

# Color-Blind Racism in Pandemic Times

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## Abstract

In this article the author examines how the frameworks of color-blind racism have influenced many topics during the pandemic. Using readily available material from popular culture (TV shows, newspaper and magazine articles, and advertisements) and from statements by government officials, the author examines how color blindness has shaped our national discussion on essential workers and heroes, charity, and differential mortality. The main argument is that color-blind racism is limiting our understanding of the structural nature of the various racial problems coronavirus disease 2019 has revealed, making it difficult to envision the kinds of policies needed to address them. The author concludes by summarizing what these ideological perspectives block from view as well as addressing the nascent discursive cracks that might be used to produce alternative frames for interpreting matters and organizing collective action.

## Keywords

racial ideology, color-blind racism, pandemic, frameworks, disasters, ideology

Ideologies are always on the move, as they must be capable of expanding their influence and adapting to new situations. This is the case of color-blind racism (Bonilla-Silva 2017; Doane 2017) during the coronavirus disease 2019 (COVID-19) pandemic. Its major frameworks have significantly shaped how Americans think about racial matters since the 1970s and, unsurprisingly, our current discussions about coronavirus-related matters. The core of color-blind racism, unlike Jim Crow racism, is explaining racial matters as the outcomes of nonracial dynamics (for similar arguments, see Bobo and Smith 1997). The four central frameworks of color-blind ideology are *abstract liberalism* (explaining racial matters in an abstract, decontextualized manner), *naturalization* (naturalizing racialized outcomes such as neighborhood segregation), *cultural racism* (attributing racial differences to cultural practices), and *minimization of racism*. These frameworks are molding how we understand, among other things, (1) the work and role of essential workers, (2) the differential mortality rates of COVID-19, and (3) hunger in the pandemic.

These color-blind-infused discussions are dangerous, as they transpire in a mostly innocent, nice

manner. For instance, who would object to the idea that “we are all in this together”? Why might such a statement of unity in the middle of a pandemic be regarded as having racial implications? Most people would think like New York governor Andrew Cuomo, who, after learning that his younger brother had contracted the virus, tweeted that COVID-19 is “the great equalizer.”<sup>1</sup> This is the power of ideology in general, and of racial ideology in particular: it works best when it is not direct and seems to represent how everybody thinks (Bonilla-Silva 2001).

In this article I discuss how color-blind racism has affected our understanding of the three aforementioned subjects. As these three ideologically colored issues are widely diffused, I concentrate on analyzing the messages they convey as well as what they fail to make explicit. This project is

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based on a momentous, still unfolding event in which researchers are homebound. Thus, there is little to gain in trying to be “methodologically correct”—waiting for systematic, representative data on the matters examined would likely make the analysis less relevant, as such data will likely be available long *after* the pandemic ends. However, this is not a call for sloppiness. I will be as clear about the relevance of the material selected for discussion and, when possible, provide evidence of the level of influence of a source.<sup>2</sup>

My main argument is that the color-blind racial framing of these three issues limits recognizing that the problems made apparent during the COVID-19 pandemic have a structural nature (e.g., class and racial inequalities, the lack of a proper safety net, and the need for universal health care). More significantly for my analysis, structural racism is mostly dislodged (or minimized) as a central factor shaping the nation. Consequently, color-blind racism—inflected discussions obscure how the problems at hand are *worse* for communities of color and may require race-based social policies to address them—official discourse during disasters tends to ignore marginalized communities’ viewpoints and reflects dominant narratives (Tierney, Bevc, and Kuligowski 2006). To be clear, my claim is not that how some of these issues are being framed is new (e.g., Whites’ idea that Black and Brown people are sick because of their culture or behavior, or because they are biologically different, is not new) but that color-blind racism has made these ideas more palatable to the general public and, therefore, more salient.

I proceed as follows. First, I define the notion of “racial ideology.” Second, I discuss the three subjects shaped by color-blind discourse, explain each of them, make visible their connection to racial stratification, and try to clarify what the framing obscures. Last, I summarize in the discussion section the ideological work these three issues perform and mention two other emerging subjects influenced by color-blind racism. As ideologies are not without contradictions and cracks, I briefly highlight how the tremendously fluid conjuncture at which we are living—the confluence of a pandemic, a recession, and a race-based protest movement—has allowed counternarratives to emerge and for alternative policies to be contemplated.

