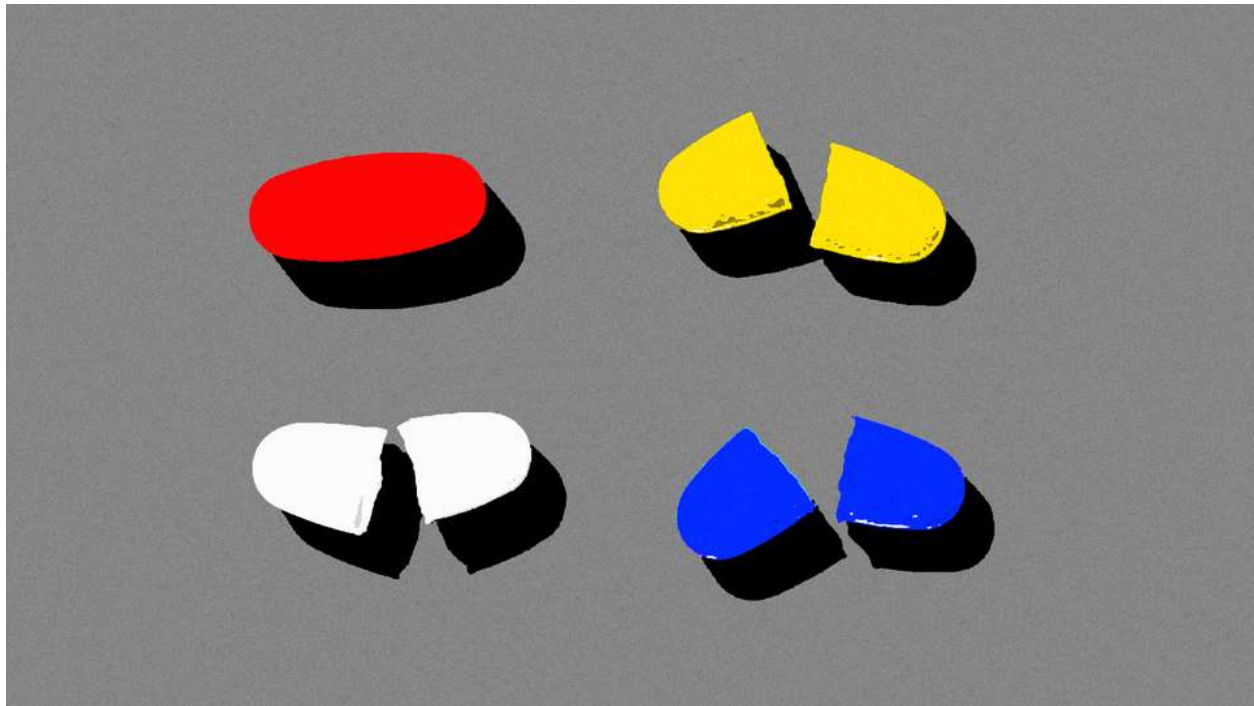


IDEAS

Race-Based Rationing Is Real— And Dangerous

The cultural left’s worldview is beginning to distort health policy.

By Shadi Hamid



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About the author: [Shadi Hamid](#) is a contributing writer at The Atlantic, a senior fellow at the Brookings Institution, and assistant research professor of Islamic studies at Fuller Seminary. He is also the co-founder of [Wisdom of Crowds](#), a podcast, newsletter, and debate platform. Hamid is the author of several books, including [Islamic Exceptionalism](#) and [Temptations of Power](#).

The stock market has plummeted, erasing hundreds of billions of dollars in household wealth in the span of weeks. War in Ukraine is a distinct possibility and not merely a worst-case scenario. Stakes as high as these tend to concentrate the mind. As a result, the ongoing and seemingly endless debates about “wokeness”—for want of a better term for the

way a powerful sliver of the left discusses race and identity—seem odd and even unimportant.

Every day, social media blows up over some new excess of language policing, the latest unintended offense against elite manners, or the most recent eruption of cancel culture on campuses. I, too, take part in these discussions. For several months now, though, I have made a conscious effort to limit my tweeting, writing, and speaking about these cultural battles. To treat them as the overarching crisis of the moment can distort one's sense of reality. For most ordinary Americans—at least the ones who don't have kids in school—these concerns are not in the forefront. Social and political elites, however, are a different matter. Because they are highly educated, disproportionately online, and liberated from day-to-day fears of financial catastrophe, they tend to be more ideological and more committed to abstract, utopian objectives. Because I am part of this group—and therefore part of the problem—I have a duty to try to resist the undeniable pleasures of perpetual outrage over ultimately ridiculous things such as using *Latinx* instead of *Latino*.

Graeme Wood: What's behind the COVID-19 racial disparity?

And yet the influence of the cultural left's worldview goes beyond mere terminology. During the coronavirus pandemic, the instinct to bring crude generalizations about race to the center of every discussion is seeping into public policies about quite consequential matters. What happens, for instance, when in the name of racial equity, membership in a particular ethnic group can make the difference between getting and not getting potentially lifesaving medical care? This might sound like a far-fetched hypothetical. Except that it's not.

In a series of articles this month, *The Washington Free Beacon's* Aaron Sibarium reported that hospitals in Minnesota, Utah, New York, Illinois, Missouri, and Wisconsin have been using race as a factor in which COVID-19 patients receive scarce monoclonal-antibody treatments first. Last year, SSM Health, a network of 23 hospitals, began using a points system to ration access to Regeneron. The drug would be given to

patients only if they netted 20 points or higher. Being “non-White or Hispanic” counted for seven points, while obesity got you only one point—even though, according to the CDC, “obesity may triple the risk of hospitalization due to a COVID-19 infection.” Based on this scoring system, a 40-year-old Hispanic male in perfect health would receive priority over an obese, diabetic 40-year-old white woman with asthma and hypertension.

