



COVID-19 & Minoritized Populations

by Jessica Foumena Kempton

Why is the coronavirus pandemic affecting minoritized populations more than others?

Around the world, the coronavirus (COVID-19) continues to threaten and claim lives with over 62 million confirmed cases, and 1 million reported deaths as of December 1, 2020. The infectious disease is spreading exponentially, particularly in some countries such as the United States.

Since the first confirmed death from COVID-19 on January 9, 2020, the Centers for Disease Control and Prevention (CDC) has reported more than 13.5 million confirmed cases and at least 285,000 deaths (figures as of Dec. 8, 2020). In the United States, statistics have shown that Indigenous, Black, Latinx, and other non-White populations have a higher number of confirmed cases and death rates than White populations.

Three months ago, the APM (American Public Media) research lab reported that Black, Indigenous, Pacific Islander and Latino Americans all had COVID-19 death rates of triple or more that of White Americans (age adjusted).⁴ For each 100,000 Americans (of their respective group), about 36 Asians have died from the coronavirus, a mortality rate slightly below Whites (40), somewhat below Latinos (54) and Pacific Islanders (64), and well below the rates for Indigenous people (73) and Blacks (88).

In a way, the coronavirus pandemic has simply brought racial, economic healthcare disparities in focus.

Since the term “minority” does not necessarily refer to the everyday socio-economic and political marginalization of popu-

lations often defined as “minority,” the term *minoritized* will be used to refer to the existing power structure among racial and ethnic groups across the United States. Therefore, Black, Indigenous, Latinx and other non-White populations will be referred to as minoritized populations for the purpose of this article.

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As previously stated, the impact of COVID-19 on minoritized populations such as African Americans, American Indians, Alaska Natives, Asians and Pacific Islanders, and Latinx people—or, simply put, people who are not of European descent—has been severe. The current statistics force us to review our deniability.⁵

In a way, the coronavirus pandemic has simply brought racial, economic healthcare disparities in focus.⁶ For instance, the life expectancy for American Indians and Alaska Natives has been 5.5 years lower than any other US racial groups, including higher rates of deaths from chronic illness such as diabetes, chronic liver disease, cirrhosis, mellitus and suicide.⁷ Although American Indians and Alaska Natives only make up 0.7 percent of the US populations, they are the racial and ethnic minority groups at highest risk from the coronavirus, with 1.3 percent COVID-19 cases reported to the CDC.⁸

Several factors have contributed to the racial and ethnic health disparities currently observed across the United States. According to *Urban Institute* Fellow Kilolo Kijakzi, the root cause of the observed COVID-19 racial health disparities across the United States is structural racism.⁹ Certain policies, programs and institutional practices have successfully created barriers and unequal access to health care for minoritized populations.

A 2006 study in the National Library of Medicine (NLM) by Benkert et al. says the discrimination of African Americans in healthcare has long been recognized.¹⁰ Similarly, a 1999 paper by Ayanian et al. in the NLM reported that racial and gender issues make a difference in the quality of care amongst African American patients.¹¹ For example, Black women are more likely to die from childbirth than White women.¹²

In concluding remarks in a 2019 report, William et al. for the Society of Teachers of Family Medicine (in *STFM Journals*) stress the need for more research on the effects of racism. The report says that the results could help identify and lower significant and invisible racial inequalities in the US healthcare system.¹³ The problem is further exacerbated by the fact that minoritized populations who are targets of prejudice in health facilities tend to distrust physicians and their medical teams.¹⁴

A recent study published by *The Washington Post* finds that residential segregation plays a role in coronavirus disparities.¹⁵ Also, minoritized populations are more likely to travel farther than Whites to access healthcare and to spend more time in a waiting room to see a healthcare provider. Hence, White people do not have more immunity,

but instead, they have enjoyed a limited exposure to the coronavirus compared to non-White people.

Minoritized groups have contracted and died of the coronavirus at an alarming rate because of generational environmental, economic and political factors. For instance, people of African descent and other minoritized populations are more likely to reside in more densely populated households and neighborhoods characterized as food deserts.¹⁶

In addition, they are more likely to work in low-paid jobs that are less likely to offer paid sick leave and the ability to make savings.¹⁷ Hence, the inability to social distance, to access health care and healthy foods have exacerbated the spread of COVID-19 amongst minoritized populations.

The coronavirus pandemic has disturbed the food chain nationwide¹⁸ and left residents of food deserts vulnerable and hungry.¹⁹ Many of us bought grocery items in bulk for our undetermined quarantine season, yet 23.5 millions of Americans who live far from supermarkets were unable to do so.²⁰ Not only do residents of food deserts have no or limited access to a personal means of transportation,²¹ but they do not have access to a local farmers market, food retailer, food pantry or a food-sharing program that offers nutritious and affordable food items such as fruits, vegetables and whole grains.²² So, those who can afford and want to purchase nutritious food items out of their food deserts, must travel long distances with an increasing risk to be in contact with a COVID-19 carrier.

Unfortunately, the coronavirus pandemic has brought up new food and health challenges. In the United States, White populations have witnessed low infection rates whereas most Black, Indigenous, Latinx and other non-White communities have experienced the complete opposite.

