

**Theorizing the Compartmentalization of Harm in the United States via the COVID-19
Pandemic: A Literature Review and Case Study**

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Abstract

This project takes a sociological approach to the following question: how do we — as individuals and as a larger American society — justify our support for and participation in a harmful status quo? Specifically, the project seeks to understand the structural and narrative contexts that contribute to widespread acceptance of the mass-scale harm that is the erosion of preventative measures against COVID-19 spread. Disability and racial justice advocates have pointed to the intertwined systems of neoliberalism, racial capitalism, and eugenics as explanations for the American push to “return to normal” and forgo government enforcement of protections against COVID spread. While many researchers and advocates for social justice condemn these systems in other contexts, such as the study of mass incarceration or the racial capitalist economic system as large-scale injustices, there is frequently a lack of acknowledgement of the way that the exclusion and exploitation of marginalized people throughout the pandemic exemplifies these same systems at play. Thus, this project analyzes the American response to the COVID-19 pandemic as a window into the function of mass harm in America. Analysis pulls on theories of understanding harm such as racial capitalism, sacrificial violence, social death, liberalism, eugenics, and compartmentalization. Ultimately, the neglect of COVID-19 prevention in the United States reveals itself as inevitable when situated within the context of a status quo predicated on exclusion and exploitation in the name of profit.

Keywords: Social harm, racial capitalism, COVID-19, Long COVID

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Introduction

The project is an investigation of the mechanisms in American society that allow for us to be okay with mass-scale harms, guided by the following research questions: How do we justify our support for and participation in a harmful status quo? And why are we often resistant to efforts to mitigate that harm? Specifically, my interest for this project was to investigate justifications of harm in relation to the American response to the COVID-19 pandemic, namely the erosion of measures to prevent illness spread – both government-enforced and voluntary on the part of the individual, such as masking in public spaces, testing, and contact tracing – in spite of data proving that COVID continues to cause large amounts of death, disability, and social exclusion. Taking into account our nation's history of racial trauma and persistent manifestations of structural racism, othering, and dehumanization through institutions like the carceral system, I hypothesized that the social forces of racial capitalism, othering, and individualism are key explanations for our compartmentalization of harm in relation to the COVID-19 pandemic – and more generally. As an investigation of this hypothesis, what follows is a literature review of different concepts contributing to structural and individual harm-justification, as well as a more in-depth exploration of harm in the case study of the COVID-19 pandemic.

I was inspired to pursue this project for several reasons. First, I turned 18 and subsequently entered college at the start of the COVID-19 pandemic, meaning I have spent the entirety of my adulthood navigating my identity as both a student and a person alongside considerations of catching and spreading COVID and what that means about my moral responsibility to others. As a sociology major whose focus is in critical race theory, I have also spent my academic career cultivating curiosity about the structural and institutional forces that influence our individual experiences of the world. Amidst these considerations shaping my

worldview, I began following, about two years into the pandemic, the movement of disabled people, doctors, and scientists on social media who expressed outrage towards societal and government messaging about “moving on” from the pandemic; their outcry sought to draw attention to the fact that millions of people with vulnerable immune systems due to pre-existing conditions or long-COVID would simply not be able to exist in a world where COVID spread would now be going largely unmitigated, as well as the fact that marginalized groups would continue to bear the brunt of this burden. As COVID has continued to spread but arguably become less of a consideration on the part of most members of society over the past two years, the plight of these millions of individuals who cannot afford to be infected with COVID has only worsened. I am an individual whose goal is to move through the world in a way that puts my principles into action; I am also aware of the way that abandoning COVID precautions leads to my own probable complicity in the infection of others and thus the perpetration of the harms to marginalized groups documented throughout the pandemic. With these considerations in mind, I decided to pursue this investigation out of curiosity about the large number of organizations and individuals with progressive values and scholarly interests that I perceived to be participating in a harmful status quo. I mention my background for this project not out of an attempt to claim any kind of moral superiority, but to illustrate my curiosity about the larger social forces that can sweep genuinely good, well-intentioned people into participating in harm. I believe that by identifying and understanding the functioning of these forces, we are better equipped to prevent future harm from occurring.

