loses her own residence. This would dramatically reduce her quality of life, even her ability to continue living. The conflict in this case may thus be less between “autonomy” and “beneficence” than between the “autonomy” and administrative decisions. What this indicates, perhaps, is that, without justice, “autonomy” and “beneficence” do not meaningfully exist. Given the issues raised by both Covid-19 and the United Nations, there cannot be said to be justice for disabled people in Canada. At present, it makes the most sense to keep Ms. X in the hospital. There, she appears to be receiving excellent care, and in a position where she can conceivably return home. The continuation of her stay may require facing pressure from the hospital and government. But this pressure could increase the urgency, among all participants, to challenge the current, unethical status quo facing disabled people like Ms. X—and, very likely, Ms. X herself if qualified authorities determine that a home placement cannot be made safely and that a special care facility would prevent her from eventually nursing home discharge while markedly improving her quality of life, it may be justified to override Ms. X’s autonomy and send her there. But this is not clear at present.

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Material Insecurity, Racial Capitalism, and Public Health

by OLUFEMI O. TAIWO, ANNE E. FEHRENBACHER, AND ALEXIS COOKE

In the oft-cited 1995 article “Social Conditions as Fundamental Causes of Disease,” Bruce Link and Joel Phelan describe social and political factors as “fundamental causes” of death and disease. Part of the inspiration for the authors’ claim was the intractability of poor health outcomes in impoverished communities, even of particular diseases. “[E]ven if one effectively modifies intervening mechanisms or eradicates some diseases,” the authors argue, “an association between a fundamental cause and disease will re-emerge . . . [E]ven if one effectively modifies fundamental causes can defy efforts to eliminate their effects when attempts to do so focus solely on the mechanisms that happen to link them to disease in a particular situation.”

Link and Phelan’s analysis presents an important question: how to diagnose the social conditions themselves. Recently, sociologist Whitney Pirtle suggested a provocative answer when she asserted that racial capitalism should be considered a “fundamental cause” of death and disease. Using the case of the water crisis in Flint, Michigan, she has argued that racial capitalism’s role in the crisis there meets each of the criteria Link and Phelan’s article outlines: racial capitalism influenced multiple disease outcomes, affected disease outcomes through multiple risk factors, involved access to flexible resources that can be used to minimize both risks and the consequences of disease, and was reproduced over time through the continual replacement of intervening mechanisms. In this essay, we will argue for Pirtle’s conclusion by supplementing it with tools identified by Arlene Bierman and James Dunn.

Bierman and Dunn take it that class is linked to health outcomes through its influence on populations’ abilities to reliably access “basic necessities”: housing and food. Poverty is the “leading cause of avoidable mortality” in part because of the “forced choice” that impoverishment presents to low-income people: whether to pay rent, buy food, or seek medical care. No matter how a person in this predicament chooses, something will go missing, undersupplied, or come by erratically, which will become a vector for negative health outcomes.

But decades of social science have also linked race with these same outcomes. Moreover, authors in the literature on racial capitalism tie race and class together with the broader system of capitalism that determines how income, wealth, and social advantages are produced and distributed. Racial capitalism’s effects on public health can thus be understood as a fundamental cause of health outcomes using the same approach that Bierman and Dunn used to link health outcomes to class. For public health research, what is key is perhaps less whether we use the terms “race” or “class” but the system of hierarchies that both these terms help to categorize: different strata of material security and insecurity, or the degree of security with respect to “basic necessities.”

Racial Capitalism

The term “racial capitalism” is used by people expressing a set of intellectual positions about our global social structure that developed over the twentieth century. The sociologist Oliver C. Cox developed some of the key building blocks of what became racial capitalism—the class, caste, and race (1948) and The Foundations of Capitalism (1959). He concluded that “racial antagonism . . . developed within the capitalist system as one
Vulnerability to premature death comes, of course, in many forms: at least as many forms as there are ways to die prematurely. For example, of all the factors that contribute to recall Birnbaum and Dunn’s reasoning for classifying social class as a prime driver of health outcomes. First, they point out the what: that poverty is the “leading cause of avoidable mortality.” Second, they point out the why: that impoverishment presents low-income people with a “forced choice” between paying rent, buying food, or seeking medical care, thus ensuring that something essential will be shortchanged. It is not poverty in and of itself, then, that causes death but what poverty reliably does: it causes insecurities or precarities that have an understood and deleterious effect on health outcomes. Race, theories of racial capitalism point out, has this same effect on populations.

