As the COVID-19 crisis unfolds, its toll on African Americans is coming into sharper focus. In almost every setting, African Americans are contracting the virus—and dying from it—at startlingly disproportionate rates. In Milwaukee County, African Americans account for 27 percent of the population and over half of all COVID-19 cases. In Illinois, African Americans account for 15 percent of the population, 33 percent of COVID-19 cases, and 40 percent of COVID-19 deaths. In Georgia, African Americans account for 37 percent of the population and 62 percent of COVID deaths. Starkest of all, in the city of St. Louis, African Americans account for 47 percent of the population, almost three quarters of COVID-19 cases, and it appears almost everyone who has died of the virus has been Black American.
The ability to live a long and healthy life is predicated on access to a range of social and economic resources systematically denied African American families and communities.

How do we account for this damage, for what New York Times columnist Charles Blow aptly dubbed the racial time bomb at the heart of the COVID-19 crisis? The answer to that question has deep and tangled historical roots. It is a story not just of discrimination, but of systematic exploitation, exclusion, subordination, and predation. The ability to live a long and healthy life is predicated on access to a range of social and economic resources systematically denied African American families and communities. In St. Louis, as elsewhere, African American workers are overrepresented among frontline service workers, among whom low wages are the rule and the luxury of social distancing is not. In order to get to work, or even to shop at a grocery store, many must spend hours on public transportation. Because health care in our society is generally allocated according to employment, it is least accessible to those who need it the most. In St. Louis, African Americans are more than twice as likely as whites to be uninsured. Without economic security or options, and without adequate protection on the job, these workers—and their communities—have been delivered to disease by their history—by U.S. history.

The slow violence that we see unfolding in St. Louis has been structured into the fabric of the city, built brick-by-brick by those who have sought profit in segregation and comfort in social distance. Its racialized patterns of disadvantage are the result of decades of conscious choices by actors at every level of government, aided and abetted by private industries like banking, insurance, and real estate, to name but a few. St. Louis’s history of imposed black deprevation is both unique to it and reflective of the broader patterns that have made COVID-19 a charnel house for black Americans nationwide.

‘St. Louis is not a typical city, but, like a Eugene O’Neill play, it shows a general condition in stark and dramatic form.’

White St. Louis has been in a sort of self-imposed social distancing for most of the century. In 1916 it passed a racial zoning law by popular referendum. After the Supreme Court struck down racial zoning on equal protection grounds the next year (in Buchanan v. Warley), St. Louis realtors, developers, and homeowners turned to the use of racial restrictions written into property deeds—“covenants” that bound neighborhoods and new subdivisions to whiteness. The “uniform restriction agreement” in wide use in St. Louis by the early 1930s sought to “preserve the character of said neighborhood as a desirable
place of residence for persons of the Caucasian Race,” holding that homeowners could not “erect, maintain, operate, or permit to be erected, maintained or operated any slaughterhouse, junk shop or rag-picking establishment” or “sell, convey, lease, or rent to a negro or negroes.” These restrictions, written into the deed as a condition of sale, still turn up in property transactions all over the city today.

By the end of the 1940s, such agreements prohibited the “nuisance” of black occupancy in nearly a third of the city’s housing stock. For realtors and landlords, these covenants were money in the bank. On the white side of the lines, they could extract a premium price by promising that the new resident or renter would never need worry about having a black neighbor. On the black side of the line, they could extract ever higher rents from a population that was growing through the years of the Great Migration (the massive movement of African Americans from the South in the first half of the twentieth century), but legally confined to a few areas of the city. It was in black St. Louis that the real money was to be made: slicing up buildings into ever-smaller kitchenette apartments while skimping on upkeep and improvement. At the time of World War II, indoor plumbing was still rare in many of the black neighborhoods in St. Louis.

In 1948 the Supreme Court, in a case originating in north St. Louis (Shelley v. Kraemer), declared that restrictive covenants were legally unenforceable. (Only six of the nine justices voted—the other three recused themselves because they, too, lived in covenanted racial enclaves.) Segregation, however, remained. Increasingly, it took the form of federal, state, and local subsidies that were in reality available almost exclusively to whites—for example, G.I. Bill housing benefits available only to white veterans and Federal Housing Association loan guarantees distributed according to racist protocols in a pattern that has come to be known as “redlining.” This meant that loan guarantees were hived off from neighborhoods where blacks lived, while white St. Louis expanded into the emerging suburban frontier in St. Louis County. Whites moved west along an unfolding network of interstate highways, which were themselves an economic subsidy to whiteness—built by white construction workers through black neighborhoods for the purpose of making it easier for white suburbanites to get downtown to go to work.

