacy causing excess exposure to COVID among communities of color.

**Mary:** Yes. So I guess in, public health and in specifically in epidemiology, some of the ideas that are really special to the field of the notion of exposure and susceptibility to illness.

So in order to get sick, you need to be exposed to things that make you sick. And in this case, it was to the no novel coronavirus, and then you have to be susceptible to it. And biologically, every single human being was susceptible to it. It was a novel virus, which humans hadn't seen before., but there turns out that there are other factors, obesity, overweight, asthma, which influence the outcome. So that's your susceptibility, haven't gotten infected. But these things are really, filtered through the experience of our society.

So who gets exposed is largely socially determined. Everybody, it seems so long ago now., but remember who was still going to work when we were all on lockdown, who was able to work from home. That was not something that was random. To be able to work from home was a privilege, but there were people out stocking the shelves, delivering the goods, all of whom had to keep going to work. They had to go to work often by public transport. They had to travel possibly long distances because of the cost of living in many urban areas. All of these really are, are, are filtered through race and ethnicity in our society because of the impact of the racial hierarchy on our society.

I really like that you mentioned history because I think in order to understand racism and white supremacy in this country, you've just gotta learn a little history. And one of the things that I often point to as an example of structural racism is red. This was a government policy that was, adopted following the depression, to try and bolster home ownership.

But African Americans in particular were systematically excluded from government back financing for home purchases. And this is not the only thing that underlies the racial inequality and wealth, but owning a house is often, you know, an important source of intergenerational wealth transfer. And that was something that people who are African American were not allowed to have. It was also issues with access to higher education and the GI bill, that was also racially stratified and redlining created a platform for community wide disinvestment. So it wasn't only that the individuals who lived there. Didn't own their homes and lived in overcrowded housing.

There was no public transport. The schools were underperforming. There were no other community institutions like parks., there was not street lights or policing that was not surveillance, but to keep the community safe. All of these really resulted in the situation, which meant that people who had to keep working during COVID were more likely to have low wage jobs, to be having to work outside of the home during COVID more likely to be commuting possibly long distances to work, more likely to come home to overcrowded multi-generational households in which they place their elders at risk, because of the younger people having to be out there, working and, and getting exposed.

So that's the exposure part of the equation it didn't just start with COVID it's historically based and, has been maintained., but we got to see it at a tragic effect during the COVID pandemic. I mean, the data, I can't tell you how shocking, the data have been the, in the first year, or even the first months of the pandemic, we saw far, far higher risk of death among young to middle aged adults. In some age groups ranging to seven to ninefold higher among African Americans and, and Latinx people as compared to white people.

So for people like 35 to 44 years old, that there was that much of a higher risk of dying of COVID. I mean, I, I can't tell you how huge a difference that is. The risk of dying of diabetes or heart disease is two, three-fold higher, not good., but the risk of dying of COVID was really astronomically higher among young adults. So that's the exposure. Then what, what's the next part that we need to get to

**Maddie:** So, and I, I appreciate your pointing out the weight that this book is carrying and, you know, it's pointing out all of these disproportionalities that are coming out of COVID. And to your point about the history and structural racism, COVID uncovered a lot of existing inequities. And so the, the second key message that you observed was disproportionate susceptibility to severe cases and symptom.

**Mary:** Yeah, and I, I mean, I have a lot of respect for Dr. Fauci, who's just stepped down and, Jerome Adams who at the time, when COVID unleashed on us was the surgeon general and had introduced syringe exchange into his home state when he was the health commissioner there.

But just to give you an example of how people described susceptibility, that he told the former surgeon general said, we really have to stop, you know, drinking and taking drugs and, you know, smoking cigarettes or whatever, and behave better. And, and Dr. Fauci said something like, you know, we just have always had these differences of higher rates of, of sickness and death in our Black population. And we don't quite understand it. It's very sad, but now we'll just do our best to take care of them. And he certainly has clarified his views and, and made clear that people, this idea that it's somehow inherent in being classified as, as Black or Latinx, that you are more likely to have diabetes or to be obese, or to have asthma.