## RACIAL IDEOLOGY

My goal in this section is modest. I outline the central features of the racial ideology paradigm to orient my analysis (for a full discussion, see

Bonilla-Silva 2003). For good reasons, most theorizations on ideology begin with Marx’s (2000) classic *The German Ideology*. Marx’s premise is that the fundamental division of any society is based on class; hence the dominant class attempts to present its views as universal. Second, the privileged position of the dominant class facilitates representing its views as universal. Third, the dominant class’s ideas are fundamentally the “ideal expression of the dominant material relationships” (Marx 2000:192). Many Marxists assume that class explains all divisions in any society, but race and feminist scholars have long contended that race and gender are central axes of division in modernity that cannot be relegated to “secondary contradictions” (Omi and Winant 2014; Hill Collins 1990). Yet Marx’s general insights about class ideology are still useful and can be extended to the analysis of racial matters. Thus, *racial ideology* is

the racially-based frameworks used by actors to explain and justify (dominant race) or challenge (subordinate race or races) the racial status quo. Although modern societies articulate various forms of hierarchy and, thus, societal ideology encompasses frames from gender, racial, class, and other forms of hierarchical structurations, I focus here on how aspects of the larger “ideological ensemble” play out in the field of race relations. I label these frameworks “racial” albeit I recognize that many (e.g., the frame of abstract liberalism) are used to justify gender and class inequality. (Bonilla-Silva 2003:65)

Of all the functions of racial ideology, a central one is providing arguments to “account for racial inequality” (Bonilla-Silva 2003:74). This is part of what I intend to document in this article: that COVID-19 pandemic subjects infused by color-blind frameworks directly—or by omission—discount racism or minimize its role.

Two other points before I proceed. First, ideologies are embedded not just in newspaper articles and speeches by politicians but also in social texts (e.g., films, pictures). Thus, although I include comments from politicians, I rely heavily on material from popular media, as “ideologies are acquired, expressed, enacted and reproduced by discourse” (van Dijk 2006:124). Second, students of ideology have pointed out that ideological fields are always partial and never “pure” (Irvine 2019). Rarely does one find ideological expressions that represent exclusively the dominant group’s views—they usually incorporate some ideas from subordinated groups (Poulantzas 1978). Also, as racial

ideology is often articulated within ideological items expressive of other social divisions or wedged in generic arguments (Hall 1986), most of the material analyzed here does not reflect specific discussions on race. Yet I will show that race looms large in these seemingly nonracial discussions. Last, in any ideological formation, various gender, class, or racial ideological iterations coexist. In contemporary America, for example, most Whites espouse color blindness, but a segment clearly does not, including the president, who has a long history of overt racist statements and practices (Bonilla-Silva 2019a), which he continues dispensing to date (from labeling COVID-19 as the “Chinese virus” to advocating a Nixon-like “law and order” approach to deal with protesters).

## PRAISE FOR “OUR HEROES”

Stories about heroes during this pandemic are ubiquitous. Companies such as Kraft-Heinz, Budweiser, Amazon, and Walmart have all produced commercials or symbols heralding “essential workers” as heroes. These advertisements are broadcast on a variety of mainstream networks. These stories also appear daily on TV segments, in which news anchors salute “our heroes” and in print media bearing headlines such as, “Heroes of the Front Lines: Stories of the Courageous Workers Risking Their Own Lives to Save Ours” (Time 2020). The writer of a piece about cartoonists celebrating “the heroes amid the pandemic” stated the core elements of this framing:

Companies and community members at all levels are celebrating and elevating these unsung heroes in countless ways: Some are donating personal protective equipment, giving them free products or offering free meals. Others are simply saying thank you to those continuing to work. Residents, streamers and students around the Bay Area have united to collect hand sanitizer for local shelters, hospices and jails, create masks for hospital workers or donate money to international groups aiding other countries fighting the pandemic. (Bouscher 2020)

One of the cartoons accompanying the story depicts a “Supernurse” (a White woman dressed as Superman) flying a frail man away from the virus, while another echoes the iconic image of Iwo Jima, featuring a White-looking scientist, nurse, doctor, and first responder symbolically planting an American flag. Although there is no question that “essential workers” are sacrificing themselves and deserve

praise, labeling them as “heroes” clouds our vision. *Our economy and our health care system cannot depend on “heroes,” particularly when so many of them are workers of color.* What is needed is commitment from the state and corporations to provide workers with the necessary protection to safely fulfill their jobs, as well as adequate pay for their sacrifices. Framing these workers as “heroes” makes us less likely to empathize and support those who choose to strike, protest, or remain absent from work during the pandemic. Nurses, for example, are organizing and filing complaints to the Occupational Safety and Health Administration, and delivery workers at Amazon and Instacart threatened to strike unless they receive adequate protection, sick leave, and hazard pay (DeSantis 2020).

