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on behalf of the COVID Task Force on Racism & Equity

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INTRODUCTION

Gross racial/ethnic disparities in rates of hospitalization and mortality due to COVID-19 highlight the inadequacy of prevention strategies that focus narrowly on virology or pharmacology [while ignoring] the unequal conditions that render some populations more susceptible to the virus than others . . . To address the needs of marginalized populations while also addressing those of the overall population [requires] aggressive interventions targeting racism as a root cause of racial/ethnic health inequities.¹

We are pleased to introduce the Rapid Assessment of COVID Evidence (RACE) series, and we thank *Ethnicity & Disease* for supporting its publication. Throughout the next year, the COVID Task Force on Racism & Equity (Task Force) will present recent, topical findings from our ongoing research on health inequities and social injustices occurring during the COVID-19 pandemic. The Task Force, which is a novel collaboration between the UCLA Fielding School of Public Health and Charles R. Drew University of Medicine and Science (CDU), was launched in March 2020. It serves as the central arm through which the Center for the Study of Racism, Social Justice & Health at the UCLA Fielding School of Public Health conducts anti-racism research, develops interventions and engages community to address the root causes of COVID-19 ineq-

uities. The mission of the Task Force is to “highlight the critical role that longstanding inequities (due to racism, classism, sexism and heterosexism, ability status, etc.) play in the impacts of COVID-19 disease and in the responses to it...in local, national, and international contexts.”

The purpose of this series is to submit community-relevant findings to the peer-review process and disseminate the findings as they are generated to optimize their utility for ongoing social justice efforts during the pandemic and beyond. We believe the series makes two interventions. First, it re-thinks the relationship between academic researchers and the communities with whom we work. Each article will reflect the iterative, racially conscious, self-reflexive process of public health critical race praxis (PHCRP), which we use to align our work with social

justice movements in communities. We refer to this process as praxis as it iteratively links critical race analysis and empirical research to communities and groups involved in advocacy. Furthermore, it commits us personally to using anti-racism approaches in carrying out our research.² Second, it contributes to the knowledge base by adding evidence from the perspectives and experiences of those who are most marginalized. Each set of findings reflects the praxis we rely on to conduct empirical work. Through this work, we strive to resist some of the ways a research industrial complex (RIC) prioritizes its own growth over the interests of community: by automating the absorption of well-intentioned health equity research in ways that can reinforce research hierarchies and render communities the secondary, not primary, beneficiaries.^{3,4} Our work occurs within this complex.

To resist reinforcing the RIC, we draw on Public Health Critical Race Praxis (PHCRP).⁵ We have been focusing on supporting our partners as they struggled to provide for their constituents, even when doing so provides no immediate benefits to us as researchers (eg, no opportunity exists to publish a paper about the endeavor). We value science; however, we reject the false notion of scientists as inherently “objective” observers. Instead, we see ourselves as committed partners in the struggle for equity and whose contributions are based on science and the privilege that comes with our status as academic researchers.

The upcoming series will present some of our ongoing work, which applies PHCRP to examine inequities in the COVID pandemic. PHCRP

calls for researchers to understand and account for their own privilege while conducting any research. Early in the pandemic, the Task Force began to leverage our privilege as academic researchers not only to address the immediate material needs of partners and community members, but also to support long-term political ones (ie, de-carceration; moving resources into care vs carceral systems). We have been documenting and responding to urgent community needs (eg, access to testing, unhoused communities’ access to technology) as they emerge. With respect to the long-term, the reason for producing relevant knowledge and engaging in action is to partner with communities to achieve and sustain transformative justice.⁶⁻⁸ The collective work has involved: 1) documenting struggles and resistance; 2) sharing counter narratives, which are the stories people tell about their lives to challenge common assumptions held about them; and 3) supporting community engagement (eg, addressing the widespread surveillance of Black and Brown communities) even when an immediate public health benefit of doing so is not apparent.

Our team is largely made up of women of color researchers studying racism from within academic centers; we have been harmed by layered injustices and benefitted from them. The Gabrielino and Tongva Peoples were the original inhabitants and caretakers of the unceded lands where we conduct this work.⁹ This is important to acknowledge, because the pre-pandemic histories of colonialism and imperialism that relied on theft of people, land, resources, and global mass displacement, undergird the

racial, gendered, and class divisions that characterize the COVID pandemic.¹⁰ For example, we have not faced the increased occupational risk for exposure to COVID-19 that predominantly Black and Brown work forces have faced in farming, manufacturing, stocking store shelves, selling goods, and other essential labor to keep society fed and functioning. We have sheltered in-place and continued working from home. However, we are also family members and teachers within impacted communities, and we have been caretaking and directly contending with the high levels of exhaustion, stress, fear, and sorrow produced by the pandemic and our society’s response to it.