The risk of these conditions, and if you have them, you're at higher risk of dying of COVID, is not something that's natural., The rates of obesity that we see in the Black population are related to other factors as well. Do you have access to decent food? Are you spending two hours on public transport every day getting to work in both directions are, are, do you, you know, the high cost of food and particularly the stuff that we in public health tell people to eat like fruits and vegetables. You know, why is it that it's so much cheaper to eat high calorie food that isn't very nutritious?

That's not a personal choice. That's related to the types of societal decisions that have been made. So it's true that Black people and Latinx people are more likely to be obese or overweight, more likely to have heart disease, more likely to have high blood pressure, all things that we see. Risk factors for a bad outcome, if you get infected with COVID.

Uh, but we should see those as socially determined as well, and not, you know, the genetic beliefs in the fundamental differences between people of different races is so strong in our country, that I think, you know, we should recognize that the behavioral explanations, these people just don't act right, are really just a modern-day version of genetic determinism.

Neither one of those is correct, and neither one of them seems to be going away. But this susceptibility does contribute to excess mortality among communities of color, but that's not a given. That's related to how our society is organized. So I think that the book makes clear many of those things, you know, there, it is not an accident that housing is substandard in Black communities.

The structure of the labor market is not an accident. People aren't just both Black and poor they're poor because they're Black. Even, you know, progressive minded people have a lot of trouble cross walking the relationship between poverty and race in this country and have trouble understanding that an important way that racism works is by impoverishing people who are of African descent and other people of color.

So anyway, that's why it's so important to have social scientists weighing in on this among whom I include economists. And, and that's why it's so important that, that the cook center got together and, and pushed to get this volume out.

**Maddie:** Yeah, absolutely. I think something of value in this book is, to your point. I mean, we have, we have doctors, we have economists, we have so many social scientists, people from many different disciplines coming together to kind of touch on all the different underlying themes of inequalities that we're amplified by COVID 19.

And I think this transitions us to our third message that you highlighted in your forward, which was the racial partitioning of American life. And you've touched on it a bit, but could you tell us a little bit more.

**Mary:** I mean, just to bring into stark relief, there really hasn't been a single year since we've collected any type of public health statistics in the United States when the data have not documented that people of African descent, are sicker and have shorter lives there's not been a single year when that has not been true. And that is not because there are biological reasons that make people of African descent, less healthy. That's because of the ways in which the racial hierarchy in the United States, based on the ideology of white supremacy has partitioned American life. With the result that, that people of color just face much harder lives.

And I, I think that what we saw in the outpouring around the, the death of, of George Floyd, was an awareness that we have to change this. You know, I've worked on these issues for my whole working life and I've been working in public health for 35 years and it's gotten better. The racial gaps have narrowed, but they have not gone away.

And at the rate that we're going, I wouldn't even see my great, well, I'll never see my great-great grandchildren, but we are not even on track to eliminate them, you know, now, so much more definitive action is needed, or else we're just gonna continue to pay the price of racial inequality and, and that causes everyone to suffer.

And if I can just digress a bit, because there's no doubt that people of color have paid and are paying the highest price, but now we're seeing an interesting phenomenon emerge where the racial gap is narrowing, but not in a good, not in the way we wanna see it narrow relative to whites. And that's because we're beginning to see that the white advantage in health is eroding and that's happening with COVID, as well.

So this is not good., that's not the way we wanted to see the gaps narrow, but it reflects the impact of white supremacy on our responses to pandemics. You know, who thought that they were invulnerable, who are the main questioners of vaccines? Who's saying that mask wearing is, you know, really some form of assault on, on their human rights?

These crosswalk, I'm sorry to say, often with white supremacist thinking. And, and this has been, this is dangerous. I, I think that it might be unusual for a, a sitting health commissioner to say these things. But I think we have to acknowledge them. As a nation, we are just not keeping up with our peer nations.