Protests from these essential workers are already happening and will likely increase. As recent cases have shown, when “heroes” do not behave according to our archetypal notion of heroism, they become villains. For example, 10 nurses at Providence Saint John’s Health Center in Santa Monica, California, were suspended after refusing to enter coronavirus patient rooms before being supplied with N95 masks (Murphy 2020). Hospital management justified the suspension as due to “[nurses’] refusal to treat the patients” which “constituted abandonment and negligence” (Murphy 2020). The hospital management’s statement exemplifies how the hero framework deflects responsibility and blames workers:

We are so grateful for the heroic work our nurses perform each day and will not let the actions of a few diminish the appreciation we have for all our nurses and their commitment to our community... Saint John’s cherishes its nurses and is taking precautions sanctioned by leading world, national, state and local health agencies to ensure their safety. (Baker 2020)

How is color-blind racism shaping the discussion of “our heroes”? Heroes, particularly those more exposed to the virus, are *disproportionally* workers of color, even though one would not know it from the images circulating in the media. Our racialized class structure leads Black and Brown workers to be in jobs more exposed to COVID-19 than Whites. Black and Brown workers represent 50 percent of janitors, the bulk of nurses in supportive positions (those more exposed to hazardous conditions and receiving less protection), 44 percent of construction workers, 50 percent of correctional officers, 52 percent of bus drivers, a whopping 70 percent of graders and sorters of agricultural products (these are the

workers at Tyson, Smithfield, JBS, and other meat-packing companies), and 30 percent of police and sheriff patrol officers (Bureau of Labor Statistics 2020a). The abstract liberal way we discuss “our heroes” blinds us to the racial composition of the group, preventing the deeper question from surfacing: why are workers of color overrepresented in these dangerous, low-paying jobs in the first place? Praising them as corporations, politicians, and celebrities do *naturalizes* the racial status quo.

One occupation that clearly shows the high exposure of workers of color to the virus is phlebotomists, 50 percent of whom are Black and Latino. Their basic job is to draw blood from patients, and during the pandemic many have been asked to “volunteer” to do coronavirus testing (Velasquez-Caldera 2020). Because of their high rates of exposure to fluids and people, phlebotomists have a higher than average exposure to the virus. Adding testing for COVID-19 to their duties, which required quick training, as “prior to the pandemic, only nurses and doctors were allowed to do the swabbing” (Velasquez-Caldera 2020), has made their job even more dangerous, particularly considering that their median pay is \$35,000 (Bureau of Labor Statistics 2020b).

The level of exposure to the virus is even higher for bus drivers, janitors, and workers in the meat-packing industry, all occupations with very high representations of workers of color. Hence, rather than admiration, salutes from our porches and windows, or the song “Good Job” by Alicia Keys, what all essential workers need, but particularly workers of color, are masks, hazard pay, sick leave, and higher wages. The virus has exposed the effects of the erosion of our limited, highly racialized welfare state, which has left large segments of society vulnerable to health and economic disasters (Ward 2005). This erosion was catapulted by the highly racialized politics of the 1980s and 1990s, when the image of the “welfare queen” and the notion of “welfare dependency” were foisted by Republicans and Democrats (Quadagno 1994). Accordingly, the kryptonite debilitating our *true* superheroes—essential workers of color—is not the virus but years of antigovernment, neoliberal, racialized rhetoric, and structural racism.