Theorizing Harm Justification

In my analysis of mechanisms for justifying harm, I utilize the framework for defining societal harms outlined by scholar Simon Pemberton in his book *Harmful Societies*:

Understanding Social Harm, which focuses on the way that capitalism as an organizing economic and political system is inherently harmful in its creation of “alterable” structural harms and social relations (Pemberton 2015:35). Pemberton centers his definition of harm around Karl Marx’s critiques of capitalism – namely the forces of worker exploitation, alienation, and commodification – as key to the prevention of human flourishing in the way that they limit our conception of individuals’ value to their capacity for labor, thus undermining people’s autonomy to protect their health, pursue their passions, and exist in community with others (Pemberton 2015: 36-40). I am also guided by Cedric Robinson’s theory of racial capitalism, briefly summarized by scholar Andreas Papamichail as a theory underscoring “the deep connections between racism, racial inequality and capitalism, [pointing] to the centrality of race as a mechanism of social differentiation that is essential for the accumulation of capital” (Papamichail 2023). In other words, according to the theory of racial capitalism, not only do the harms of capitalism accumulate disproportionately to members of racialized groups, but the creation of racial categories and the maintenance of a racial hierarchy are actually key to the sustenance of capitalism as a system that necessitates the exploitation and suffering of large swaths of human beings. These theories are key to my investigation of harm, as they help to underscore and explain the systemic devaluing of human life in the name of profit that defines United States political economy. These theories guided my literature review, wherein I sought to identify ideologies and structural and psychological forces that result from and/or help prop up racial capitalism and the harms that it necessitates.

In my literature review, several key concepts emerged as scaffolding for the justification of mass scale harm. On the structural level, I have identified the forces of sacrificial violence, social death, liberal ideology, and eugenics ideology. This group of social and structural forces

has been integral to the formation of the white settler identity upon which the United States was founded, the development of American racial capitalism, and the systematic othering that the construction of this identity and economy necessitates. On the individual level, the psychological phenomenon of compartmentalization is also useful for understanding justifications of harm. In combination, these structural and individual-level forces help to explain the rationalization of mass harm that has played out in the case study of the COVID pandemic.

Sacrificial Violence

Sociologist Marshall Scheider argues that the United States economy is structured to be reliant upon sacrifice, but notes that notions of sacrifice in relation to our country are usually limited to thinking about citizens from the white majority making sacrifices for the “common good” – particularly during times of national struggle like wartime or, more recently, the COVID-19 pandemic – such as fighting for the nation’s military, rationing resources, or participating in lockdown. Scheider argues that this common conception of sacrifice limits the capacity to understand the true function of sacrifice as a social force in the United States, which he describes as an uneven economy that has been present since America’s founding as a settler colonial state (the historical context within which he focuses his analysis). This dynamic consists of an in-group and an out-group, wherein the in-group establishes the narrative that the two groups are fundamentally different and that one is superior to the other. In the context of colonial warfare upon which the United States was founded, both groups can be seen as making sacrifices, but for the in-group – white Anglo settlers, in the case of America’s founding – the rewards of the sacrifices made through battle or economic hardship “tended to accrue to the community itself in the form of security and social coherence – and indeed, ultimately of expansion, material gain, and other spoils of conquest” (Scheider 2021:38). In other words, while