And I hope that the book will bring to the fore, some of the reasons why we have. embarked on a path of our own. Our life expectancy is declining. We're not recovering from the impact of COVID and we're seeing, you know, these effects extend to previously protected groups. It was a bit of a rant, but there we go.

**Maddie:** No, I appreciated so much in your forward, you wrote about the murder of George Floyd and the pandemic. And you said the combination of these phenomena, a pandemic roaring through the country and the graphic display of racial terror led to a historic display of public outrage at the enduring impact of white supremacy across both the nation and the globe. And I think you're elaborating on that.

**Mary:** Yeah. true. My daughter was living in, in New Orleans at the time, a city, as everyone knows, was ravaged by hurricane Katrina, which in really uncovered the dire poverty in which the Black population of New Orleans lived. And, anyway, they were marching around and protest to. Murder of George Floyd and they were coming.

It was a racially mixed group. You, you all, we all remember just the magnificence I'd say of racially mixed groups, protesting his death. Anyway, I, I just have to tell you that she wrote to me and she said, oh no, actually it was in a phone call. She said, you know, we were approaching. Was previously a sun downtown.

These were towns where, you know, you, if you were black, you shouldn't be there after sundown. And some people on their bullhorns called out white people to the front, meaning that the white people in the March should go to the front of the March, because ahead of them was a line of police in, you know, paramilitary gear.

And she said to me, mom, they went. And she was so amazed. My daughter is, you know, has sports, a big Afro and, she was amazed to, to see, you know, there certainly have been, always been European Americans who, who stood against African enslavement and racial discrimination, but she really had never seen such a direct display of a willingness to face danger on behalf of the Black people who were marching there. And she'll never forget it. I won't forget it either.

**Maddie:** Absolutely. Thank you for sharing that story. It is powerful and you know, it gives hope that we are presenting a United front. and I think, you know, your forward contains a call to action to pay attention to the research. And I think that's, you know, a similar goal of this podcast and of the conference and you know, this book altogether and you wrote there's much bad news here, but above all the message is that structural racism is not in our genes. So for those who are paying attention to the research, where do we go from here?

**Mary:** Well, I wanna make a plug that the research matters. And I, I think that, you know, there, there may be times when people who do research and people who consume it think that, you know, that it's sort of armchair activity, but we need these data to see where we are and to assess.

How we're doing and where we're going. And, and we've had far too little data, that looks at racial disparities, even though everyone's talking about it. So we need more data of that sort. And we, we need people to speak out about their data. you know, there's a sense among everyone. It's certainly true among people in medicine, but it's probably also true of economists and sociologists and that we should stay in our lane. Talk to our expertise.

I should talk about microbes and not about history, but I think we're at a moment when I would urge all researchers to speak the truth. Let's assume that everybody can absorb it and show respect for the people, who often fund our work and on whose behalf we do our work and not shy away from making the conclusions that our work deserves., so I'm urging people not to just stay in their lane.

**Maddie:** I think it's a great, a great urge and a great call to action. And what, what would your encouragements be for those who, you know, read this and, and are struck by it and say, what do I do? Maybe if they're not in..

**Mary:** Well, first thing you gotta do is vote. I'm not gonna tell anybody how to vote, but we really need everybody who is entitled to vote to exercise that. And for people of color, we should all be remembering how many people. Paid such a high price to enable us to vote. And you know, it counts that people are now talking about these issues.

And I would re just say everybody in their everyday lives and their work and their home and their social networks to stop being scared about talking about, you know, what the pandemic showed us all. And the ways in which these divisions are rooted in our history. and you know, we've gotta talk about it. That's always the first step towards doing something about it.

**Maddie:** Absolutely. Well, Dr. Bassett, thank you so much

**Mary:** It's my pleasure.

**Maddie:** I, and I hope that this podcast and this book are the first steps towards a lot more people talking about it to your point. So,

**Mary:** yes. Good.