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The pandemic of racism has endured and grown. It’s time to listen.
By Preston Love Jr.

Noted African American scholar W.E.B. Du Bois more than a century ago wrote of the “peculiar indifference” to the magnitude of human suffering brought about by racial disparities in health outcomes.
We are currently suffering from not one, but two pandemics. They are separate and distinct, but they both contain a dramatic set of similarities, warnings, cries for help and an urgent need for a “vaccine.”
But first let us reflect on a few historical reminders. I say a few because there are far too many for me to cover in this short essay. As stated in the first sentence, people of color, in particular African Americans, have suffered from social determinants as it relates to health care throughout U.S. history.
Let me be more specific. Poverty, diets, job type and density of living are health determinants that make blacks and other people of color more apt to be ill, not be treated and not to have access to health delivery systems. These disparities have been voiced for centuries, from Du Bois all the way up to yesterday. However, the demands for recognition of the need for change have been ignored, misunderstood and denied.
So here comes pandemic No. 1, the coronavirus, and no surprise, as we to collect and report the data it as it relates to race and other factors, the social determinants of health confirm what we would expect from history. Blacks and other people of color are diagnosed with the virus and are dying at rates that are disproportionate with their numbers.
For example, minorities make up about 27% of the Douglas County population, but account for 73% of the county’s COVID-19 cases. That is a disparity based on race.
And my point is that nobody has been listening. May I say that these social determinants can be pointed out throughout the full circle of life, i.e. health care, criminal justice, educational gaps, employment, community investments; all have been suffering from the same crisis and nobody has been listening.
Pandemic No. 2 is systemic racism. Racism and its impact have been here since 1619, when slaves were first brought to this continent. My race has endured slavery, indentured servitude, pervasive Jim Crowism, lynchings, redlining, bigotry, discrimination, the facade of democracy, inequality and social justice for centuries. Once again, we have a dramatic set of similarities to the virus warnings, and an urgent need for a vaccine.
We thought we had a vaccine with some of the victories of the civil rights movement, and progress sprinkled here and there, but the pandemic of racism has endured and has grown in spite of our repeated calls for social justice. Not enough have been listening. Nationally we have had scores of documented and public senseless race killings, including recently George Floyd and other black males by police and others. In my beloved hometown of Omaha, we have had two lynchings, shootings by the police of a 14-year-old black girl (Vivian Strong, 1969) and numerous other incidents leading up to the current tragic killing of James Scurlock.
Our communities and leaders have been suggesting — and in some cases demanding — solutions, making recommendations to address these racial determinants and disparities.
The deaths of Floyd and young Scurlock have, hopefully, opened the eyes of the entire community of this systemic racial problem once and for all, just as the coronavirus has opened up the eyes of this community to health and mental health disparities. Now we pray that our community will finally listen.

A vaccine for the coronavirus is in progress. The vaccine for racism is not. Our Omaha needs to listen, learn and respond to the people of color going forward.

Over the next two Sundays, we will continue with weekly columns dealing with specific suggested action from the communities affected. We will attempt to capture the dialogue and recommendations from the North Omaha community in some of the most important areas going forward, including police-community relations, criminal justice reform, health and mental health disparities, and strategic investments and wealth development in our poverty-stricken community. It’s time to listen, Omaha.