the white settler citizens experienced various hardships during the difficult period of wartime, the sacrifices that they were called upon to make ultimately benefited them due to the fact that the military conquest in which they directly or indirectly participated ultimately allowed for the establishment of a power structure wherein their status as white settler put them on top. The out-group, being Indigenous people – and thus the targets of the colonial warfare for which the white settlers were making sacrifices to support – in this case, does not reap the same benefits from the economy of sacrifice. Scheider explains that “the sustained production of Indigenous death, dispossession, and loss fostered and nurtured the colonial settlement, stabilized settler identity, and guaranteed settler futurity” (Scheider 2021:38). In this way, we can understand the carving out of the American Anglo-settler identity, which was crucial to the United States’ cultural and economic development, as being sustained by the systemic othering and violent sacrifice of Indigenous people. America’s establishment as a colonial settler state can thus be understood as a period of constructing a long-lasting social order wherein certain groups are deemed inferior, othered, and sacrificed (either directly through colonial warfare/genocide, or indirectly through social structures and institutions whose harms disproportionately target said groups) so as to provide the dominant group the ability to thrive.

Social Death

Scholar Aliza Luft defines social death as a process of systemized dehumanization and othering comprised of three mechanisms:

First, the dispossession of individuals of their meaningful relationships and histories; second, the classification of individuals into groups on the basis of traits deemed inherent and immutable; and third, the construction of systems and institutions that serve to separate subjugated bodies into physical space—be it in plantations, ghettos, camps, reservations, or prisons. (Luft 2017:204-205).

In addition to the sacrificing of Indigenous peoples occupying the land that became the United States, one of the clearest examples of social death functioning in the United States is the institution of slavery. The institution of chattel slavery was integral to the formation of America's economic and political systems. Chattel slavery, wherein Black people were categorized as the property of other human beings and therefore not viewed as humans themselves, was key to the accumulation of capital for the dominant white ruling settler class. As Luft argues, racial ideology is an "essentializing component of social death;" therefore, because the system of chattel slavery required an ideological distinction between Black people and white people in order to justify the social death of Black people for white people's gain, we can understand the the racial categories that we hold as social truths today to be rooted in the white supremacist ideology that developed in order to justify a hierarchical system of economic and social power (Luft 2017:205). The social death of Black people that sustains this hierarchical structure can be traced throughout United States history, from the chattel slavery that fed our nation's economy for the first two hundred years of its existence, to Black codes, to policing, to the modern day prison industrial complex, all of which have functioned/currently function to limit the freedom of Black people in the United States to exercise their autonomy and capacity for human flourishing. The concept of social death thus helps to provide a foundation for understanding the ease with which our society is able to discard considerations of the harms that so many people bear.

Liberalism

The liberal ideals that guided the Founding Fathers in the development of the American political system are often taught within the context of American colonists' desire for freedom from Britain during the Revolutionary War but separate from the contexts of Indigenous genocide and chattel slavery that sustained the existence of the American colonies in the first

place. By contextualizing the development of liberalism within the racialized colonial politics upon which our country was founded, it is possible to understand the way that the liberal ideals at our nation's core are actually inextricably bound up with the forces of social death and sacrificial violence that seemingly contradict said ideals.

According to scholar TW Raymen, liberalism defines freedom as “the right to autonomously pursue one's privately defined notion of the good life unimpeded by intrusive moral or political authorities” (Raymen 2019:8). Because liberalism emphasizes the individual above all, within a system predicated on liberal ideology, social harms are often merely accepted as facts of life and the price of individual freedoms, rather than being viewed as symptoms of “deep but ultimately solvable social problems” (Raymen 2019:14). In other words, because American liberal ideology developed simultaneously with a political and economic system dependent on the free labor of Black people and the dispossession and destruction of Indigenous societies, we can understand this ideology as specifically key to the development of the white settler cultural identity and thus the ideology of white supremacy that purports the white race as being superior and thus more entitled to freedom and happiness than other “inferior” groups.