Even in “normal” times, many African Americans, American Indians, Alaska Natives, Asians, Pacific Islanders and Hispanics have faced hardship often anchored in

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disadvantageous socio-economical and political structures set up decades ago. Now, the COVID-19 outbreak has stripped them from any sense of security they might have built as individuals, families or communities. Non-White communities stand as the most vulnerable groups with an urgent need for good healthcare and healthy food to save lives.

—Many Hunger News & Hope readers will recognize Jessica Fournema Kempton's name. She was a *Seeds* editorial intern in

2013 as part of her work for a master's degree in International Journalism at Baylor University. Hailing from Cameroon, Jessica returns to Seeds as our Africa specialist, but, as you see in this story, her field is much wider. Her doctoral work at Texas Tech University centered around empowering African women's voices through digital storytelling. Based in Chimayo, NM, she now teaches online communications courses at various universities.

Endnotes

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Even in "normal" times, many African Americans, American Indians, Alaska Natives, Asians, Pacific Islanders and Hispanics have faced hardship often anchored in disadvantageous socio-economical and political structures set up decades ago.

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art by Mohamed Hassan



Xavier Donat/Global Voices

COVID & the Navajo Nation

by Linda Freeto

Driving through Colorado last summer, I was stunned by the beauty of naturally sculptured rock formations and red dirt. It looked like you could walk a little way into the desert and touch the rock formations, but in reality, the rocks were a very long way away. When the sun began to go down, the red dirt deepened in color.

All that beauty stretched before us, but within that land there was great poverty. Here sat the Navajo Reservation or the Navajo Nation, with a population of about 173,667.¹

Last spring, the 2020 coronavirus pandemic spread its arms across the world and life as we knew it stopped. The pandemic knew no boundaries, no tribal lands, no federal agreements, no promises, no color or race or nationality.

Nothing could stop the pandemic from marching across the land, around the world. It crossed tribal lands into cities and small towns. Farmlands and city stoplights did not stop it. The world had not seen such rampant spread of disease since the Spanish Flu of 1918.

Daily news reports claim some 285,000 deaths in the United States and more than a million around the world.¹ No one is exempt from the global COVID-19 pandemic.

That includes the Navajo Nation.

The Navajo Nation covers about 25,000 square miles occupying portions of northeastern Arizona, southeastern Utah, northwestern New Mexico, and the southwestern Colorado Plateau (the size of West Virginia), and is the largest Indian reservation in the United States.²

An important part of the Navajo economy and Navajo culture is based on the raising of sheep and goats. Families turn the wool into yarn and make blankets and rugs to sell. They also sell wool to manufacturers. Some Navajo artisans make and sell turquoise and silver jewelry, sculpture and pottery. However, selling these beautiful pieces of artistic work is not always enough to pull a family out of poverty.³

The annual revenue for the reservation is \$137 million. This income includes 51 percent from mining, 32 percent

By last May, the coronavirus had spread widely on the reservation. It had the highest per-capita COVID-19 infection rate after only New York and New Jersey.

from taxes and 17 percent from tourism and other sources. Median family income is \$22,392.00. Almost 43 percent of individuals live below the poverty level. More than 53 percent of families with female householders live below the poverty level.⁴

The Navajo Nation experienced its first case of the coronavirus in March. When the first case was confirmed, the reservation went into immediate shelter-in-place orders. "The tribal government was among the first to issue

a stay-at-home order, lockdown of schools and businesses, and imposed evening and weekend curfews," Nina Lakhani reported for *The Guardian*.⁵ The coronavirus made a direct hit on the Navajo Nation when the people were mandated to stay home and businesses were closed, causing people who were already making a sparse living to have to live on even less.

"We are doing our very best to flatten the curve with the very limited resources we have on the Navajo Nation," stated Jonathan Nez, President of the



*A Navajo couple comfort each other.
Photo by Getty Images/grandriver.*

Navajo Nation. “The United States government promised the Navajo Nation approximately \$600 million for federal coronavirus relief funding.”⁶

By last May, the coronavirus had spread widely on the reservation. It had the highest per-capita COVID-19 infection rate “after only New York and New Jersey, and the spread is not slowing,” Nez continued.⁷

As the global crisis unfolded and the pandemic spread across the headlines, “US citizens finally realized the deplorable conditions our people live in,” Nez said. “We’re fed up. This has got to end.” Coronavirus cases continue to rise rapidly on the vast Navajo Nation.⁸

Carol Todecheene is a Navajo woman living on the reservation. Ms. Todecheene followed all the right procedures when she became ill, but she experienced trouble as she tried to access the healthcare system on the reservation.

By the time Todecheene realized how sick she was, she had already been turned away twice from testing because, as *Washington’s Top News* reported, “she didn’t have a fever or respiratory problems (although she had a stuffy nose, body aches, scratchy throat, vomiting and coughing).”⁹

Before Todecheene was diagnosed, she sent out a message on social media:

March 21: Gots to finish cleaning & sanitizing tomorrow. Remember...I’m not allowing anyone to my house. G’nite everyone: #ShelterInPlace. #FlattenTheCurve.