Food insecurity is an important determinant of public health. Undernutrition, particularly of children, is a primary cause of ill health and premature mortality in the Global South. Famines represent an extreme case of food insecurity. Groundbreaking work by philosopher and economist Amartya Sen underscores the profound ways in which this extreme case that is politically informative about the structure of our society: famine often are unrelated to ecological phenomena than with the narrow focus on agricultural systems. This theory holds that our world economic system moves energy and biophysical resources from poorer to richer countries. This scheme in turn distributes ecological risks perversely, tending to concentrate them in the Global South. The Global South carved into planetary politics by the same forces that colonized Bengal and Ireland, richer countries like those in Europe are “draining ecological capacity from extractive re- gions by importing resource-intensive products and shifting environmental burdens to the South through the export of waste.”

Similarly, environmental economists and geographers have advanced the “pollution haven hypothesis,” which pre- dicts that companies faced with stringent and costly envi- ronmental regulations in one country or region will move production to places with less-stringent regulation. The relationship is causal: higher-income countries (disproportionately occupied by veterans of the War of Canudos in 1897. Following the invasion in rural Bengal).

morro

In the United States, a variety of systems secure the invest- ments of landlords by shifting the financial and social risks of housing and health to the most vulnerable residents. Working- class and affluent renters pay similar amounts of rent but live in vastly different levels of quality because working-class renters are often confined to dilapidated housing stock. Low-income renters are identified via complex surveil- lance systems that function much like a criminal record: appearances in housing court, credit problems, and run-ins with law enforcement often lead to for production. Whether one relies on the globally scoping ecologically unequal exchange theory, the transnational pollution haven hypothesis, or the idea of subnational green crime havens, the balance of evidence suggests that the geographical dis- tribution of pollutants and environmental risk reflects so- cial power dynamics. Moreover, the evidence suggests that the relationship between the political power of a popula- tion and its susceptibility to environmental vulnerability is a causal one, not simply a set of unhappy coincidences. This fits squarely into Gilmore’s definition of racism: “the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death.”

Racial capitalism, then, links racial power and security dis- parities to environmental exposures and health outcomes.

Housing

Racial capitalism also explains stable, long-term, struc- tural stratifications in housing. Consider the examples of the United Kingdom and Brazil.

In India during the pandemic, food insecurity has been characterized not by resource scarcity but by a failure of distribution schemes.

Urban informal settlements are characterized by a con- gestion of concentrated poverty, insecure and poor-quality housing, political disenfranchisement, and a lack of access to essential life-supporting services such as clean water, sanita- tion, and health care. In Rio de Janeiro, Brazil’s second largest city, 1.39 million people (22 percent of the total population) live in informal settlements.

Moro da Providência, Brazil’s second largest favela, was first set- tled by veterans of the War of Canudos in 1897. Following the war, soldiers settled on the morro (“hill”), and later, op- portunities for unskilled laborers also attracted formerly en- slaved people (who had been freed in 1888). At this time, the government had given little thought or support to how newly liberated people would survive; hundreds of thou- sands of formerly enslaved people came to Rio, taking jobs as cleaners with pay barely above subsistence. In Morro da Providência, these newly freed people had nowhere to live, but they had access to free land in the morros.

Many of these dynamics are still in place in Morro da Providência. The population is largely Black and mixed race, by contrast, Rio’s wealthy southern zone is 80 percent White. Land in Rio is incredibly valuable, and proxim- ity to the capital city is a necessity for many who rely on the opportunities there for survival. While the government of Brazil has worked with favelas to improve infrastruc- ture and expand access to sanitation, residents of Morro da Providência live in a state of constant insecurity given Brazil’s history of policies that result in the displacement and de- struction of these informal settlements.

India’s “Corona Capitalism”

Racial capitalism does not apply only to long-term, struc- tural phenomena like housing and ecological exchange. As we saw in Sen’s example of famines, it also applies to short-run crises of material insecurity. In this final section, we consider another short-run example: the ramifications of stratification under racial capitalism in the crisis of the Covid-19 pandemic in India.

Indi’s pandemic response has demonstrated the symbi- ornic relationship between racial capitalism and disaster cap- italism. Klein notes, “This crisis—like earlier ones—could well be the catalyst to shower aid on the wealthiest interests in society, including those most responsible for our current vulnerabilities, while offering next to nothing to most workers, wiping out small family savings and shuttering small businesses.”
of its fundamental traits” and, furthermore, that “racial capitalism originates from African theorists like Neville Alexander and Harold Wolpe, and it was popularized in the United States by theorists of racial capitalism, introducing useful specificity about how racism functions in a capitalist world, defining it as “the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death.”