Eugenics

Common conceptions of eugenics tend to suppose that the ideology, summarized by legal scholar Laura I Appleman as “a set of beliefs and practices focused on culling the “unfit” to improve humanity's breeding stock,” was popular only for a discrete period of time in the United States (Appleman 2022). However, truthfully, eugenic ideology is bound up heavily with notions about race and social problems that have been present in our country since its founding and that persist today. Understanding the development of eugenic ideology as a process historically concurrent with the construction of medical and other state institutions, such as the prison, in our

country helps to explain the way the systemic othering and devaluing of certain social groups is built into our nation's institutions. Appleman explains the way that ideology placing individuals on a hierarchy of deservingness (of social welfare, of the ability to reproduce, and of general human flourishing) has always been integral to the organization of American society:

From the very beginning of the United States, segregation and detention have been used to control those on the margins: the poor (in almshouses, workhouses, and ghettos), minorities (in convict labor farms and correctional institutions), and those who are disabled (in cages, asylums, and hospitals).[xvi] Eugenic philosophy provided the blueprint for these decisions, and its long tail still shapes the contours of much of the modern regulatory state. (Appleman 2022).

Notions of certain groups being “fit” and “unfit” to be able to procreate and receive resources aligns with the systematic othering and devaluing of human life central to the construction of our nation's white supremacist ideology. Additionally, institutions and rhetoric deeming certain groups as inferior and unfit helps corroborate an ideology that is foundational to racial capitalism, which is that human lives, and particularly the lives of those who fall into marginalized groups, are ultimately expendable in the name of profit; in the eyes of the machine of capitalism, human beings are their labor before they are their own people.

Compartmentalization

Given the myriad social and structural forces that function to justify harm in our nation, the psychological mechanism of compartmentalization helps explain how we as individuals move throughout a society that has so much harm embedded in it. Compartmentalization is essentially the fragmentation of an individual's personality that occurs to prevent conflict between a person's values and actions when the two are in misalignment. According to ethics scholar Cecile Rozuel, compartmentalization often allows people to avoid taking moral responsibility for their actions by avoiding thinking about the way that their actions and values

conflict and instead focusing on the way that their actions exist within the context of a certain role. In her study of compartmentalization in the workplace, Rozuel identifies compartmentalization in the example of a manager for a marketing company who talks herself out of feeling empathy for people who get scammed into applying for bad loans at the company she represents. The manager affirms to herself that the poor people who will suffer as a result of predatory loans are “grown-ups” capable of making their own decisions and that they should work harder if they need more money, thus permitting herself to continue in her role representing these predatory loan companies without having to reckon with any moral discomfort (Rozuel 2011:694).

According to psychologist Carl Jung’s theory of individuation, avoiding the harms for which we are responsible via compartmentalization leads to the development of complexes, which ultimately cause individuals to enact further harm. He is quoted explaining this concept further in Rozuel’s article on compartmentalization:

Unfortunately there can be no doubt that man is, on the whole, less good than he imagines himself or wants to be. Everyone carries a shadow, and the less it is embodied in the individual’s conscious life, the blacker and denser it is. If an inferiority is conscious, one always has a chance to correct it ... But if it is repressed and isolated from consciousness, it never gets corrected, and is liable to burst suddenly in a moment of unawareness. At all events, it forms an unconscious snag, thwarting our most well-meant intentions. (Rozuel 2011: 691).

In the example of the manager, the manager ignoring the dissonance between the part of herself that has empathy for others and the less empathetic mindset she is forced to take on to fulfill her job allows her continue enacting harm within the compartmentalized managerial role, which ultimately takes place within the larger capitalist system of devaluing human life to expand profit. This example of compartmentalization within the workplace illustrates the way that the capitalist system encourages and benefits from psychological processes that allow us to

bury our empathy for other human beings. Though the manager's position representing predatory loan companies implicates her in the suffering of others, because capitalism requires us to have jobs in order to survive, the manager is subliminally encouraged to suppress her awareness of her own culpability in order to focus on fulfilling her role as a worker; thus, this scenario demonstrates how the conflation of the human being with their capacity for labor dictated by the capitalist order causes harm by encouraging human beings to become more efficient at enacting harm upon others.