Her daughter insisted that she go off the reservation to get checked, but that would mean traveling a couple of hours to reach a health [facility] off the reservation.¹⁰

Eight days later, she was on a ventilator and dialysis in a Phoenix, AZ, hospital. Before her tests were received, she was in the emergency room. She had lost “85 percent of her lung capacity and much of her kidney function.”¹¹

I am glad to be able to report that Todecheene survived COVID-19. After 86 days in the hospital and rehabilitation center, she was able to go home on June 14. However, she faces a long recovery period. Even though she is home, she gets excruciating headaches, and she is tired and achy most of the time. Her hands are still numb and tingly and hard to use. She has some memory loss. Doctors are not able to tell her how long her recovery will be, or if and when she will begin to feel normal again. With all that has happened to her, she is grateful to be home with her family.¹²

Why does it seem that the Navajo Nation is suffering more during the COVID-19 pandemic?

First of all, it is not just the Navajo Nation that suffers greatly from the pandemic or even health issues in general. There are 574 Native American reservations in the United States.¹³ All of the Native American reservations experience similar problems:

- Trouble accessing healthcare
- Being turned away from testing because of the lack of symptoms

- Traveling long distances just to see a doctor or medical professional
- In an emergency, they would have to be flown to a hospital off the reservation
- Unavailability of specialty care
- The possibility of weeks, and sometimes months, away from home and family
- Fear of not recovering fully
- Fear of losing one’s independence
- Fear of not being able to go back to work

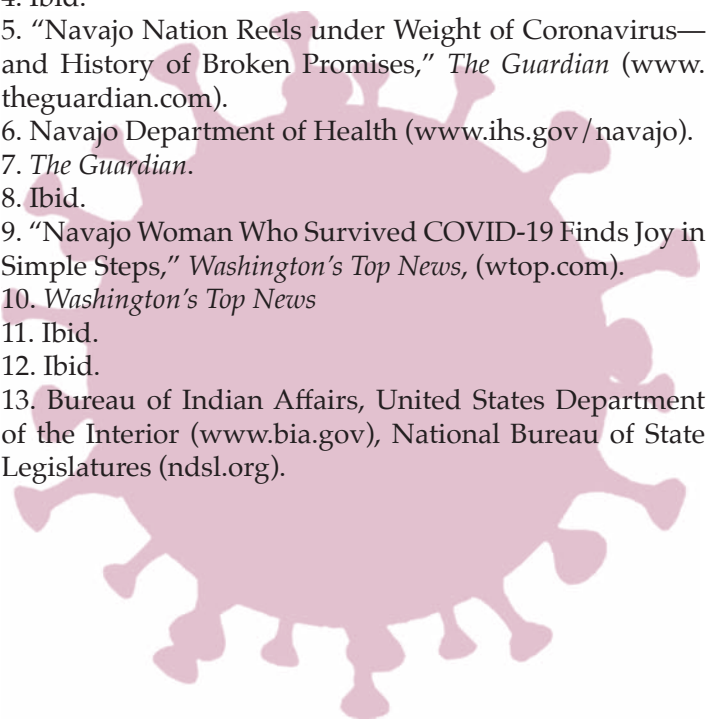
Some of these difficulties are shared with all those who have experienced the coronavirus. But Native American reservations are also facing the issue of long-distances and general lack of access to proper medical care.

—Linda Freeto, a frequent contributor to *Hunger News & Hope*, has received a number of Associated Church Press (ACP) awards for her Special Section reports in the HNH summer issues. Her special report on *Women and Poverty* from the summer 2016 issue was included in Best of the Christian Press 2016. A former member of the Seeds Council of Stewards and former volunteer Business Manager, Linda now serves again as a Council Member.

Note: At press time, the Navajo Department of Health listed 15,862 positive COVID-19 cases and 645 deaths. A three-week lockdown was in place.

Endnotes

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Global Hunger & COVID-19:

Hotspots throughout Our World

by Dawn Michelle Michals

In December 2019, an unknown virus originating in a seafood market in China started making the headlines. Now, in the fall of 2020, the city of Wuhan is a household name and—at this writing—we have 43,633,558 confirmed cases and 1,161,422 people have died globally from the novel coronavirus, or COVID-19.

Before the pandemic began, many countries in our world were already devastated by the ongoing effects of food insecurity, war and famine. Now COVID-19 is ravaging these already desperate populations. The United Nations' World Food Programme (WFP) says that we will see "more than a quarter of a billion people suffering acute hunger by the end of the year." [See the story on page 14.] According to recent WFP studies, this means that the lives and livelihoods of 265 million people in low and middle-income countries will be under severe threat "unless swift action is taken to tackle the pandemic, up from a current 135 million."

Prior to the pandemic, WFP published its Global Report on Food Crises 2020, which estimated that 135 million people in 55 countries "currently face acute hunger as a result chiefly of conflict, the effects of climate change, and economic crises."

We don't have the space in this issue to fill you in on all that is happening in all these countries, but we will share

stories about a few. These hotspots are on our radar and should be on yours too.