As well as by police harassment and vigilante violence, black mobility into the suburbs was limited by the seemingly mundane tools of municipal incorporation and land-use zoning. “White flight” suburbs popped up like mushrooms west of the city (there are almost ninety municipalities in St. Louis County today). Many of these brand new cities had zoning codes which excluded multifamily dwellings and stipulated large minimum sizes for home lots, thus ensuring that only the right sort of people (read: comparatively wealthy and almost entirely white) could move in. To this day, many of the municipalities in the broad westward corridor out of the city are 95 percent (or more) white. While similar patterns of white flight and urban decline unfolded elsewhere—indeed, this is the enduring pattern of U.S. life—St. Louis was its apotheosis. “St. Louis is not a typical city,” as one reporter noted in the late 1970s, “but, like a Eugene O’Neill play, it shows a general condition in stark and dramatic
form.”

The mutually exacerbating patterns of federal preference and municipal connivance were reinforced by the state government of Missouri—a Confederate and “Jim Crow” state in which social, economic, and tax policy have been shaped by a long history of systematic racism. Like all slaveholding states, Missouri was reluctant to tax property. This left many of its cities and towns without the capacity to sustain decent public goods and services—a constraint exaggerated by the 1980 Hancock Amendment, which put a hard cap on property tax increases. And, like most southern states, Missouri underdeveloped its social safety net, underfunding education, paring eligibility and benefits in federal–state unemployment and cash assistance programs, and recently declining to expand Medicaid coverage under the Affordable Care Act.

St. Louis is one of the most segregated cities in the country. You can map virtually any index of well-being—childhood asthma, access to broadband, level of education, life expectancy—and a stark disparity will be evident along the east–west path of Delmar Boulevard.

Over the second half of the twentieth century, St. Louis became—and now remains—one of the most segregated cities in the country. The so-called “Delmar Divide” splits St. Louis into two worlds: north of that line (over 97 percent African-American by 1970), the housing stock has crumbled, economic opportunities have vanished, and public goods—especially schools—are scarce and deteriorating. Today, you can map virtually any index of social well-being—rates of childhood asthma, access to broadband, level of education upon leaving school, life expectancy—and a stark disparity will be evident along the east–west path of Delmar Boulevard.

Many in black St. Louis point to the early 1970s as the beginning of the end for North City. In response to a 1973 RAND Corporation report, future United States congressman and Democratic presidential candidate Richard Gephardt introduced to the Board of Aldermen a motion declaring North St. Louis “an insignificant residential area not worthy of special maintenance effort.” Gephardt’s brazen indifference was developed by the urban planning firm Team 4 into a comprehensive plan for the city that recommended a strategy of “triage”: continuing investment in thriving areas of the city, targeted investment in “marginal areas,” and abandonment of the North Side. The report provoked widespread outrage and was officially disavowed by the city—but it is, in effect, exactly what happened. In 1979, in the face of widespread public outcry and sustained street-level resistance, the city closed Homer G. Phillips Hospital, which had served the North Side since the 1930s, and had gained a national reputation for black medical excellence. It was, one of the white city leaders explained in justifying the closing, too hard to get all way up there from city hall.
As the city rapidly deteriorated, those African Americans who could afford to do so tried to migrate to the inner-ring suburbs of central and north St. Louis County. They were met with overt hostility and sustained resistance. The city of Ferguson, to give only a single example, considered building a ten-foot wall along the entirety of its border with the majority-black city of Kinloch—in 1976. Gradually, these suburbs were integrated, and thus began a second-wave of federally subsidized white flight along widened interstates pushing further and further west away from the city.

**Health—like economic mobility—is deeply influenced by place. Zip code is more determinative of health outcomes than genetic code.**

It is this history—of white cupidity supported at every level of government and woven into the fabric of daily life—that has rendered up African Americans in St. Louis and St. Louis County to the virus. “The resources that are necessary to live a long and productive life are not equally distributed throughout the St. Louis region,” as a comprehensive report on *Segregation in St. Louis* concluded in 2018. “They are not randomly distributed either. This unequal distribution of opportunity is the result of decades of policy at the local, state, and federal levels of government, and it is reinforced by systems, institutions, and industries . . . that reproduce unequal outcomes.”