Synthesis

How do these forces intersect to help us justify harm in our society? The ideological forces and structures that contributed to the creation of – and uphold – the white settler identity encourage the pursuit of one's individual desires, freedoms, and power regardless of the impact of this pursuit on others. This individual-centric perspective allows those with power to shirk responsibility for harm they may inflict on others with the defense that each individual is responsible for their own life outcomes, and that those who experience the impact of larger-scale social problems are responsible for their own suffering. The pattern of dehumanizing and marginalizing certain social groups that has contributed to the construction of the white settler identity and fueled the racial capitalist economic system also encourages us to place less attention and import upon harms that impact these groups. A key example of the compartmentalization of responsibility for harm playing out on both individual and structural scales comes in the form of colorblind racism, which is the dominating racial ideology and form of racism in our country today. According to the National Institute of Health, colorblind racism is “an ultramodern or contemporary form of racism and a legitimizing ideology used to justify the racial status quo,” which involves the denial of “(a) race, (b) blatant racial issues, (c) institutional

racism, and (d) White privilege” (Neville et al. 2013). Colorblind racism encourages the perspective that racism is largely a historical issue rather than a force embedded into our existing social structures and institutions, thus leading both individuals and governments to deny culpability in racist harm and ultimately perpetuate these harms. Through Jung’s analysis of compartmentalization and complexes, we can see colorblind racism as one of America’s “shadows.” Because, as a nation, we are so averse to the discomfort that comes with acknowledging the contradictions between our proclaimed ideals of freedom and justice for all and our lengthy, continued history of white supremacist harm and marginalization, we largely choose to ignore these contradictions, thus allowing the harm to continue; this discomfort is both psychological, in that acknowledging the harm would force us to recognize our own hypocrisy, and economic, in that acknowledging it would force us to reckon with the fact that true justice would mean a restructuring of our current system and force those at the top of the hierarchy to relinquish much of their power and capital. The existence of colorblind racism demonstrates American mechanisms for denying culpability in patterns of harm by placing the onus for social problems on individuals. While colorblind racism is used specifically to describe the denial of racism within individuals and institutions, the compartmentalization at play within this nation-defining phenomenon demonstrates the propensity for compartmentalization of harm and marginalization of those harmed that is so deeply ingrained in our society overall.

Case Study: COVID-19

My analysis of the case study of the COVID-19 pandemic is guided by the following questions: What are the persistent harms of the COVID-19 pandemic? And how does the manifestation of this harm and our response to it demonstrate mechanisms of justifying harm at play? I argue that the mechanisms for justifying harm established above are playing out within

the current stage of the COVID pandemic – wherein the harms caused to racialized and/or otherwise marginalized people, as well as high-risk individuals who are now impeded from safely navigating society – are widely underplayed, or compartmentalized, by messaging that instructs individuals to simply take responsibility for their own health and safety without worrying about their impact on that of others.

Early COVID Disparities

It has long been known that the burden of harm of the COVID pandemic is not born equally. As early as April 2020, research was being published proving that people of color are more likely to have adverse outcomes from COVID-19 infections. The following information comes from a study published by the Jane Addams School of Social Work outlining the ways that racism and other structural inequalities manifested in the early stages of the COVID-19 pandemic: First, people of color are more likely to suffer from chronic health conditions as a result of the sustained stress and trauma of structural social violence. These conditions include increased likelihood of obesity, heart disease, and diabetes, all of which are underlying conditions that make individuals more vulnerable to severe COVID-19 outcomes. Additionally, people of color and others who are low income are less likely to have healthcare coverage, creating barriers to accessing testing and treatment for COVID. Finally, “limited educational attainment” also leads to Black people being more likely to work jobs that were considered “essential labor” during the early period of the pandemic when individuals were encouraged to stay home from school and work, thus creating a disparately higher risk of being exposed to COVID-19 in a time when vaccines were also not available. Undocumented immigrants faced similar disparities, typically also being more likely as a group to occupy essential labor roles and to lack access to healthcare (Anon 2020). The trend of disproportionate negative outcomes

occurring along the lines of structural marginalization persisted beyond the earliest phase of the pandemic, too: Overall, accounting for age and fluctuations in deaths and case rates over the course of the pandemic, per the health research and polling hub KFF's report of the Center for Disease Control and Prevention's December 2022 COVID data, the pandemic has been characterized by higher rates of infection, hospitalization, and death from COVID-19 among Indigenous, Black, and Hispanic people as compared to white people (Hill, Artiga, and Ndugga 2023).