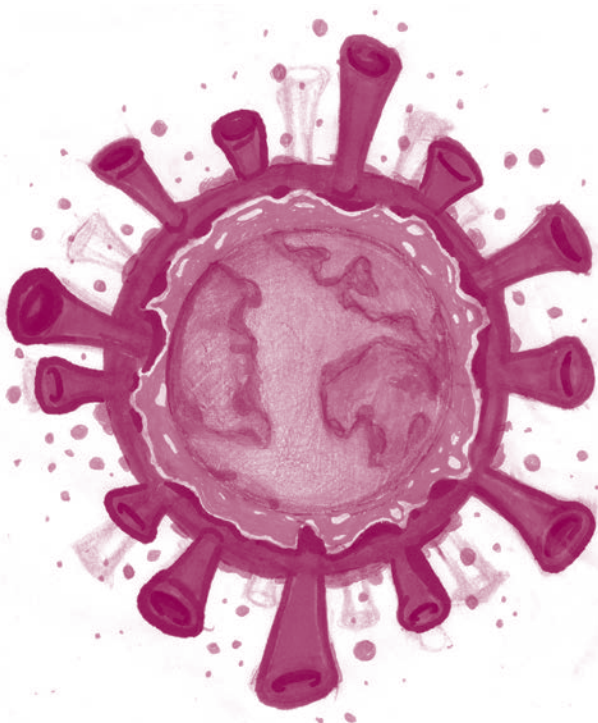


Burkina Faso

"Without water, there is no hygiene," says Huguette Yago, a water and sanitation engineer for the Association for Environmental Management and Development (AGED), an Oxfam partner. Yago's job is to manage the supply of water and sanitation equipment for 3,500 displaced people in north-central Burkina Faso, as well as organize hygiene awareness sessions, but water is a particular challenge for people living in Burkina Faso. With the little water allowance the people receive each day, plus the 14 ounces of soap each family receives each month, daily necessities supersede coronavirus prevention. Social distancing is also unheard of in the displacement camps as the daily increase of numbers means that the shelters provided, which should only hold seven family members, now hold 15 to 20.

COVID-19 isn't the only hindrance to individual safety in the region. Over the past year, armed groups have devastated villages in the north and east of the country, leaving more than 800,000 people displaced. For safety, the people have fled to urban centers or sites designated for internally displaced people (IDPs). For those not living in camps, Burkina Faso's coronavirus curfew prevented those in poor areas from accessing communal fountains that only flow at night in the dry season.

Burkina Faso is currently classified as Warning Level 3, or "High Risk," by the Centers for Disease Control and Prevention (CDC), which means that travelers should avoid all nonessential travel to the country until further notice.



art by Jesse Manning

As of October 27, 2020, Burkina Faso had 2,459 confirmed cases and 67 deaths.



Venezuela

In a country where most hospitals lack running water, electricity and soap, the thought of combatting a worldwide pandemic seems ludicrous. However, coronavirus infection in the country is relatively low, with current estimates showing 90,400 confirmed cases and 780 deaths. COVID-19 may not be a major killer in this population, but the lack of food from an economic shutdown is. Food boxes that were a lifeline for struggling families were already arriving late each month prior to the pandemic. Boxes that should arrive in four weeks, now arrive in six or seven. Those with jobs before the virus are now unemployed due to lockdowns. Instead of working, they now wait in the long lines at slaughterhouses to fill jugs with the free cow's blood that is given away. This is the only way they eat and receive protein.



Yemen

Decimated by war and famine, the country of Yemen was already considered one of the countries with the highest rate of food insecurity in the world. Now

with weakened bodies and spirits, many people in this Arab nation are finding that fighting the coronavirus has become too much.

Since fighting escalated in 2015, thousands of civilians have died and 3.65 million are now internally displaced. About 80 percent of the Yemeni population depends on humanitarian assistance for survival. With border closings due to COVID-19, the end of critical funding from the United States in March and the continued warring parties preventing much-needed supplies from entering the country, Yemen, which imports 90 percent of its food, is in desperate need of food and assistance. Add to that the fact that many Yemenis feel the ongoing pandemic could not be as bad as the war and malnutrition they've been living with, and you get a recipe for disaster.

Despite ongoing humanitarian assistance, over 20 million Yemenis are food insecure, and of those, nearly 10 million are acutely food insecure.

According to recent WFP studies, this means that the lives and livelihoods of 265 million people in low and middle-income countries will be under severe threat "unless swift action is taken to tackle the pandemic, up from a current 135 million."

Humanitarian organizations across the globe are working to assist citizens in Yemen and other countries affected by war, hunger and COVID-19. "Oxfam was providing us with food baskets first and then cash for food, and we were happy and able to provide food and other necessities for our families," says Hakeem Asser, who works for and receives a modest stipend from Oxfam.

For additional food sources, residents in his area went to markets to get food, or to find daily work. Others begged from passersby or received leftovers from restaurants. Now with the realities of COVID-19 and social distancing, these resources are no longer available.

As of October 27, 600 deaths had been attributed to the virus in the nation, with speculation of a cover-up of exactly how many people have died.