Vulnerability to premature death comes, of course, in many forms: at least as many forms as there are ways to die prematurely. The most instructive and tragic case is the famine in Ethiopia in 1984, which is the ultimate indictment of the Global South’s failure to provide adequate food security for its population. This famine was not just a consequence of the political failure of the Marxist regime in Ethiopia; it was also a result of the economic failure of the Global South to provide adequate food security for its population.

The theory of ecologically unequal exchange allows us to tell this same kind of story on a global scale, and with a wider reference to ecological phenomena than with the narrow focus on agricultural systems. This theory holds that our world economic system moves energy and biophysical resources from poorer to richer countries. This system in turn distributes ecological risks perversely, tending to concentrate them in the Global South.5

Racial capitalism also explains stable, long-term, structural stratifications in housing. Consider the example of the United States.

In the United States, a variety of systems secure the investments of landlords by shifting the financial and social risks of housing instability on the shoulders of vulnerable residents. Working-class and affluent renters pay similar amounts of rent but live in vastly different levels of quality because working-class tenants are typically charged higher rent than their affluent counterparts.52

Inequalities in environmental risk also contribute to the concentration of pollution in certain areas. The theory of ecologically unequal exchange allows us to understand how certain areas of the Global South are systematically overexposed to environmental hazards.

In India during the pandemic, food insecurity has been characterized not only by resource scarcity but by a failure of distribution schemes.
During the Covid-19 pandemic, the Indian government institutionalized what was the world’s largest and among its most restrictive lockdowns, resulting in an exodus of migrant workers at a scale reminiscent of the 1947 partition of India and rendering millions of lower-caste workers homeless and unemployed. Labor militias of Dalits and Adivasis made up most of the informal and daily wage laborers forced to leave cities due to loss of livelihoods, exacerbating existing inequalities among members of Scheduled Tribes (Adivasis).29

In India during the pandemic, as in Bengal during the famine, food insecurity has been characterized not by resource scarcity but by a failure of distribution schemes: more than 65 lakhs tonnes of grain (equivalent to 6,500,000 metric tons) were left to rot for four months while people at the bottom (and outside) of the caste hierarchy went hungry.30 On May 26, 2020, after nine weeks of complete lockdown, the Supreme Court admitted “inadequacies and lapses” on the part of central and state governments in providing food, shelter, and transport to certain “vulnerable groups.”31

As the lockdown lifted and workers returned, several Indian states moved to suspend labor laws, such as eliminating hiring requirements for a minimum wage and removing health and safety protections, while also limiting employer liability due to loss of livelihoods, exacerbating existing inequalities among members of Scheduled Tribes (Adivasis).29

The theory of racial capitalism may provide researchers with useful frameworks for predicting and addressing these effects. Most importantly, such frameworks would add an explicit political dimension to the discussion of exposure to environmental hazards and thus to health problems. We hope that the analysis offered here invites attention to the ways in which the pandemic has affected the health of marginalized communities and points towards more effective and just ways to address the structural inequalities and injustices that have been exacerbated by the pandemic.

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Moving Forward

The ways we understand fundamental causes of disease shape the interventions, policies, and programs designed to address pervasive poor health outcomes and health disparities. Key to understanding this role is the role of racial capitalism in producing material insecurity, whose impacts and dynamics are far reaching. One need only to think of the myriad ways in which the global pandemic and climate change have interacted to exacerbate the Black Lives Matter movement, and to consider the ways in which the global pandemic has interacted with levels of inequality as the source of social structure by public health professionals and that it also promotes interest and attention to the public health consequences of injustice by political theorists and other researchers. Racial, as well as caste and class, disparities in power and race, caste, and class predation by states and corporations are direct causal determinants of health outcomes and are thus of direct relevance for public health researchers and professionals.
During the Covid-19 pandemic, the Indian government institutionalized what was the world’s largest and among its most reservoir-rich and prominent enclaves, leading to an exodus of migrant workers at a scale reminiscent of the 1947 partition of India and rendering millions of lower-wage workers homeless and unemployed. Dalits and Adivasis made up most of the informal and daily wage laborers forced to leave cities due to loss of livelihoods, exacerbating existing inequalities along caste lines. From December 2019 to April 2020, the proportion of employed members of the upper castes decreased by 7 percent, compared to a drop of 20 percent among Dalits and Adivasis (15 percent) and 1 percent among members of Scheduled Tribes (Adavasis). Because the majority of Dalits and Adivasis are landless, the lockdown worsened their already precarious living conditions and left many stranded in cities with no work, nowhere to stay, and no way to leave. As a result, they shouldered an undue burden of the ensuing housing and food insecurity crisis and were forced to endure exposure risk amidst a pandemic. In India during the pandemic, as in Bengal during the famine, food insecurity has been characterized not by resource scarcity but by a failure of distribution schemes: more than 65 lakh tonnes of grain (equivalent to 6,500,000 metric tons) were left to rot for more than 4 months while people at the bottom (and outside) of the caste hierarchy went hungry. On May 26, 2020, after nine weeks of complete lockdown, the Supreme Court admitted “inadequacies and failures” on the part of central and state governments and ordered them to provide food, shelter, and transport to stranded migrant workers.

