

EFFECTS OF COVID-19 ON MARGINAL GROUPS: ANTHROPOLOGY OF COVID-19

The Pandemic Journaling Project uses anthropological concepts in order to determine the mental and human side of the affects of Covid-19 on people. Beyond just the physical affects, by using anthropology, the research goals of PJP are to make sure the details stay documented throughout history, and specific groups are represented. Through my research within the anthropological field, I sought to determine how marginal groups were adversely affected from the Covid-19 pandemic so their stories are not forgotten in history.

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INDIGENOUS PEOPLES

Indigenous Peoples suffer from higher infection rates during pandemics along with experiencing more severe symptoms and death over what the general population experiences. This is due to social and cultural determinants alongside the lack of political power they hold. One study found that the Māori people, an Indigenous population in New Zealand, died at a rate of seven times more than the European population during the Spanish influenza pandemic, which proves this issue is not new and not improving. During the H1N1 pandemic, American Indian and Alaskan natives were four times more likely to die than people from all other ethnicities combined. Along with this, many indigenous communities live in low/middle income countries in which basic needs cannot be met by the government, therefore they often have to rely on their own recourses, which are much more scarce. (Power et al., 2020) They are often faced with segregation, marginalization, and discrimination in which they are not given proper access to help.

MINORITIES

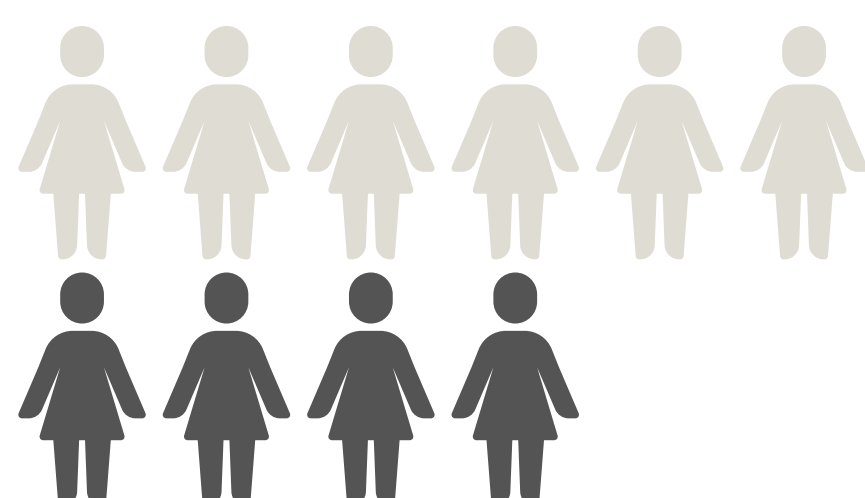
Covid-19 on the Black population has become entangled with the growing protests for racial justice within the U.S. While they were experiencing social constraint, they also had to experience health inequalities. Certain genetic, immunological and metabolic factors contributed such as higher prevalence of diabetes, obesity, and hypertension among Black and Minority populations. It was found that in England & Wales, Black, Asian, and minorities were more than four times more likely to die from Covid-19 compared to their White counterparts. These inequalities arise when a government does not adequately understand these disparities that exist. Due to this, they cannot come up with sufficient solutions. For example, although the British government came out with their own report in which they said Covid-19 had increased due to health inequalities, it did not adequately account for many specific Black and Minority communities and did not take into account their recommendations to help reduce the disparity.

ESSENTIAL WORKERS

Americans now have to shift their reality to understand this new normal of what the fluid definition of what an "essential worker" is. The pandemic helped to highlight what work that typically would be overlooked is now seen as crucial - positions such as grocery store workers, trash collectors, delivery drivers, and the list continues. . These new categories recognize the importance of tasks that were once seen as mundane within our societies function. The fifty-five million essential workers in the United States are made up of the following categories; 76% of healthcare workers are women; 73% of government & community-based service providers are women; 50% of food and agriculture workers are people of color; and ~70% of essential workers do not have college degrees. Out of these fifty-five million labeled as essential workers, 50% make less than those who worked in nonessential industries. (McNicholas et al., 2020 as cited in Ding, 2020)

GAPS IN THE LITERATURE:

Since the Covid-19 pandemic started in 2020 and is still continuing, long-term effects on these issues still need to be researched as time goes on. As I conducted my research, I was able to discover gaps which must be researched further in order to fully understand the affects on these groups. When looking at more vulnerable populations such as Indigenous peoples and POC, many anthropologists focused on how these populations were dying in higher numbers from Covid-19 compared to the general population. Some questions I still had include; how did the BLM movement occurring at the same time as the pandemic affect racialization in the U.S.? An anthropologist touched on this, however more in depth studies examining this and its connection/consequences is important. In a time where many POC felt unsafe in society, did this translate over into healthcare? More specific studies should be done examining how patients of color and Indigenous Covid-19 patients were treated during this time, and how it contributed to the unfair outcome of mortality. Another vulnerable population that was not studied much was the homeless population. How did being homeless affect the rate they were getting Covid-19? How was their mental health affected due to this? Were there policies put in place protecting the homeless from catching Covid-19? How can systems be restructured in order to protect these populations from a pandemic making a more equal environment? These questions are imperative to answer in order to develop health policies that are equal to everyone, and protect minority communities.



**76% OF HEALTHCARE WORKERS
IN THE U.S. ARE WOMEN**

per McNicholas et al., 2020 as cited in Ding, 2020

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