### “DONATE TO FEEDING AMERICA’S CORONAVIRUS FUND”

The title for this section comes from the Web site of Feeding America, the nation’s “largest domestic hunger-relief organization” (<http://feedingamerica.org>). Almost two weeks after the United States initiated social distancing measures to mitigate the spread of the virus,

nonessential workers began to lose their jobs. As of April 30, the total number of unemployment claims has reached 30 million and will likely increase in the next few weeks (Dmitrieva 2020). Adding underemployed workers to the mix, the number of food-insecure Americans has skyrocketed to about 30 percent of the working class and, for workers of color, an even higher proportion.<sup>3</sup>

In response, the media, churches, and other organizations have blanketed the airwaves with stories about food banks serving two to six times more clients than usual. These stories are heart wrenching and invariably end with reporters’ or organizations’ asking viewers for donations. The precarious condition of workers in America is such that many of those deemed “nonessential” are now food insecure and relying on food banks. Food insecurity, however, is not due to the virus. Between 12 percent and 15 percent of households have been food insecure for a long time, and the rate has been much higher for households of color. According to Odoms-Young (2018), the rate of food insecurity for Whites fluctuated from 7 percent to 10 percent from 2001 to 2016, but for Blacks and Latinos it ranged from 17 percent to 27 percent. This is why hunger “is a racial equity issue” (Nitschke 2017).

Framing hunger as a charity matter derails us from thinking about why workers were out of food after just a few weeks of unemployment, why there were such high levels of food insecurity *before* the pandemic, and, more significantly for my discussion, the fact that hunger is also a highly racialized affair. This framing universalizes hunger in an abstract liberal way when data on hunger show that a quarter of households of color were food insecure before the pandemic hit; this rate has likely increased since the pandemic began. The racialized facts around food insecurity will require in the short term race-targeted, creative approaches to help those most affected by the pandemic.<sup>4</sup>

Why is the United States food insecure when it is the richest, most powerful nation in the world? America is food insecure because income and wealth inequality have returned to Gilded Age levels. In 1929, the Gini coefficient was 49.91, and by 2018, after decades of staying in the 30s, it had climbed back to 48.22 (Atkinson et al. 2017; DePrieto 2020). Data on inequality are telling: whereas “S&P 500 firm CEOs were paid 278 times as much as average U.S. workers in 2018” (Institute for Policy Studies 2020), restaurant servers, to use one relevant example, hardly improved their earnings since the early 1990s, and their federal minimum wage has remained stagnant at \$2.13 (Institute for Policy Studies 2020).

A 2019 study revealed that about 40 percent of Americans do not have enough savings (a minimum of \$400) to deal with an emergency (Board of Governors of the Federal Reserve System 2020). This figure does not show the racial disparities in liquid savings, and it is estimated that whereas “the typical household had . . . 31 days of income in such savings, the typical black household had just five days’ worth” (Currier and Elmi 2018). The billionaire class Bernie Sanders talked about during his presidential campaign run is real and is cannibalizing everyone. Three members of this class—Jeff Bezos, Bill Gates, and Warren Buffett—own more assets than the bottom half, and the top 1 percent owns more than half of the entire stock market (Institute for Policy Studies 2020). Shamefully, the wealth of the billionaire class has increased by at least 10 percent (close to \$300 billion) between January 1, 2020, and April 10, 2020 (Collins, Ocampo, and Paslaski 2020). As is the case with almost all data on inequality, the gaps are larger for families of color. For example, in 2016, 37 percent of Black and 33 percent of Latino families had zero wealth, compared with 15.5 percent of White families (Collins et al. 2020).

Racial disparities in food insecurity are a direct reflection of the general trends in racial inequality: higher rates of unemployment and underemployment, less wealth, poor access to retirement plans (older folks of color are poorer than their White counterparts), and access to grocery stores (Nitschke 2017). The charity framing leads people to pity the less fortunate, which may be a good thing, but it also absolves the government and businesses from responsibility. After all, if the state enforced a “living wage” across the nation, had programs to deal with unemployment and a decent safety net, adequately taxed the rich, and implemented race-targeted programs on a variety of areas (e.g., employment, education, wealth), we would not have hunger in America.<sup>5</sup> Hunger is the outcome of the lack of democracy and the concentration of power in the hands of the few (Moore Lappé and Collins 2015). Therefore, *charity is not the fundamental way to address hunger or to close the racial gap in food insecurity.*

