2020 Diversity & Inclusion Las Vegas YMF Scholarship
Gabrielle Squillante

The United States has an arguably dichotomous history. There exists the history celebrating independence from the tyranny of Britain and the creation of unalienable rights. Adversely, there exists the history that is often absent in literature: that of the minorities. In understanding this lack of intersectional representation, we can define justice as a bilateral harmony between political acknowledgment and distributional equity. Our minority groups are much more susceptible to deleterious circumstances, such as the covid-19 public health crisis, and justice is essential. Carrying these foundational components, we can assemble a strategy to combat the growing disparities that exist in the U.S. due to covid-19.

In order to ameliorate the discrepancies from covid-19 across ethnic groups, we must first acknowledge it. A concept that might seem mundane, recognition holds much value. How do we know who to first attend to if we don't recognize who faces the strongest impediments? Acknowledging that the United States has institutionalized a pattern of misrecognition and maldistribution allows us to then repair what we know is broken. Empirical studies from the H1N1 flu have shown strong ethnic disparities, primarily in levels of exposure, susceptibility, and access to healthcare. A range of socioeconomic factors influenced these components, along with a myriad of others, that all led to a conglomerative metaphorical hurricane that hit certain homes at a Category 5 and others next door at a Category 2.

In defining solutions to distributional inequity, we must first recognize the three primary ethnic groups facing the strongest hardships: Native Americans, Black Americans, and Hispanic Americans. Native Americans, for example, have been denied access to data regarding covid-19 in their tribes. Although certain centers have been defined as a medium between federal agencies and tribes, these agencies have continually refused to *recognize* these organizations and are thereby denying the *distribution* of the data. Thus, we must work to recognize and then provide these communities with the data they need. In addition to the lack of information, Native Americans are also battling inadequate health facilities, contaminated water, and crowded living quarters. These are services the government is remiss to deny. Black and Hispanic Americans face a different set of issues with the virus, emanating from higher rates of existing health issues exacerbated by systemic racism, disadvantaged economic circumstances from centuries of oppression and discrimination, and a tendency for hospitals to overlook minorities.

An egalitarian solution looks like one that appropriates funds to these high-risk communities in the form that is best for *each community*. It looks like one that accepts healthcare as a human right. It is one that distributes the vaccine to our most vulnerable communities first. An egalitarian solution is that which works to ameliorate the discrepancies we see embedded in our system. Only after understanding these two primary ideologies of misrecognition and maldistribution, a concept that the federal government does not seem to hold yet, can we effectively work to dismantle the systemic oppressions and discriminations that will emerge again in our next public health crisis.