

COVID-19: Exacerbating America's health inequities

The COVID-19 pandemic has laid bare the cruel inequities of the U.S. health system, along with the socioeconomic factors that contribute to higher rates of infection, serious illness, and death among people of color, low-income workers, and incarcerated persons.



A majority of Americans hospitalized for COVID-19 are people of color, including [33%](#) who are Black. Nationally, Black Americans are more than [twice](#) as likely to die from COVID-19 than whites. Some states report even more stark figures: In Kansas and Wisconsin, Black residents are [7 times](#) more likely to die than whites. The death rate for Blacks is 6 times higher in Washington, D.C., and 5 times higher in Michigan and Missouri.

Why do people of color have higher rates of COVID-19 infection and death?

Exposure: Low-wage workers — who are [disproportionately](#) Black and Hispanic — are more likely to work in places with high risk for exposure, such as grocery stores, transit, and health care. Only [16%](#) of Hispanic workers and 20% of Black workers are able to work from home. People of color are also [overrepresented](#) in jails, prisons, and detention centers, where they are nearly [3 times](#) more likely to become infected compared to the general population.

Underlying health and economic conditions: Compared to white Americans, Blacks have higher [rates](#) of almost every chronic health condition including lung and kidney disease, which [increase](#) the risk of hospitalization and death from COVID-19. Blacks, Hispanics, and Native Americans were all more [likely](#) than white Americans to report poor health status. In addition, Black families are [three times](#) more likely to live in poverty compared to white families, and twice as [likely](#) to be food insecure, factors known to contribute to poor health.

Access to health care: Low-income Americans and people of color are both [twice as likely](#) to avoid seeking treatment for COVID-19 due to concerns about the cost of care. Why? Low-wage workers — those most at risk for job-based exposure — are more than [twice](#) as likely as the general population to be uninsured. Hispanic and Black Americans have significantly higher [uninsured](#) rates (19% and 11%) than whites (8%). And when they do seek care, they may not have providers available, as 25% of Black families and 24% of Hispanic families live in an area with a shortage of primary care providers, [compared](#) to 13% of whites.

The disproportionate effects of the pandemic are no accident: These disparities are the direct result of a fragmented health system that puts profits over patient health.

During this crisis, we must aggressively [address](#) the needs of America's most vulnerable populations by expanding Medicare to cover the uninsured, reducing the number of [incarcerated](#) people (including in immigrant detention centers), and supporting hospitals and clinics in struggling communities. At the same time, **we must fight for Medicare for All** — the only system that provides universal and equitable health care to *everybody* in America, eliminates cost barriers that keep patients from needed care, improves health outcomes, and invests in public health.