MAPPING THE INTERSECTIONS OF POVERTY, RACE AND COVID-19

Bronx County, New York

Before the pandemic, there were approximately 8.6 million people who were poor or low-income in New York, accounting for over 40% of the population (SPM). This included 58% (2.4 million) of children, 65% (1.7 million) of Black people, 71% (2.5 million) of Hispanic or Latino people and 36% (3.9 million) of white people.

During the 2020-2021 school year, more than 100,000 children in its public school system experienced homelessness. Although the minimum wage for New York City was raised to $15 per hour, the state minimum wage is $13.20, while a living wage would be well over $28 per hour.

Bronx County is co-extensive with the Bronx, one of the five boroughs of New York City. According to the 2020 Census, it is one of the most diverse counties in New York. Of its 1.4 million people, 55% are Hispanic, 29% are Black, 9% are white and just under 5% are Asian. It has the largest concentration of Hispanic people in the city, who are predominantly Dominican and Puerto Rican. Its COVID death rate (538 per 100,000 people) is in the highest 10% in the country.

Poverty and economic insecurity are also widespread, with more than half (51%) of the county living under 200% of the poverty line (OPM). Over 60% of the Bronx is rent-burdened, paying more than 30% of their household income towards rent. During the pandemic, over 40% of the population had three or more COVID risk factors - including income-to-poverty ratio, crowding, unemployment, access to health insurance and other health problems - contributing to the highest hospitalization and death rates in the city.
According to Dr. Jim Fairbanks, who has lived in the South Bronx for more than 50 years, one reason why the county was hit so hard was because its residents “are the essential workers who were servicing the rest of Manhattan and the city’s wealthy.”

The South Bronx has consistently been one of the poorest congressional districts in the nation. Its poverty has also given rise to sustained political organizing to meet community needs. From health care, public education, harm reduction, food security or police violence, community members have developed dynamic grassroots survival projects to meet their needs. As Rev. Claudia de la Cruz, who grew up in the South Bronx says, “Every institution that exists in the Bronx is the result of struggle.”

In 1970, the Young Lords took over Lincoln Hospital and negotiated a range of services for the People’s Health Program. The Young Lords’ health activism extended beyond the hospital, to include sanitation services, breakfast programs and door-to-door medical visits. In 1990, St. Ann’s Episcopal Church opened a needle exchange program, at a time when these were illegal in the rest of the country. The program eventually became the basis of a city-wide harm reduction program and has been endorsed by the World Health Organization and American Medical Association.

In January, a high-rise fire in the South Bronx killed 17 people, including 8 children. Investigators found that the fire was caused by a space heater in one of the units. Mayor Eric Adams repeatedly raised that a resident “closing the door” was the cause of the fire, rather than making sure adequate heat was available to its residents in the winter months. As Dr. Fairbanks wrote in his weekly newsletter, “We are still waiting for the mayor’s recommendations. We in the South Bronx remember 10,000 apartment buildings burning down in the 60s and 70s because of arson-for-profit, with hundreds of fire deaths and a half million people fleeing for their lives! Don’t lecture us merely about doors and heaters now, after decades of systemic neglect.”

The community has since asked the mayor to ensure that every apartment door is self-closing, to institute city-wide universal same-day inspections and provide adequate heat to residents. As their legacy before them, their demands may one day shape public measures for residents across the city and country.