

whitepaper

**conscious  
inclusion during  
the COVID-19  
crisis.**





## audra jenkins

SPHR, SHRM-SCP, CDP  
chief diversity & inclusion officer  
randstad north america

We owe a debt of gratitude to healthcare providers, essential workers, police, military personnel, safety officials and countless others for their sacrifice and service during the COVID-19 crisis. These brave men and women, all from diverse demographic groups, are on the front lines and fighting to save lives daily.

To date, according to the World Health Organization (WHO), which is tracking the impact of COVID-19 globally, the virus has now appeared in more than 216 countries and infected over four million people around the world. Yet, as we navigate these extraordinarily challenging times, it is more important than ever that we remain vigilant and mindful of diversity and inclusion. As we'll explore in this white paper, while the COVID-19 pandemic has illustrated some stark disparities, it also risks sparking new ones for many historically disenfranchised groups.

## xenophobic rhetoric and behavior

In the U.S., there has been an alarming surge in hateful rhetoric, harassment and discriminatory behavior, much of it directed toward people perceived to be of Asian descent. According to the Asian Pacific Policy & Planning Council, Asian Americans have experienced a 17 percent increase in discriminatory behavior since the onset of the global pandemic. This behavior has run the gamut from harassment to bullying or being barred from establishments — it's also rapidly escalated from verbal abuse to physical attacks.

Xenophobia spreads through misinformation and fear, and it has no place in a civilized society that is trying to save itself from possible extinction. Yet alarming stories continue to circulate. According to a New York Post report, for instance, a man spat on a Chinese American in a New York City subway car, another example of the rising tide of xenophobic behavior being reported in recent months. Meanwhile, the FBI may classify an incident in Midland, TX in which three members of an Asian-American family were stabbed inside of a supermarket as a hate crime linked to the COVID-19 outbreak.

Inaccurate information on COVID-19 further stokes fears that fuel hatred, potentially leading to dangerous actions. That's why government officials, media, corporate leaders and others in the public eye must send a clear and unified message about standing up against this type of behavior. As Randstad North America CEO and Executive Board Member Karen Fichuck stated:

"It is during tough times that we are able to unite to find solutions to ease the crisis and restore a semblance of normalcy for our employees, talent, clients, vendors, partners and the communities we serve. At Randstad, we believe in leveraging the strength of our differences to make a positive impact on society as a whole. Fear and hatred cannot exist in the same place as love and tolerance."

The issues at stake touch on the very foundations of diversity, inclusion and belonging. *Diversity* is how we describe our unique characteristics and differences. *Inclusion* refers to how we are embraced and welcomed — in organizations, in groups, in society at large. And *belonging* transcends both diversity and inclusion; it is the sense of being able to "unmask" ourselves to be who we truly are, without labels, stereotypes, fear or discomfort. In that context, it is worth pointing out that COVID-19 infects people regardless of their demographic status. It does not distinguish between race, faith, gender, ability, sexual orientation or socioeconomic status. People from all walks of life have been forever impacted by COVID-19.



## healthcare disparities

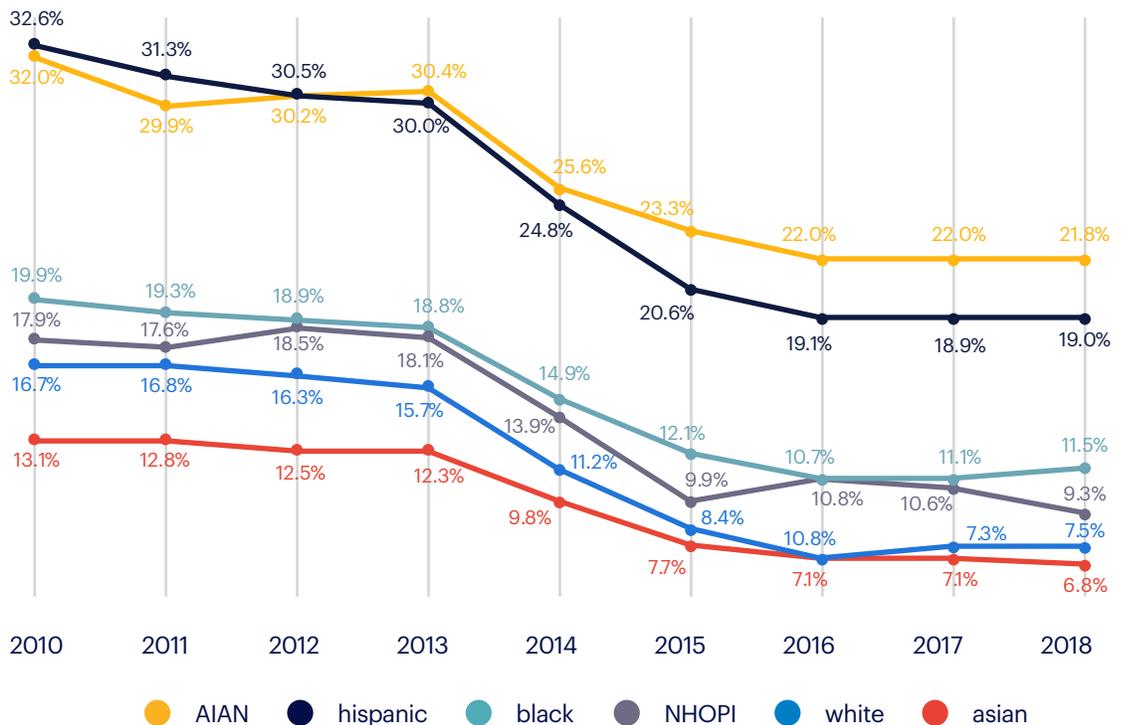
One major issue that the pandemic has put a spotlight on is healthcare disparity. Long before the global pandemic, healthcare inequality existed, leaving some of our most vulnerable and underserved communities at elevated risk for decades. Of course, these disparities are complex, multifaceted and often linked to a number of variables: race, gender, education, marital status, sexual orientation, environment, socioeconomic status and more. But our current crisis has illuminated the impact of that disparity on these communities.