Immunocompromised Individuals

In addition to the increased likelihood of adverse outcomes among racialized people, the pandemic has also been characterized by the marginalization of immunocompromised individuals, particularly in the last two years. As of mid-2022 reporting by pandemic journalist Ed Yong, approximately 7 million people, or 3% of all US adults, take immunosuppressive drugs for cancer treatment, autoimmune disorders, or to prevent organ or cell transplants from being rejected. Millions more people have diseases such as AIDS or one of a list of at least 450 genetic disorders that work to weaken their immune systems (Yong 2022). Because of these factors, many people with compromised immune systems are not able to build immunity to COVID through vaccination, meaning that vaccination sans masking, testing, contact tracing, or isolating – the primary COVID-prevention strategy currently being promoted by the government– is unavailable as a tool to prevent COVID infection and/or death among this significant chunk of people (Yong 2022). Additionally, even those immunocompromised individuals who are able to be vaccinated against COVID bear a disproportionate brunt of severe illness and death as a result of COVID infection (Yong 2022). What these numbers signify is that a large percentage of people in the United States are still at a great risk of severe illness and death from COVID; with

new COVID variants leading to continued spread across the world and the American government increasingly shifting to a hands-off prevention approach, this means that immunocompromised individuals are left in limbo, unable to navigate a society that has gone “back to normal” safely (that is, without risking severe illness and/or death). According to a projection by the JPWeiland Daily US COVID Infections Estimate during the most recent COVID spike at the end of 2023, there were nearly 1 million new COVID infections in the United States on the day of December 18 alone (Weiland 2023). On that same day, the World Health Organization reported that 1,842 people had died from COVID in the previous week in the United States (Oxford). In spite of this recent peak representing the second largest COVID wave during the pandemic, government policy continues to reflect a shift away from strategies to prevent COVID spread (Hohman 2024). As of guidance published in March 2024, the CDC no longer recommends that people with COVID-19 isolate after testing positive (Burns 2024). The federally sponsored USPS Free COVID Test program ended soon after this announcement from the CDC, on March 8, 2024 (Foster 2024). For comparison, the WHO reported that 1,224 people had died from COVID in the week prior to the free testing program ending (Anon 2024d). These two moves from the federal government represent a deprioritization of government regulation of disease spread and thus the deprioritization of the safety of a population who remains vulnerable to severe outcomes from COVID infection.

Long COVID

Defining and Quantifying Long COVID

While less people are dying from COVID now than in the earlier years of the pandemic (though it is worth noting that death numbers are difficult to count due to decreased COVID

testing and most countries no longer reporting deaths), it is important to recognize that death – and even severe acute illness at the time of the initial COVID infection – is not the only negative outcome of being infected with COVID (Anon 2024c); millions of people in the United States are currently afflicted with Long COVID. The National Institute of Health defines Long COVID (also called long-haul COVID, post-COVID-19 conditions, chronic COVID, and post-acute sequelae of SARS-CoV-2 or PASC) as a group of “health problems that some people experience within a few months of COVID-19 diagnosis,” which can include symptoms similar to those of COVID-19 and/or symptoms similar to those myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), and which can lead to other chronic conditions such as diabetes or kidney disease (Anon 2023). The Center for Disease Control and Prevention states that Long COVID symptoms can last anywhere from weeks to years after a person is infected with COVID; they provide a long list of possible Long COVID symptoms ranging from fatigue that interferes with daily life, heart, respiratory, neurological, and digestive symptoms, and the development of autoimmune conditions or multi-organ effects that involve many body systems and can lead to the development of new chronic health conditions such as those listed by the NIH (Anon 2024b).