As the lockdown lifted and workers returned, several Indian states moved to suspend labor laws, such as eliminating requirements for a minimum wage and removing health and safety protections, while also limiting employer liability for injuries and illnesses caused on the job. In tandem, the government pushed through three new labor laws to deregulate the agricultural industry by excluding a mandate for minimum support price (MSP), weakening landlord ownership rights, and removing products from the list of essential commodities. The piecemeal dismantling of these laws has suffered the most severe economic impacts while also being blamed as the source of contagion and being forced to endure violence and mistreatment under the guise of hygiene and public health. In an attempt to decouple caste etiologies from Covid-19 guidance, some have called for “social distancing” and “social isolation” to be rethought as “physical distancing,” a symbolic gesture to combat stigmatization that will have no impact on the material realities of Dalits and Adivasis or Muslims in India. Religious and caste discrimination often interest, as 85 percent of Muslims in the nation are considered “Parasmanda,” a Persian term that means “those who are not Muslim,” referenced the protests as “aapernter events,” government officials subjecting religious and caste minorities to targeted surveillance and quantitatively while overlooking religious and political gatherings supported by the ruling party, and the horrendous conditions Dalit and Bahujan crematorium workers endured without adequate pay or protective equipment during India’s devastating second wave.

The lethal combination of racial capitalism with disaster capitalism has been painfully visible throughout the Covid-19 pandemic and in the draconian restrictions implemented in India. The understated caste structure has been reinforced through the gradual unraveling of labor laws to protect workers and the deregulation of the agricultural sector and other industries at the core of India’s supply chain, and a corporate-friendly tax policy to prohibit “excessive wealth accumulation” among a small group of Indian billionaires while the majority of the population has struggled to survive.

Moving Forward

The ways we understand fundamental causes of disease shape the interventions, policies, and programs designed to address pervasive poor health outcomes and health disparities. Key to this understanding is the role of racial capitalism in producing material insecurity, whose impacts and dynamics are far reaching. One needs only to think of the myriad ways in which the global pandemic and climate change are compounding each other: the ever widening gap between those who have access to health care and those who do not; the ways that immigration policies are shaped by allowing employers more flexibility to hire and fire without government permission, imposing restrictions on the right of workers to strike, and removing a previous provision requiring employers to provide temporary accommodation near the worksite for migrant workers.

Covid-19 has been described as a “great leveller” in India, affecting all people irrespective of caste, class, race, gender, or religion. However, caste inequality has deepened, as traditionally disempowered groups have suffered the most severe economic impacts while also being blamed as the source of contagion and being forced to endure violence and mistreatment under the guise of hygiene and public health. In an attempt to decouple caste etiologies from Covid-19 guidance, some have called for “social distancing” and “social isolation” to be rethought as “physical distancing,” a symbolic gesture to combat stigmatization that will have no impact on the material realities of Dalits and Adivasis or Muslims in India. Religious and caste discrimination often interest, as 85 percent of Muslims in the nation are considered “Parasmanda,” a Persian term that means “those who are not Muslim,” referenced the protests as “aapernter events,” government officials subjecting religious and caste minorities to targeted surveillance and quantitatively while overlooking religious and political gatherings supported by the ruling party, and the horrendous conditions Dalit and Bahujan crematorium workers endured without adequate pay or protective equipment during India’s devastating second wave.

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Anna E. Feinbinder was supported by a grant from the National Institute of Mental Health of the National Institutes of Health awarded to the UCLA Center for Health Education & Behavior. Racial, as well as caste and class, disparities in power and race, class, and caste predation by states and corporations are direct causal determinants of health outcomes and are thus of direct relevance for public health researchers and professionals.

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Mind the Gaps: Ethical and Epistemic Issues in the Digital Mental Health Response to Covid-19

by JOSHAU AUGUST SKORBURG and PHOEBE FRIESEN

Before the Covid-19 pandemic, proponents of digital mental health were touting the promise of various tools and techniques, from mHealth to digital phenotyping, that could revolutionize mental health care. As social distancing and its knock-on effects (economic hardship, increased stress, decreased community support) have strained existing mental health infrastructures, calls have grown louder for implementing various digital mental health solutions.

Commentaries have urged mental health professionals to “turn the curve into an opportunity” by widely deploying digital mental health tools.

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