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Loss, Grief, and Racial Health Disparities During COVID-19: Same storm, different boats

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Within seven months into the “Coronavirus Disease of 2019” (COVID-19), over 12 million cases and 540,000 associated deaths have been confirmed worldwide (WHO, 2020). The unprecedented global scale of this pandemic resonates with and magnifies the definition of collective grief, a shared response to a shared experience of trauma and loss, when “a cataclysmic event shatters the basic fabric of society” (Hirschberger, 2018). Shared experiences of loss due to large-scale traumas can follow both natural and human-caused disasters, including earthquakes, wars, climate change, and police brutality.

The COVID-19 pandemic can be understood within a similar framework of collective trauma and loss. Furthermore, COVID is unique in its global reach, rather than geographically localized impact. Indeed, COVID has caused a myriad of losses, including jobs, social interactions, a sense of physical safety or freedom, and loved ones, many of whom have had to die alone while those they leave behind have also lost the chance to mourn them with burial and funeral gatherings.

Literature on grief therapy has demonstrated that validating our losses is often the beginning of the grieving process (e.g., Tsai et al., 2009; Nelson et al., 2017). As grief is the natural response when we lose that which we care about, it is an essential experience in the human condition. Put another way, the unrest and distress that many are feeling while navigating the pandemic – it’s grief (Berinato, 2020; Devine, 2020; Pinsker, 2020). It can show up as fatigue, worry, sleeplessness, feeling “on edge”, purposelessness, having trouble carrying out normal routines, withdrawing from social activities, or anticipating future losses to come.

Importantly, understanding this pandemic as an experience of collective trauma and grief must be accompanied with the critical awareness that COVID disproportionately affects Black, Indigenous, and People of Color (BIPOC) communities (CDC, 2000b). Indeed, the now COVID-pandemic-synonymous adage attributed to an unknown author, familiarly pronounces that “we are all in the same storm, but in vastly different boats.”

The percentages of COVID-19 affected people who are Black are often more than twice as high as the proportion of Black people in the overall state population (Chowkwanyun & Reed, 2020). In many US states, Black people represent a relatively small percentage of the population (up to 33% in many states) but represented 70-80% of the hospitalizations (Garg, 2020; Price-Haywood et al., 2020). Recent evidence also suggests that Black and Latinx individuals are three times more likely to know someone who has died from the virus than White Americans (Jackson, Newall, & Yi, 2020). Scholars (e.g., Williams, 2020) have noted that COVID should be considered a “stress pandemic” for BIPOCs who are often required to risk their lives as essential workers and care for sick relatives. It is important to situate these disparate COVID rates in the context of U.S. history and contemporary practices of structural racism, including poverty, lack of access to resources and healthcare, unstable housing conditions, food insecurity, and unemployment.

Concurrently, emerging evidence points to a disproportionate impact of COVID on Indigenous populations in the US. For example, the Navajo Nation spanning parts of Arizona, New Mexico, and Utah has the highest per capita infection rate in the United States, surpassing New York City (Mozes, 2020). Social determinants of health including the entire Navajo Nation being located in a food desert, relative lack of access to electricity (inhibiting food storage) and running water, along with overcrowded housing, render disease prevention steps such as frequent handwashing, sheltering-in-place, and social isolation mandates impossible to implement.

Spreading of the viral infection originating in Wuhan, China, has also been closely accompanied with anti-Chinese and anti-Asian sentiment in Western countries (Lee, 2020). Breaking news and social media are replete with stories of COVID-related racism, ranging from Asians and Asian Americans being told to “go back to your country” (Kambhampaty, 2020), to being barred entry to public spaces like the subway (Yan, Chen, and Naresh, 2020), to two young children and their father being stabbed by a knife over the virus (Margolin, 2020; CBS 7,

2020). A Bay Area initiative to aggregate coronavirus-related discrimination logged over 1700 incident reports experienced by Asian Americans and Pacific Islanders within the first six weeks of its launch (A3PCON, 2020). These experiences contribute to COVID-19 race-based stress, uniquely affecting Asians and Asian Americans (Yang et al., under review).

In conjunction with acknowledging the disproportionate of COVID on BIPOC, labeling the pandemic as a collective experience of loss and grief can be useful for several reasons. First, the collective memory of natural disasters or shared trauma serves as a guide for future generations on how to identify threats and respond to them effectively (Hirschberger, 2018). Additionally, this definition allows drawing on decades of research on disaster mental health that has paved clear pathways forward through effective coping strategies such as Psychological First Aid, Skills for Psychological Recovery, and stepped care models (Berkowitz et al., 2010). Lastly, understanding the pandemic as a collective loss protects from the alternative of blaming a particular group or organization as the source, which results in discrimination and scapegoating. For example, a recent study by the Center for Public Integrity surveyed a population-based poll of 1000 participants and found that 56% of Americans see the COVID-19 pandemic as a natural disaster. However, 29% of respondents “blamed China or Chinese people for the COVID-19 pandemic”. In addition, 32% witnessed others “blaming Asian people for the COVID-19 pandemic” (Jackson, Berg, and Yi 2020), highlighting the swift generalization, xenophobia, and discrimination possible, when embodying the alternative perspective.

Taken together, identifying the ongoing pandemic as shared trauma and loss resulting in collective grief that also disproportionately burdens BIPOC, allows unity in healing, accompanied with equitable allocation of resources to boats in the storm based on need.

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