As of March 2024, 7% of all adults in the United States, or 17 million people, currently have Long COVID; and since December of 2022, in any given month, roughly 10% of all adults who have had a COVID diagnosis report having Long COVID (Burns 2024). Additionally, like COVID case numbers and death rates, Long COVID numbers are also stratified along the lines of structural inequalities: as of March 2024, people who are transgender are more likely compared to those of cisgender male and female gender identities to have Long COVID, and people with disabilities have double the rate of Long COVID (12% of people with disabilities) as those without disabilities (6%) (Burns 2024). Members of these two groups already report

increased difficulty accessing healthcare due to barriers such as provider discrimination and affordability; Long COVID exacerbates this difficulty accessing timely and affordable health care (Burns 2024). Given the fact that the National Conference of State Legislatures reports as many as 1 million people being prevented from working due to disabling symptoms caused by Long COVID, it is worth noting that Long COVID also likely exacerbates existing economic inequalities by depriving a portion of Americans the opportunity to provide income for themselves and their families (Anon 2024a).

Long COVID Treatment and Economic Assistance

While percentages of individuals with Long COVID do not necessarily appear to differ widely across racial groups, it is important to note the factors that contribute to racial disparities in the experience of individuals with Long COVID, such as loss of work, access to treatment, and disability assistance. The following information comes from a report published by the MIT Technology Review in September of 2022 discussing the effects of Long COVID on Black people: Due to the long list of potentially disabling symptoms, those with Long COVID often find themselves in a perpetual state of seeking medical treatment. Black and Hispanic people, who are more likely to lack access to health insurance (11% of Black people and 20% of Hispanic people are uninsured, compared with 8% of white people), are less likely to be present in long covid treatment clinics, most of which require insurance (Shelly 2022). Black people, and Black women in particular, are also more likely to face medical mistreatment and have their complaints of symptoms ignored by health care providers, making accessing adequate treatment even more difficult (Shelly 2022). What's more, given the pre-existing wealth gap between white and Black families, the fact that Long COVID may be keeping 2 to 4 million people from working full time (an estimate based on the Household Pulse Survey that is notably higher than

the number – 1 million – provided by the National Conference of State Legislatures), Long COVID is likely exacerbating economic inequality along racial lines and increasing financial instability for Black families (Shelly 2022). While people with Long COVID can seek financial aid through government disability assistance, the variability of Long COVID symptoms can make it difficult to qualify for disability benefits; disability assistance applicants must be able to prove that their disability “prevents them from working, will last over a year, or will cause death,” meaning that documentation of symptoms such as doctor statements and medical records are required (Shelly 2022). For those who are unable to access affordable and/or quality medical care, this increases the difficulty of trying to apply for the Social Security Disability Insurance program, the qualification process of which can take up to two years and whose assistance is still not guaranteed even with medical documentation (Shelly 2022). Considering the variety of barriers preventing racialized people from accessing medical care to address their symptoms and acquire documentation of their disability, we can see how both Long COVID treatment and economic assistance through disability benefits are less accessible for these groups, who are already statistically more likely to be experiencing financial hardship. Accordingly, it is clear that racial disparities manifest in the harm that is Long COVID.

Discussion

The first question that guided my investigation of COVID-19 as a case study for justifying harm was, “What are the persisting harms of the COVID-19 pandemic?”. Here are a few:

1. As recently as two months ago, over one thousand people were dying from COVID each week according to official reports, which are likely undercounts due to lack of pressure to test and report COVID infections and deaths.
2. COVID infection, hospitalization, and deaths have also been stratified along racial lines and disproportionately impacted racialized groups over the course of the pandemic.
3. Immunocompromised individuals remain largely unable to move through the world freely without risking severe illness and or death from contracting COVID-19.
4. Millions of people in the United States currently live with Long COVID; rates of Long COVID are stratified along the lines of other forms of marginalization, namely being transgender and being disabled, which already create barriers to accessing timely and respectful medical care.
5. Long COVID also prevents up to millions of people from working, creating financial hardship and exacerbating financial inequalities along racial lines.