In fact, word on the street is that "there is no corona in Yemen," and that the pandemic is all a lie. On top of that, residents believe that a readily available street drug called "quat" is their cure-all. Ninety percent of the Yemeni population chew these addictive leaves daily. If fever or symptoms arise, chewing some quat, which gives its users an amphetamine high, is believed to erase symptoms. [See also "Who's Starving Yemen?" in Baptist Peacemaker Vol. 39 No. 2, Spring 2019 (digital issue) and the entry on Yemen

Please see "Global Hunger" on page 8

Global Hunger,

continued from page 7

in "Where Are People Hungry?" on the Seeds website: www.seedspublishers.org. Both are by Dawn Michelle Michals.]



Madagascar

Already in deep burgundy on the World Food Programme Hunger Map (indicating the worst of food insecurity), this tiny island nation has essentially been cut off since the pandemic began. Of its 25.5 million people, 76 percent live in poverty, making less than US\$1.90 a day.

Oxfam estimates that between 6,000 and 12,000 people per day worldwide could die, before the end of the year, from hunger linked to the social and economic impacts of the pandemic. Figures show that this number could perhaps be more than will die each day from the disease by that point.

And, with COVID-19 in the forefront, this country, which relied heavily on its tourism industry, came to a standstill.

Visitors literally vanished from the country after March 20 when the first case of COVID-19 was discovered in the country, taking with them US\$1.84 million in tourist revenue. As a precaution, Madagascar's government stopped international flights, imposed lockdowns on major cities, and closed main roads to travelers, isolating settlements that depend on towns for their essential needs. Along with many other countries, Madagascar also closed all

restaurants, hotels, nightclubs and other gathering places to stop the spread.

On September 5, good news spread across the country as officials announced the reopening of natural areas and cultural sites starting the next day, giving a much-needed jolt—and some hope—to the nation's economy and the Malagasy people.

As of October 27, the virus had infected 16,968 individuals in Madagascar and killed 244.



Kenya

Hunger news is disconcerting in Kenya, where some reports show that the food situation there has remained "stable" throughout the pandemic, while most sources show that food insecurity is up 38 percent in the region compared to pre-pandemic numbers.

In fact, in April 2020, thousands of Kenyans pushed through barricades at a food distribution site, desperate to receive rations in the Kibera slum in the country's capital city of Nairobi. With estimates showing 1 million residents in a 2.5 square kilometer area, this impoverished suburb is a hotbed for COVID-19 and the fear that follows when workers are not able to do their jobs due to government restrictions.

Police fired tear gas at the surging crowd, while men with sticks beat back others as they fought over supply packages. Even amidst the chaos, those with the required tickets to obtain the disbursement only received enough supplies to last for two days. With further reports of police harassment against journalists quashing news accounts of COVID-19 numbers and procedures, accurate news of the goings on in the African country seem limited.

These countries we've discussed are only a snapshot of the hardships seen throughout our world since the pandemic began. The coronavirus has ripped the veil covering the class divide in even the richest of nations. Those with money receive food, while those who do not simply go hungry.

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from hunger linked to the social and economic impacts of the pandemic. Figures show that this number could perhaps be more than will die each day from the disease by that point.

In a May 2020 article published in *The New Yorker*, Stephania Taladrid spoke with Jaime Lorenzo, a surgeon from Caracas, Venezuela. Lorenzo spent days in the city's slums talking with residents about how to contain the virus. "When you tell people that they need to wash their hands for at least 40 seconds, they look at you as if you came from another world," Lorenzo said. "An old lady recently told me, 'Look, my son, I'd rather die from COVID than from hunger.' And when someone speaks to you with such

truths, there's nothing else to be said."

—Dawn Michelle Michals is a freelance writer and social media specialist living in Waco, TX. She is the *Seeds of Hope Social Media* editor and an award-winning reporter for *Hunger News & Hope*. Our readers will have seen her work under the name *Chelle Samaniego*. Please visit www.dawnmichellemichals.com for more information.

Sources: Centers for Disease Control, World Health Organisation, Sky News, Mongabay News, OXFAM America, The New Yorker, New York Times, World Food Programme, Reuters. For Kenya: Associated Press, Science X, China Global Television Network (CGTN Africa), All Africa News.

Celebrity Chef Turns to Feeding India's Hungry People

At press time, India has the second-highest number of COVID-19 cases in the world, behind the United States. As of October 12, more than 7 million Indians had been infected with the virus and more than 108,000 had died.

Vikas Khanna, a highly acclaimed New York City chef, grew up in Amritsar, the northern state of India's Punjab. Although he has lived in the US for 20 years, he still has family in India and still feels connected to his home country. In March, he began hearing about the almost 400 million people in India who have been forced into poverty by the coronavirus pandemic.

He told National Public Radio reporter Lauren Frayer that what woke him up to the enormity of the problem in India was a video of a woman on an Indian train who had starved to death. A video of the woman's toddler trying to wake her up went viral over the Internet, and it stopped him in his tracks. Khanna said, "That crushed

me so hard, I can't tell you. If a chef is not broken by hunger, then there's no other reason for us to be in this industry."

He then realized that he was in a unique position to do something about it. He used his huge Twitter following to mobilize an army of responders across the vast Indian subcontinent.

Khanna operates #FeedIndia from his home in Manhattan, often staying up way into the night to connect with partners in India. A celebrity chef with a Michelin star who has cooked for US President Barack Obama and for European royalty, he has used his fame to work across continents and time zones since April to help the people in his home country.