### “IT’S VERY SAD. IT’S NOTHING WE CAN DO ABOUT IT RIGHT NOW . . .”

The heading for this section comes from a statement made by Dr. Anthony Fauci in a press conference at which Donald Trump and his coronavirus task force acknowledged the racial mortality

disparities (Hellmann 2020). The subject of racial health disparities extending beyond the pandemic has garnered media attention and was heightened by statements by Trump and his officers. In a press conference, Trump pondered about the huge differences in mortality between Blacks (for the record, Latinos and Native Americans too)<sup>6</sup> and “other citizens”:

We’re seeing tremendous evidence that African Americans are affected at a far greater percentage number than other citizens of our country. But why is it that the African American community is so much, numerous times more than everybody else? We want to find the reason to it. (Collins 2020)

Although it is very important for the media to cover racial disparities in morbidity and mortality due to COVID-19, by not explaining adequately why they exist, we are left with the quasi-explanations offered by members of Trump’s task force such as Dr. Fauci, Ben Carson, Surgeon General Jerome Adams, and other media personalities. Their comments converge on one point: Black and Brown people are viewed as unhealthy, which naturalizes the reason for their health preconditions. To be clear, these (non)explanations are thrown into fertile soil, as Whites already believed that the cultural practices of people of color (I have labeled this perspective as the *biologization of culture*, as it presents culture as immutable) and their biology were different from Whites’ (Graves 2001). Color blindness is a curious standpoint, as Whites can claim that race is largely irrelevant in life while at the same time believe that race is biology (“All Blacks are . . .”) or reified culture (“They don’t have jobs because they are lazy”).

An example of these (non)explanations comes from Dr. Fauci:

As Dr. [Deborah] Bix said correctly, it’s not that they are getting infected more often, it’s that when they do get infected, their underlying medical conditions—the diabetes, hypertension, the obesity, the asthma—those are the kind of things that wind them up in the [intensive care unit] and ultimately give him a higher death rate. (Nelson 2020)

This statement reifies the deficiency narrative and opens the door for racist “culture of poverty” discourses (Cunningham and Scarlatto 2018). Similarly, in a very telling moment, Surgeon General Adams said,



Avoid alcohol, tobacco, and drugs. And call your friends and family. Check in on your mother; she wants to hear from you right now. . . . And speaking of mothers, we need you to do this, if not for yourself, then for your *abuela*. Do it for your granddaddy. Do it for your Big Mama. Do it for your Pop-Pop. We need you to understand—especially in communities of color, we need you to step up and help stop the spread so that we can protect those who are most vulnerable. (Aleem 2020)

This statement was uttered after Adams had hinted at the social determinants of people of color's preconditions:

We do not think people of color are biologically or genetically predisposed to get COVID-19. There is nothing inherently wrong with you. But they are socially predisposed to coronavirus. . . . and to have a higher incidence of the very diseases that put you at risk for severe complications of coronavirus. (Aleem 2020)

Although Adams, who is Black, began his comments by acknowledging that the disproportionate mortality rates were because communities of color experience the "burden of social ills," by not elaborating on this point, his statement on culture strengthened already existing racialized interpretations, given that this part of his commentary was the one that played out in the news.<sup>7</sup> Adams defended his remarks when PBS's Yamiche Alcindor pushed back during the press conference. Dr. Fauci came to Adams's defense after Alcindor's question: "Jerome, you did it beautifully. You can't do it any better than that. I know Jerome personally. I can just testify that he made no—not even a hint of being offensive at all with that comment" (Concha 2020).

Fauci has been heralded for his straight talk during the pandemic, but on this matter his views are as problematic as those of most Whites. He has not advocated for a *single* policy to address health disparities, before, during, or for after the pandemic. In contrast, experts on health disparities have urged immediate interventions such as providing hazard pay to workers, reopening the Obamacare exchange, dropping Medicaid work requirements, and reversing plans to allow Medicaid spending caps to reduce the mortality gap (Collins 2020).