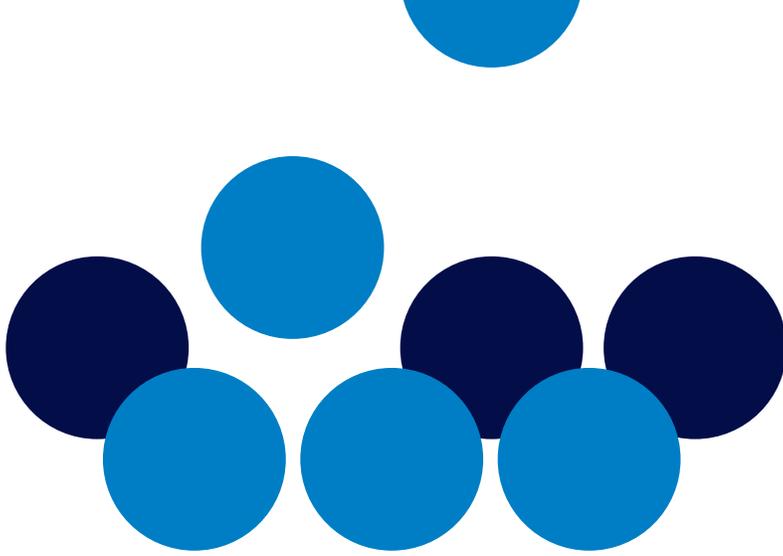
According to the National Health Interview Survey (NHIS), conducted by the U.S. Centers for Disease Control and Prevention (CDC), there are clear correlations between variables like socioeconomic status and overall health outcomes. For example, the [survey](#) found that individuals with incomes of \$100,000 or more were significantly more likely to be in excellent health than individuals with family incomes of \$35,000 or less.

Another factor directly impacting healthcare disparities is access to health insurance. According to a Kaiser Family Foundation (KFF) [analysis](#), anywhere from 670,000 to two million uninsured individuals could be hospitalized for COVID-19. If that proves to be the case, it will have enormous consequences for our healthcare system as a whole.

For one, the resulting treatment costs would balloon to well over **\$40 billion**, or approximately 40 percent of the sum allocated to hospitals under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Again, race and ethnicity are key factors: One KFF [report](#) found that, compared to whites, African Americans were 1.5 times more likely to be uninsured, while Hispanics were 2.5 times more likely to be uninsured.

uninsured rates for the nonelderly population by race and ethnicity, 2010-2018





It isn't hard to see the link between access to health insurance and health outcomes playing out in the context of COVID-19. Looking at confirmed COVID-19 cases in the U.S., for example, low-income individuals and minority communities are both at significantly higher risk of serious illness if infected with the virus than other groups.

Moreover, one recent Washington Post analysis, which compiled data from nine jurisdictions reporting infection and death rates by race, found that African Americans died at almost six times the rate of Caucasians. Meanwhile, in one county in Wisconsin where African Americans make up only around a quarter of the total population, they have nonetheless accounted for roughly 70 percent of all COVID-19 deaths. And in New York, the epicenter of the virus in the U.S., a similar story: more Hispanics have died from COVID-19 than any other group, according to official NYC Health numbers, accounting for nearly one out of every three confirmed deaths in the state.

## a call for conscious inclusion

Undoubtedly, these are unprecedented times in which we all need to work together to inspire hope, health and a positive outlook on the future. With gratitude and respect for all of humanity, we need to make intentional efforts to be inclusive in our daily interactions. We need kindness, patience and compassion as we navigate this uncertain terrain. In the words of Dr. Martin Luther King, Jr., "An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity." When we lose civility and respect, we lose the essence of our humanity.

Diversity and inclusion is a tapestry we weave together with our cross-cultural experiences. It is not just a rallying cry — our lives depend on how well we work together in order to come through this devastating global pandemic. For the common good and benefit of all, we must demonstrate our inclusive values and beliefs for all of humanity. History has demonstrated that we are better, and stronger, together than we are apart.

Make a pledge to stand up and speak out against hatred and division during these challenging times — as well as on the road ahead.

© Randstad North America, Inc. 2020