His team first made a list of cities where food was most needed. They reached out to dry-food wholesalers within the city and found volunteers to pack food kits and deliver them to those in need. The first deliveries were made on April 3, in two cities at opposite ends of the country—Varanasi in Uttar Pradesh and Mangalore in Karnataka.

Khanna described to *CBS Sunday Morning's* Jim Axelrod his experience in mobilizing what became one of the world's largest food drives. "I put satellite kitchens together in six hours," he said. "And we had the food on the trucks in eight hours."

When he began to doubt whether he could pull it off, he called his mother, Bindu Khanna, and she reminded him that this was his chance to pay his country back. "I told Vikas not to lose heart," she told CNN reporter Vedika Sud in a phone call.

So far, the initiative has fed more than 50 million meals—in shelters and orphanages, and from gas stations on roads where people are walking to work.

—Compiled by Katie Cook. Sources: CBS Sunday Morning, Cable News Network, National Public Radio.



Photo by Doctor Deepali

Border Calamity

by Marv Knox

CCOVID-19's impact on the US-Mexico border illustrates how calamity causes the vulnerable to suffer.

Fellowship Southwest (FSW), an ecumenical network affiliated with the Cooperative Baptist Fellowship across the American Southwest and Northern Mexico, witnesses the devastation wrought by COVID-19 every day.

In 2018, FSW began supporting border pastors who found refugees living on the streets awaiting the US asylum process. When the Trump administration implemented its Migrant Protection Protocols—known as “Remain in Mexico”—the immigrants moved across the border to Mexico, but the pastors continued to feed and shelter them. FSW has provided food and necessities, rented shelters, and replaced appliances and vehicles. Before the pandemic, we coordinated volunteers. Along the way, FSW has supported churches and non-profits that serve immigrants on the US side of the border as well.

We have seen results of the COVID-19 pandemic from the Gulf of Mexico to the Pacific Ocean. Here is what we have witnessed:

- Last spring, when the Mexican and US governments began restricting travel across the border, refugees in Mexico felt the sting quickly. Much of their “daily bread”—and the volunteers who served it—had been crossing through the border ports. Fortunately, the pastors’ ingenuity and resilience overcame this obstacle, and feeding programs rebounded. But for a while, refugees in northern Mexico endured the pandemic before other residents of the region even heard much about it from the media.
- More recently, however, refugees have fared worse medically. Pastor Eleuterio González, who looks after more than 1,200 refugees in Matamoros, Mexico, reported that the medical system there is overrun. He ferries COVID patients and other ill immigrants

to a couple of doctors, whose faith compels them to provide free care. But immigrants, no matter how ill, have zero chance of receiving hospital treatment.

- Pastor Carlos Navarro has seen the almost-hidden results of immigrants’ vulnerability in Brownsville, TX. Before the pandemic, Navarro operated an immigrant respite shelter, through which refugees passed after being admitted to the United States on the next-to-last step of their asylum process. COVID curtailed that operation for the time being. But Navarro has seen a spike in the city’s homeless population, particularly among immigrants who can’t find work or even afford to move on. In recent weeks, the numbers of homeless he feeds on the city’s streets—just a stone’s throw from the Rio Grande and Mexico—has escalated steadily.
- Throughout the Rio Grande Valley—the five counties comprising the southern tip of Texas—the pandemic has inflicted suffering on immigrant families, said Jorge Zapata, associate coordinator of CBF Texas and founder of a nonprofit ministry called Hearts4Kids. For years, Zapata has ministered to immigrant residents of *colonias*, poor unincorporated villages scattered across the Valley. Mostly agricultural workers and day laborers, they were among the first to lose their jobs when COVID’s financial impact began to be felt. As the pandemic forced some nonprofits to close or curtail ministries,



Asylum seekers wait near the wall in Tijuana, MX. Photo by Daniel Arauz (danarauz@gmail.com).

Hearts4Kids ramped up to provide food to 6,000 people per week from the parking lots of churches throughout the region. Time and time again, Zapata noted, recipients tell the volunteers helping them they've never received charitable aid before.

Fellowship Southwest (FSW), an ecumenical network affiliated with the Cooperative Baptist Fellowship across the American Southwest and Northern Mexico, witnesses the devastation wrought by COVID-19 every day.

- COVID's calamity also has devastated caregivers. In Juarez, Mexico, Pastor Rosalío Sosa and in Tijuana,

Mexico, Pastor Juvenal González relied upon bivocational pastors of small churches for support in their refugee feeding/shelter programs. During the pandemic, FSW has provided food for the pastors, whose churches have been devastated financially and who have lost their secular jobs.

COVID-19 does not respect the vulnerable, whether they are international refugees, first- and second-generation immigrants or even caring pastors. The pandemic preys upon the weak.

—Marv Knox has been an acclaimed journalist for more than 40 years, 19 of those as editor of the highly respected Baptist Standard. Two years ago, he retired as editor and became the coordinator of Fellowship Southwest, an ecumenical Cooperative Baptist Fellowship network across Arizona, New Mexico, Northern Mexico, Oklahoma, Southern California and Texas.