Social scientists have addressed how the effects of structural racism affect health disparities for communities of color. They have shown that segregated

communities of color endure high levels of pollution, joblessness, poverty, and crime and that their inhabitants experience higher levels of stress. But this "American Apartheid" is not natural or by choice but the product of the racialized practices of banks, realtors, individual Whites, and the government (Massey and Denton 1993). At the individual level, the pivotal work of David R. Williams has amply shown that people of color self-report higher levels of exposure to discrimination and that this affects their poor health outcomes (Williams and Collins 1995). Yet as important as it is to assess the health effects of discrimination at the individual level, the most significant effects of racism are structural and do not require intent. Gee and Ford (2011) pointed to how segregation, immigration policy, and legacies of racism have documented effects on the health of people of color. In a more recent review, Yearby (2018) showed how residents of segregated communities of color have less access to healthy food, good hospitals, and playgrounds and are more exposed to pollution, noise, overcrowd housing, and high rates of crime. The combined effects of poverty, unemployment, and the aforementioned factors, as well as interpersonal discrimination, generate chronic racialized stress among people of color, which correlates with poor health outcomes (Goosby, Cheadle, and Mitchell 2018). To be clear, racial segregation and the concentration of poverty and joblessness in communities (the improperly labeled "neighborhood effects") are the product of "ghettoization and racism" (Marable 1983).

It is important to explain how structural racism affects the health of minority populations—especially in disasters such as the current one—because the naturalization of health disparities appears in many guises. For example, Louisiana senator Bill Cassidy, who is also a doctor, claimed that,

I think if you control for diabetes and hypertension, a lot of racial difference would go away. And I say that not to dismiss the problem of health disparities. We have to focus on health disparities, *but we can't get distracted by that which is true, perhaps, but unrelated to the problem at hand* [italics added]. (Doubek 2020)

The "distraction" Senator Cassidy does not want to address is how structural racism creates these disparities. His call for "controlling for" is an important statistical practice but one often used in race research to obscure huge absolute disparities (Bonilla-Silva and Baiocchi 2001). I must add that

in the case of health outcomes, class, whether measured by income, education, or occupation, does not inoculate middle-class people of color from the health effects of racism (Simons et al. 2015). By not addressing the elephant in the room—why do Blacks, Latinos, and Native Americans have high rates of obesity, asthma, and hypertension?—statements such as Cassidy’s open the door for cultural explanations of racial health disparities (i.e., “They eat the wrong kinds of food, smoke too much, and drink liquor all the time!”). For instance, in CNN’s special “The Color of COVID,” the behavioral explanation raised its ugly head. Former professional basketball player Charles Barkley said in the program the following:

We as black people, we have to accept the fact there is systematic racism. But that does not give you a reason to go out and be overweight, have diabetes.... We got to eat better, we need better access to health care, we need better access to being able to work out, and things like that. But unless we get better health care which is part of the system, unless we learn to work out better and take better care of our bodies, we are always going to be at a disadvantage. (Regan et al. 2020)

Although Barkley mentioned systemic racism in connection to COVID-19 and claimed not to be blaming poor Blacks, his narrative reinforced the cultural framework to explain differential mortality. Similar to Barkley, Van Jones (2020), who cohosted the show, had stated a week before the program aired that he used his “social justice activism as an excuse to neglect [his] health” and asked Blacks “to take more responsibility for [their] individual health choices.” People of color are dying disproportionately from COVID-19, not because they are Black, Brown, or Native American or because they use drugs, smoke, eat bad food, and drink more than Whites (Mack, Jones, and Ballesteros 2017). Rather, they are dying as a result of our racialized social system (Bonilla-Silva 1997) and its effects on their communities.

## DISCUSSION

In this article I have discussed how several subjects related to the effects of the pandemic are shaped by the major frameworks of color-blind racism in a way that prevents understanding how structural racism affects people of color, both before and during the COVID-19 pandemic. I have shown how these discussions center our attention on individual-level

action, culture, or biology and away from the structural causes behind inequality as well as from the need for collective action. Specifically, the three subjects analyzed promote believing that workers should work at all costs,<sup>8</sup> that hunger can be solved by the actions of good Samaritans, and that Black and Brown people are dying at a higher rate than Whites because of underlying health conditions and problematic behaviors. Instead of addressing the poor working conditions of essential workers (particularly of workers of color), America’s limited welfare state, and systemic racism and its manifestations, the discussions we are having are providing flowery rhetoric to make us feel good. A “feeling good” story works precisely because we are in the middle of a horrid pandemic that has taken the lives of more than 100,000 people. It works because Americans, perhaps more than most people in the world, have been conditioned to both “a rugged individualism” foundational myth and, lately, to a self-help cultural logic (McLean and Dixit 2018). And because the color-blind-shaped issues I highlighted do their work mostly obliquely, they fit almost perfectly the slippery nature of most post-civil rights racial affairs (Bonilla-Silva 2015b).