Meanwhile, Minnesota’s Department of Health used a scoring calculator that counted “BIPOC status” as equivalent to being 65 years and older in its risk assessment. (*BIPOC* is shorthand for *Black, Indigenous, and people of color*.) New York did away with a points system entirely; people of color are automatically deemed to be at elevated risk of harm from COVID—and therefore are given higher priority for therapeutics—irrespective of their underlying health conditions. Sibarium’s reporting in the *Free Beacon* spread to various right-wing media outlets, prompting significant pushback. Under threat of legal action, SSM Health announced on January 14 that it “no longer” uses race criteria. On January 11, Minnesota’s public-health authorities edited out the BIPOC reference, leaving no trace of the previous wording. New York State, however, has not yet altered its guidelines.

Shadi Hamid: The forever culture war

The racial disparities in COVID outcomes are a matter of record, but to suggest that race *causes* these negative outcomes is a classic case of mistaking correlation for causation. This is how facts, despite being true, are misused and weaponized. Rather than race itself, variables that are correlated with race—such as socioeconomic status, health-care access, geography, and higher rates of obesity or diabetes—are what affect a patient’s health. Those who presumably know better, such as the Food and Drug Administration, have contributed to the confusion by highlighting that race—on its own—may place individuals at greater COVID-related risk.

To emphasize race or ethnicity as a determining factor for risk assessment also raises the question of *which* race. Presumably, not all people of color are the same. Should all nonwhite people—Hispanic, Black, Arab, South Asian, East Asian, Indigenous—be lumped in together as part of some undifferentiated whole? To put a finer point on it, *I am nonwhite*. Should I be given priority for COVID treatments over a white person who is obese, asthmatic, and diabetic? That I happen to be nonwhite—an accident of birth—defines me in opposition to whiteness, but it says practically nothing about whether I’m at higher risk of hospitalization due to COVID.

Advocates of sweeping policies to promote equity tend to dismiss objections like mine as statistical blips—or, worse still, as a sign of hostility to historically oppressed groups. But the possibility that someone’s race could, quite literally, affect whether they qualify for lifesaving COVID treatment isn’t just another inconvenience. In theory as well as practice, it is a matter of life and death. Race triage in a hospital setting is a reminder that “symbolic” ideas, however abstract or fantastical, can extend their reach and impact well outside of the rarefied halls of elite universities.

From the July 2020 issue: In a pandemic, all people see is your color

The battles waged over culture and identity are felt deeply and intensely precisely because they are abstract. On matters of pure principle, splitting the difference is impossible—which is why so many of us can’t help but obsess over these disputes. But they don’t *stay* abstract. As in the case of race-conscious drug rationing, the tangible effects of the merely symbolic come later, when few are paying attention.

The rationing rules in New York and elsewhere are not the product of anything resembling conventional political persuasion. No party would support—certainly not openly—the essentialization and

instrumentalization of race in medicine. Few are willing to defend policies such as these on the merits, because what exactly would they say? Tellingly, these controversies have received limited coverage from mainstream outlets. Recently, the Associated Press published an article portraying claims of race triage as right-wing propaganda. “Medical experts say the opposition is misleading,” the story declared. (I requested comment from the AP about its coverage. A spokesperson responded, “AP does not do editorial commentary, nor does it have an opinion agenda. It is an independent, nonpartisan, fact-based news organization.”)

Asserting that reality is not real simply because it is a Republican talking point is gaslighting. Ideas, even good ones, become destructive when they demand that people prioritize advocacy over truth. Central to what I and others call woke ideology are the notions that racial identity is all-encompassing and the primary mover of politics; that systemic prejudice alone accounts for disparities across ethnic groups; and that any steps taken to correct those outcomes are presumptively justifiable and cannot be questioned in good faith.

Democrats and liberals now find themselves under considerable pressure to acquiesce to this way of looking at the world. Going against the norm is simply too costly if you want to remain a member of the tribe in good standing. There is no end to this way of thinking, unfortunately, and we are all susceptible to it. In a zero-sum political struggle, anything that could conceivably undermine morale on your side is perceived as helping the other side. And the other side, the argument goes, is an existential threat.

In theory, woke ideology *shouldn't* matter that much, but it will matter in practice, including in ways unanticipated just a few years ago. What public-health officials and hospital administrators have done with race criteria, likely with the best intentions, is only the most striking example of how seemingly symbolic positions become all too tangible. As I write

this, standardized testing and entrance exams are being rolled back because of the intriguing notion that doing well on tests is a form of white privilege. Crime rates are rising across the country, yet prominent Democrats either dismiss the problem as “hysteria” or avoid talking about it altogether. Addressing crime and protecting those at risk require police, which in turn require funding and resources that progressive elites—but not actual Democratic voters—propose to divert away from law enforcement.

Juan Williams: Eric Adams is making white liberals squirm

Somehow, progressives have fallen under the sway of a set of ideas so off-putting that they threaten progressivism itself. Those of us who are not white are not just “nonwhite.” We are not interchangeable. We are not always and forever victims. We are individuals, first and foremost, not merely members of a group to be patronized by other people’s good intentions.

At times, I worry about letting my own dislike of wokeness—few things feel more anathema to my understanding of what makes us who we are—distort my otherwise progressive commitments on substantive policy issues such as reducing mass incarceration, reforming the criminal-justice system, and boosting immigration to counter depopulation. And yet the reason to speak out against the emerging conformity on the left is that these ideas, if enough people look away, lead to destructive policies that cost lives and livelihoods. Because outrage is so tempting, those of us who oppose bad ideas should probably reserve our frustration and anger for when it matters most. One of those times is now.

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