The second question that guided my investigation of this case study was, “How does the manifestation of this harm and our response to it demonstrate mechanisms for justifying harm at play?”. In other words, why are we able to let all of this harm either go unnoticed or, if it is brought to our attention, be justified? On an individual level, most people in the United States do not take COVID precautions like masking, testing, or isolating anymore; on an institutional level, the lack of government funding for programs such as free testing, as well as messaging that no longer encourages people to take these precautions, means that institutions such as schools, workplaces, businesses, and even medical facilities likewise do not enforce them.

I argue that our society is, for the most part, no longer concerned with acknowledging or preventing the ongoing harms of the COVID-19 pandemic because ours is a society predicated

on letting harm occur to huge amounts of people all the time throughout history; I have illustrated as such in my literature review of harm justification scaffolding. The forces that I identified as functioning to justify harm in my literature review are certainly identifiable in the American response to the COVID-19 pandemic:

1. **Sacrificial Violence:** The concept of sacrificial violence applies to the way that frontline workers, a large percentage of whom belonged to systematically disenfranchised racialized groups, continued to work in-person while more economically privileged Americans were able to shelter at home while reaping the benefits of frontline workers' labor; this ultimately contributed to disproportionate rates of infection among groups who are already more likely to experience barriers to medical care and have pre-existing conditions due to the chronic stress of racism.
2. **Social Death and Eugenics:** The disproportionate impact of COVID on racialized groups (especially those who belong to the class once labeled "essential workers"), immunocompromised individuals, and people with other marginalized identities is largely absent from considerations of mitigating COVID spread in the present moment. This underscores the way that both social death and eugenics ideology function to frame the lives of human beings, and especially those deemed to be inferior to the white supremacist ideal, as expendable in the name of supporting an economic system that seeks to generate capital and profit for those at the top of the hierarchy, i.e., getting the American people back to work and participating in the economy the way that they did pre-COVID, regardless of the harm that this causes to so many people. The social and often physical exclusion of classes of people deemed inferior, which eugenics built into so many United States institutions, manifests, too, in the idea that those who are

immunocompromised, disabled, or both due to Long COVID should merely stay in their homes to avoid contracting COVID.

3. Compartmentalization and Liberalism: Even though COVID-19 continues to cause death and disability and disproportionately negatively impact marginalized groups, current rhetoric around COVID, when it is discussed, encourages individuals not to consider the way that one's COVID infection could lead to one's own disability and potential unemployment as a result of Long COVID, someone else's disability and potential unemployment as a result of Long COVID, or the death of an immunocompromised person, to name a few harms. Rather, we have largely compartmentalized this harm and are encouraged instead to conceptualize the pandemic in terms of our individual responsibility to protect our own health and make our own choices about COVID precautions accordingly. Government agencies have largely taken a hands-off approach to regulating the spread of COVID, meaning that any harms that do occur due to COVID spread can be conceptualized as the inevitable result of individuals pursuing their own definition of the good life (which usually does not involve thinking about COVID at all).

Future Considerations

As I hope to have illustrated in the previous pages, understanding the forces of social death, sacrificial violence, liberalism, eugenics and compartmentalization that sustain United States racial capitalism is useful for explaining the justified harms of the COVID pandemic. However, my theory of harm justification is by no-means comprehensive, and there would certainly be merit in continuing this investigation of mass harm, both to better understand the ways that harm is embedded in our society and so that we may hopefully prevent further harms from occurring. Future investigation into this topic would be wise to consider the ways that

neoliberalism encourages economic divestment from social welfare programs, the way that compartmentalization often functions on organizational and governmental scales in order to minimize the apparent severity of a larger structural problems, and the way that media narratives work to construct realities that support a white supremacist social order. As a country at the helm of a global system founded upon racial capitalism, harms are widespread in the United States. It is important that we understand the ways that we as a country and as individuals are implicated in these harms so that we can change the world that we live in for the better.

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