I limited my examination to three subject areas, but the frameworks of color-blind racism are extending their tentacles in all directions. Let me offer briefly two more examples. First, as mentioned in the introduction, the refrain “We are all in this together” has become part of the response to the pandemic. *USA Today*, for instance, has had a running column titled “Coronavirus: We’re In This Together” (French 2020), accompanied by a unity graphic, throughout the pandemic. They are not alone, as most media outlets have an equivalent. Fox News uses the more Trumpesque label “America Together” (Fox News 2020).

Although during disasters “community resilience and unity, strengthening of social ties, self-help, heightened initiative, altruism, and prosocial behavior more often prevail” (Auf der Heide 2004:341), it is pure fantasy that the pain and suffering are equally distributed across all segments of the population. Vulnerable populations—old, rural, poor, undocumented, or people of color—*always* do worse during disasters and in their aftermaths. The unity framing irons out the tremendous levels of inequality in our nation and screens out concerns about how class, race, gender, and other social divisions exacerbate the pandemic’s impacts. How can we believe the pandemic is the “great equalizer” given the huge mortality experienced by people of

color? If the “we are in this together” were not an empty nationalist (Bratta 2009), color-blind slogan, our future, as *Forbes*’s Lisa Fitzpatrick (2020) admonished, would “include, plan for and protect our most vulnerable too.”

My second example is how science is being presented as a neutral practice. Pfizer, for instance, has a commercial (“Science will win”) in which the narrator states this position in a straightforward manner: “Science can overcome diseases, create cures and yes, beat pandemics. It has before; it will again” (Snyder Bulik 2020). This framing is pervasive, as the media and politicians of all stripes have placed their faith in science as the vehicle to get us out of the pandemic. The problem? The rationality project of modernity was a highly racialized one (Barnor 2007). The fact that science and scientists are socially situated cannot be ignored even in the middle of a pandemic. The history of science, particularly in the medical area, is plagued with racism (Washington 2008). That history, unfortunately, is still with us as even in this postgenomic moment, race is being reinscribed (Duster 2015; Roberts 2011). I already mentioned problems with Drs. Fauci’s and Adams’s stand on health disparities, and Dr. Birx has shown her political partisanship, as she did not rebuke Trump’s statements on hydroxychloroquine or his comments on injecting disinfectant as potential cures for the virus—she blamed the media for continuing to talk about these matters rather than moving on (O’Brien 2020). To be clear, I am not antisience; rather, I advocate a critical engagement with science to address “how power relations of race, class, gender, and imperialism have already shaped the sciences and technologies we have” (Harding 2008:92). Such a stance might help produce a more democratic and inclusive science field (Berg and Lidskog 2018) and limit the likelihood of repeating racialized medicine during this epidemic. However, we already have had two French doctors suggesting testing a potential vaccine in Africa because “there are no masks, no treatment or intensive care, a little bit like it’s been done for certain AIDS studies, where among prostitutes, we try things, because we know that they are highly exposed and don’t protect themselves” (Rosman 2020).

Nevertheless, as toxic as the color-blind framing of all these issues is, the multidimensional crisis we are living has opened the largest space in recent history to make demands and frame matters differently.<sup>9</sup> The murder of George Floyd by the Minneapolis police on May 25, 2020, has propelled

massive, multiracial mobilizations across the nation and, indeed, the world. The notion of systemic racism, which surveys consistently showed was alien to Whites, has gained currency and is propelling discussions and analyses that were not possible before. Although the “public square” is still controlled by corporations (Lutz 2012), the movement has cracked everything giving voice to the ideas, aspirations, and hopes of the racial subaltern. Social protest is advancing alternative perspectives (not just on policing) as their actions are deemed “newsworthy” (Tierney et al. 2006). In fact, the same media that have been pushing the color-blind framing of the subjects I discuss here are now frantically producing critical stories on race issues in America. These stories have increased exponentially, allowing the public to seriously consider the viability of universal health care, expanded welfare benefits, higher wages, better working conditions, prison reform, defunding the police, and many other policy options that were not in play just a few months ago (Baradaran 2020).