A Look at COVID-19 in Canada

Pulling Back the Veil

Editor's note: The following is an excerpt from a COVID-19 Update from Ontario & Quebec written by LeeAnn McKenna for Baptist Peacemaker. If you'd like to read the entire article, email seedseditor1@gmail.com.

COVID-19 death tolls disaggregated by race, class, age, and gender tell us a bunch of other things we already knew about who's important, who's not, about whose marginalisation, subordination and dying is acceptable and not acceptable. We're noticing that the jobless are mostly women, toiling in service industries, retail, cleaning, child-care and personal support. We're noticing how unemployment-plus-domestic lock-down is exposing the tinderbox of male violence.

COVID-19 has pulled back the veil, revealing issues of neglect and underfunding in long-term care (LTC), migrant worker programmes and universally-affordable child-care that would enable women to return to the workforce in far greater numbers. Low-paid, casualised Personal Support Workers were left vulnerable on the frontlines, underpaid and forced to cobble together multiple jobs in multiple locations to make a living. With promises to correct decades of LTC inattention, the premier called in teams of military medics to take over the care of fragile seniors in nursing homes. When the military personnel withdrew, they presented a devastating report to the federal government outlining the long list of breaches of elder care.



Disparities Just under the Surface

Editor's note: The following is an excerpt from a COVID-19 Update from British Columbia, written by Teresa Diewert for Baptist Peacemaker. If you'd like to read the entire article, email seedseditor1@gmail.com.

I think the [Canadian] government's response in terms of financial support for some of its citizens has been well received. But for me, as a person of faith in the One who threw his lot in with *the least of these*, the response exposes the disparities that are always lying just under the surface of our social networks. The impact of colonization and its capitalist economic system is being played out on the backs of the poor as it always has been.

There are still thousands of people living on the streets, or being expected to pay landlords their back rent soon; there are more people dying from overdoses than those dying from COVID-19; so many people (and these are disproportionately people of colour and women) have lost their jobs and the government benefits will eventually dry up; many Indigenous reserves still have contaminated water and terrible housing.

Why are the lives of the most vulnerable among us not considered important enough to respond to? They continue to be marginalized, displaced and ignored. They are the "wasted lives" [Polish-British sociologist and philosopher] Zigmund Bauman speaks of—disposable human beings.

Pandemic Highlights Disparities in Mississippi

Michael Williamson

If there were ever a developing country within a developed country, Mississippi would be it. Located in a country with the largest economy in the world and a GDP per capita (purchasing power) that ranks in the top 15 internationally, Mississippi stands out for the wrong reasons. Mississippi struggles to provide basic services to many of its citizens. Tragically, these citizens are all too often unable to support themselves.

According to the 2020 annual report from *US News and World Report*, 19.7 percent of all Mississippians—nearly one in five—live below the federal poverty line. This is the highest rate of any state in the nation. In some Mississippi Delta counties, which lie in the northwestern part of the state between the Mississippi and Yazoo rivers, the poverty rate runs between 30 and 40 percent.¹

As a result of a low tax base and poor governmental and private sector leadership, Mississippi suffers from a plethora of other developmental issues, ranking 44th nationally in

opportunity and fiscal stability, 45th in infrastructure, 46th in education, 48th in economic performance and 50th in health care.²

In the COVID-19 pandemic, these structural weaknesses have made Mississippians especially vulnerable to

If there were ever a developing country within a developed country, Mississippi would be it.

illness and death. The relative lack of education among the population makes people less likely to heed mask mandates and follow social distancing recommendations. The lack of financial stability and economic opportunity mean that more people work in low-paying jobs that do not provide opportunities to safely work from home.

In many instances, people have had to continue to go to work in dangerous environments such as restaurants, retail stores and caregiving. If these people do not work, they go unpaid and are unable to feed themselves and their families. These low-paying jobs frequently do not provide adequate health benefits. The rural nature of the state means that there are fewer medical facilities per square mile, even if people do have medical insurance.

Within Mississippi, the African-American population has been disproportionately affected by these socioeconomic health factors. The aforementioned Mississippi Delta has the highest proportion of African Americans in the state (nearly 50 percent) and Mississippi as a whole has the highest percentage of African Americans (38 percent of the population) of any state.

A 2017 US Census Bureau estimate placed the median household income for African Americans in Mississippi at \$29,218. For White Mississippians, it was \$43,529. The family poverty rate for Mississippi African Americans was 27.2 percent versus 14.9 percent for White Mississippians.

Such numbers, and disparities, make African Americans a target for COVID-19.

Despite representing just 38 percent of the state's population, Black Mississippians account for more than 50 percent of Mississippi's coronavirus cases and deaths.³

But Holmes County is Ground Zero for the adverse impacts of the pandemic. Its numbers are shocking.



Photo courtesy of Pxfuel Images

The town of Tchula in Holmes County in the Mississippi Delta is the poorest town in the poorest county in the poorest state in the country. Holmes County is majority African-American and Tchula is nearly all Black. Nearly half the population (44 percent) in Holmes County lives in poverty.