As investment, economic development, and employment followed the highways west, the combination of sustained segregation and dramatic deindustrialization in Greater St. Louis ensured that while capital could move, the African American working class could not. The scattering of jobs that remained offered lower wages, fewer benefits, or long and expensive commutes. The median income of African Americans in Greater St. Louis is half that of white median income, while the rates of poverty and unemployment are three times as great. Since 1980, by one estimate, the incomes of young black men in the city of St. Louis have fallen by 178 percent—to just over $11,000 a year.

All this comes with physical risks because health is the result of more than the availability of health care. Health—like economic mobility—is deeply influenced by place, causing public health experts to note that zip code is more determinative of health outcomes than genetic code. African Americans in St. Louis are twelve times more likely than white residents to live in neighborhoods of concentrated poverty, which often contain environmental risks, including poor air or water quality, industrial toxins, and the failure of sanitary infrastructure. These are the sources of heightened rates of respiratory and other illnesses among African Americans. And these are the reasons that the life expectancy of residents of North St. Louis is eighteen years shorter than it is for residents of suburban Clayton, less than ten miles away. Such conditions compound other political, social, and economic disadvantages, which undermine access not just to economic opportunity, but to adequate
social services, decent schools, and nutritious food.

One of the starkest tragedies of these neighborhoods is that they crush social mobility; their residents are “stuck in place.” According to research by Raj Chetty and colleagues, growing up poor in St. Louis correlates with an annual loss of nearly $4,000 in adult incomes and a razor-thin chance of moving up in the income distribution (a metric on which St. Louis ranks 2,419 out of 2,478 counties in the United States). Most children born into a North St. Louis zip code will die in that same place. These are tragedies, but they are not accidents. They are the wrongs of the past, ramifying generation after generation, the fruit of two and a half centuries of policy and practice.

The moral condition of a society, it is often said, is clearest in the condition of its prisons, and it is in St. Louis’s criminal justice system that the long fetch of history is most brutally evident. The Department of Justice’s 2015 investigation of the Ferguson Police Department painstakingly documents the climate of abuse and police impunity that places African Americans—especially young black men—in mortal danger. In the determination of police and courts—especially in the county’s struggling suburbs—to use fines and forfeitures to keep the lights on at city hall, we see the region’s history of segregation and state subsidy of whiteness converted into an occasion to extract even more wealth from poor blacks.

**African Americans in St. Louis are twelve times more likely to live in neighborhoods of concentrated poverty, which often contain environmental risks, including poor air or water quality, industrial toxins, and the failure of sanitary infrastructure.**

The result of this final round of extraction is an obscene racial disparity in incarceration rates: in the city, African Americans are locked up at eight times the rate of whites (in the county, the disparity is about five to one). Ninety-nine percent of those behind bars in the city’s notorious “workhouse” (as well as in a host of other lockups throughout the county) have been charged with nonviolent misdemeanors and are still awaiting a court date. They are presumed innocent, but are too poor to pay the fines levied against them for petty municipal offenses or code violations.

In St. Louis, as in the country at large, the deadly disparities of the pandemic are as unsurprising as they are unsettling. It is not simply that African Americans in St. Louis, as in the rest of the United States, have been left behind, and thus set in the way of the virus. They have been offered up by a history of racist privilege and profiteering—from prisons to poor neighborhoods, from persistent segregation to willful policy failure.
In 1857 Supreme Court chief justice Roger B. Taney infamously denied standing to Dred Scott, a free black man who had returned to Missouri and sued to retain his freedom. Taney ruled that black Americans “are not included, and were not intended to be included, under the word ‘citizens’ in the Constitution, and can therefore claim none of the rights and privileges which that instrument provides for and secures.” One can only view the subsequent history of St. Louis (and of Missouri, and of the United States), and its consequences in our current moment, and wonder at how little has changed.

While we have you...

...we need your help. Confronting the many challenges of COVID-19—from the medical to the economic, the social to the political—demands all the moral and deliberative clarity we can muster. In Thinking in a Pandemic, we’ve organized the latest arguments from doctors and epidemiologists, philosophers and economists, legal scholars and historians, activists and citizens, as they think not just through this moment but beyond it. While much remains uncertain, Boston Review’s responsibility to public reason is sure. That’s why you’ll never see a paywall or ads. It also means that we rely on you, our readers, for support. If you like what you read here, pledge your contribution to keep it free for everyone by making a tax-deductible donation.

DONATE TODAY

Facebook  Twitter  Email  More

More In Race