The structural interpretations of race-class issues in the nation seem to be getting a hold of the masses, but at this point it is unclear if Whites realize the *implications* of the arguments. Do the White masses truly understand the concept of “systemic racism”? Do Whites appreciate that if people of color experience systemic disadvantages, they experience systemic advantages? And what are Whites doing, particularly those who proclaim to be “liberal,” to uproot their “deep whiteness” (Bonilla-Silva 2015a)? Are White protestors changing their White networks of friends and pondering about their White neighborhoods and churches, or are they returning to their segregated lives every night? We had a race rebellion in the 1960s, and once the protest moment ended, the idealistic Whites who had participated in it quickly morphed into the color-blind racists of today (Caditz 1976). For Whites to change their mental and emotional racial map, they must adopt a “feeling of equality” stand (Bonilla-Silva 2019b), and social protest will be key in this process (Piven and Cloward 1977). But the fire this time must be accompanied by a relentless, thorough effort to reimagine *every* aspect of our racialized world. If we seize the moment, then we will no longer have to proclaim something as simple as “Black Lives Matter.” Will we become Martin Luther King Jr.’s beloved community, or will the raisin need to continue exploding? Stay tuned, as this time, the revolution will definitely be televised.



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## NOTES

- 1 Andrew Cuomo's Twitter, accessed April 15, 2020, at <https://twitter.com/nygovcuomo/status/1245021319646904320?lang=en>.
- 2 For a similar methodological strategy, see Bonilla-Silva (2012).
- 3 Estimates of the rate of underemployment place it at about 100 percent of the general unemployment rate since 1994. But that rate is racially stratified, as Latinos have experienced a rate that has been about 80 percent higher than that among Whites and Blacks at 100 percent. If the unemployment rate today is 16 percent to 18 percent, then it is safe to extrapolate that more than 30 percent of workers of color are food insecure (Nunn, Parsons, and Shambaugh 2019).
- 4 Latinos are twice as likely as Whites to live in households without vehicles (12.0 percent vs. 6.5 percent), and Blacks are 3 times as likely (19.7 percent) (National Equity Atlas 2020). Thus, depending on food banks to distribute food may not help equally all households in need of food. On this, as with many other policies, what is needed are "targeted universal" policies so that all in need benefit from the policy. To be equitable, the policy should be calibrated by need (those who need more should get more) (Powell, Menendian, and Ake 2019).
- 5 The U.S. Department of Agriculture (2020) gives out about half a billion dollars of the food distributed by food banks. However, this amount is less than 10 percent of the total amount of food distributed and needed by banks (Bouek 2010), the food the Department of Agriculture purchases benefits large companies at the expense of programs such as the Supplemental Nutrition Assistance Program (Charles 2020), and the investment pales in comparison with the government's corporate welfare, which usually supersedes social welfare by about 50 percent (Reich 2019).
- 6 States and the Centers for Disease Control and Prevention are not reporting Native American mortality due to COVID-19, and reports suggest that Native Americans' mortality rate is among the highest in the nation (Nagle 2020). The "health preconditions" of Native Americans living on reservations (about a quarter of Native Americans) are worse than those of any other group in America. This situation, combined with overcrowding, lack of sanitation, and extreme poverty, will likely lead

to a repeat of the 1918 influenza pandemic, when nations such as the Navajo experienced a 12 percent mortality rate (Brady and Bahr 2014).

- 7 A Google search on the media follow-up to Adams's comment revealed that neither critics such as CNN's Bakari Sellers, *Essence*, and Congresswoman Maxine Waters nor supporters such as the *Wall Street Journal*, the *New York Post*, and John McWhorter stressed Adams's comment on the "burden of social ills."
- 8 One of the most egregious cases is meatpacking plants, where workers have been for a long time dealing with line speed, high illness rates and injuries, and inadequate health units in factories, as a 2017 U.S. Government Accountability Office study found (cited in Bagenstose, Chadde, and Wynn 2020). And facing high rates of infection and deaths in these plants, the government's response has been inadequate. Factory workers, unions, and even managers say the federal government—including the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration—has done little more than issue nonenforceable guidance. On its Web site, for example, the Centers for Disease Control and Prevention has released safety guidelines for critical workers and businesses, which primarily promote common-sense measures of sanitization and personal distancing (Bagenstose et al. 2020).
- 9 I began work on this article before the race rebellion began.

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