The RACE series will demonstrate that an abiding commitment to advocacy and social justice can inform health equity research. The topical peer-reviewed findings will enable organizers, advocates, policymakers and health equity champions to use the evidence in support of ongoing efforts to address racism and other root causes of health inequities. The rapid approach to dissemination of the findings reduces the time from bench-side to bed-side, thus improving the potential utility of the findings.

ABOUT THE RACE PROJECTS

Two endeavors anchor this special series to *Ethnicity & Disease*, the COVID Storytelling Project and Project REFOCUS. Each project aims to move beyond merely documenting racism toward engaging in anti-racism research, practice, and community

engagement. Each also uses rapid assessment approaches (eg, intensive sets of focus groups) and strives to share the findings with the scientific and lay communities in a timely fashion, for instance, by holding informal meetings in academic and community settings during moments of crisis (eg, surges in hospitalizations).¹¹

The COVID Storytelling Project is a two-pronged study that uses both qualitative and quantitative methods to document the perspectives of marginalized populations and the experiences they are having with social injustices and preventable health inequities during the COVID-19 pandemic. One prong of this project applies data science and big data techniques to social media data to examine the intersections of racism and COVID-19.^{12,13} The other prong involves virtual focus groups conducted with community organizers and professionals who work closely with diverse marginalized populations to explore: 1) the experiences and perceptions of the populations with whom they work; 2) the barriers these populations have faced accessing COVID-19 testing, vaccination and care, or adhering to prescribed treatment regimens; and, 3) any recommendations they have for meeting the needs of these populations in light of the social injustices.

Project REFOCUS is a multi-component technology-based intervention undertaken in collaboration with Howard University. The UCLA side of this collaboration has been using qualitative and quantitative methods to develop a data dashboard that concurrently tracks COVID outcomes (eg, vaccinations) as well

as stigma (eg, community vulnerability), racism (eg, home loan discrimination), and selected social determinants of health (eg, evictions). Users will be able to visualize and interact with dynamic data to see how COVID-19 (eg, diagnoses, deaths, vaccines distributed), social stigma, racism (eg, segregation, distribution of hate groups, etc.), and other factors (eg, weekly evictions, police shootings) co-occur over time and place.

ABOUT THE RACE SERIES

The RACE Series is an open-access special collection of articles to be published in *Ethnicity & Disease* beginning with the next issue of the journal (April 2022) and will span the 2022 volume. Each issue will contain two to four articles from the series. The topics examined in the series include but are not limited to: incarceration, detention and policing; reproductive justice and birthing experiences during the pandemic; the role of health departments in framing messaging about vaccine equity and racism on Twitter; the perceptions and experiences of Asians, LGBTQ populations and others in Southern California and the nation.

The RACE Series will be unified across issues by a focus on the implications for policy, research, and service delivery and its provision of evidence to support action (eg, policy change) at the local, state, or national levels. For example, one national analysis of social media data assesses the role of county and state health departments in framing vaccine hesitancy messaging on social media. In addition to

the empirical findings to be shared through the series, we are hopeful that the theory and methods may inform how future studies conceptualize and measure racism and related exposures.

The series will launch with a set of articles that describes the methods of the two anchor projects, identifies challenges and best practices for monitoring US racial/ethnic inequities in COVID-19 based on an environmental scan of COVID-19 databases, and recommends strategies for monitoring COVID inequities ethically. It will conclude a year later with an epilogue, written by an associate editor of *Ethnicity & Disease*, reflecting on the RACE Series and contributions of these research efforts. Dissemination efforts will also include concurrent strategies that reach beyond the readership of scientific journals to the communities we serve. We will complement the RACE series with companion blogs, editorials, social media posts, infographics, and live-recorded events that feature our community partners. These partners represent many different public and private sectors including non-profit and community-based organizations.

CONCLUSION

Research investigating pandemic inequities must be critically informed by the knowledge of pre-pandemic histories or it will risk rendering invisible the causal pathways leading to the current inequities. Early in the pandemic, health equity researchers and others warned that structural racism would facilitate SARS Co-V-2 among Black, Indigenous, and Peo-

ple of Color (BIPOC) communities while exacerbating infection containment and mitigation, disease management, and provisions of key social determinants of health (eg, housing, employment).^{14,15} These warnings were largely unheeded. Since then, COVID-19 mortality data have consistently indicated that reductions in life expectancy are greater for Black and Latinx populations than for White ones. The failure to heed the early warnings exemplifies Ruth Wilson Gilmore's definition of racism as the "state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death."^{16,17} Our commitment, through the work of the Task Force and this series, is to stay focused on these pathways and speak truth to power (and to ourselves) about the urgent need to address their root causes. We have been challenged on this journey and learned so much from it. We look forward to sharing our findings and lessons learned.

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