People in Holmes County have contracted the coronavirus twice as often as residents of Hinds County (home

Mississippi has always been about pain and suffering, inequality and crushing poverty. Mississippi's entire cultural and socioeconomic heritage stems from these issues.

of the state capital and largest city, Jackson) and—perhaps more importantly—died from the disease seven times as often.⁴ The rate of infection in Holmes County is more than three times the national average. Diabetes rates in Holmes County are double the national average. Many more people suffer from pre-diabetes, which can lead to severe disease. The percentages of Holmes County residents with pre-existing conditions such as diabetes, hypertension, heart disease and lung disease are much higher than the respective national averages.

Moreover, Holmes County suffers from a lack of medical doctors and health facilities. Telemedicine has been touted as a replacement for face-to-face medical visits, but this approach has great limitations. Most people in Holmes County (and virtually everyone in Tchula) lack access to broadband Internet.

Consequently, it has been difficult to test Holmes County citizens for COVID-19. Before July 1, there were no screenings available unless a citizen could be pre-screened through a smartphone app. Even if people had smartphones, a lack of education frequently prevented them from knowing how to download an app.⁵

Because of poverty, many Holmes County residents—like many rural Mississippians—live together in small spaces. Several vehicles may sit outside some trailers. And local workplaces (chicken plants are major employers) are often packed tight, making it difficult to quarantine.

Ultimately, COVID-19 has exposed many fault lines in the United States: economic, educational, cultural and, most importantly, medical access. Nationally, more than 264,000 people have died in about seven months.

No state more completely represents these negative trends than Mississippi.

Mississippians express pride over our writers (William Faulkner, John Grisham, Eudora Welty, Willie Morris), and our musicians (B.B. King, Muddy Waters, Robert Johnson, Son House, Howlin' Wolf). Taken in context, however, the

writers (particularly Faulkner) focus on suffering.

Furthermore, Mississippi is the “birthplace of the blues” for an ignominious reason: the blues are an expression of the horrible agony inflicted upon African Americans by systemic racism and racism’s pervasive effects. Mississippi has always been about pain and suffering, inequality and crushing poverty. Mississippi’s entire cultural and socioeconomic heritage stems from these issues.

And then the coronavirus arrived and exposed us again for the world to see.

—Michael Williamson, an ordained minister and hospital chaplain, is a former Seeds intern and wrote, for Seeds, *A Guide to World Hunger Organizations, Volume II* (Jones Press, 1994). He has served in cross-cultural urban ministry with Latino immigrants in Los Angeles, a cross-cultural mission in the Mississippi Delta, and economic development/public health mission projects in the Balkans and Mexico. He lives in Clinton, MS, with his wife Amy (also a former Seeds intern) and their daughter Rosemary.

Endnotes

1. The *Clarion-Ledger*, Jackson, Mississippi, 2017.
2. This report is based on data from 2018 (the latest year for which poverty figures were available) compiled by the US Census Bureau.
3. University of Mississippi Medical Center and Mississippi State Department of Health, September 2020.
4. Mississippi Center for Investigative Reporting, August 26, 2020.
5. Ibid.

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World Food Programme Receives 2020 Nobel Peace Prize

by Katie Cook

The Nobel Peace Prize this year was awarded to the World Food Programme (WFP). According to the Nobel Prize organisation announcement, the WFP was chosen for “its efforts to combat hunger, for its contribution to bettering conditions for peace in conflict-affected areas and for acting as a driving force in efforts to prevent the use of hunger as a weapon of war and conflict.”

Berit Reiss-Andersen, Chair of the Norwegian Nobel Committee, said in her announcement, “The need for international solidarity and multilateral cooperation is more conspicuous than ever.”

The prize was given in recognition of the WFP’s decades-long work responding to food supply crises and trying to improve conditions in conflict zones. However, a recent article in the *Washington Post* suggests what was hinted by the Nobel Committee and other news sources—that by selecting a group emblematic of global cooperation, the 2020 prize was also an admonition to world leaders who have fostered an era of nationalism and mistrust of international projects.

The WFP, an agency of United Nations based in Rome, Italy, is the world’s largest humanitarian organization that responds to hunger crises and promotes long-term food

security. The program was established in 1961 after US President Dwight D. Eisenhower proposed that such an organization was needed. In the 59 years since, the WFP has organized a strong response to some of the world’s most devastating humanitarian disasters, including the memorable Ethiopian famine of the 1980s, food crises caused by civil war in Yugoslavia in the 1990s, the 2004 tsunami in the Indian Ocean near Sumatra and the 2010 earthquake from which Haiti is still struggling to recover.

And those are just the high points.

Today the WFP provides food to over 100 million people a year. Its 17,000-member staff works in 88 countries, mobilizing, according to its own report, more than 20 ships, 90 planes, and 5,600 trucks on any given day to deliver food to the people who need it most.

WFP director David Beasley referred to the prize as a credit to WFP workers who “are out there in the most difficult, complex places in the world. Whether it’s war, conflict, climate extremes, it doesn’t matter. They’re out there, and they deserve this award. And wow—wow, wow, wow. I can’t believe it.”

Sara Alexander, professor of anthropology at Baylor University (and a member of the Seeds

Council of Stewards), has worked alongside WFP in a number of countries including South Sudan, Bangladesh, and Haiti. Below is her assessment:

I have always been impressed with WFP’s sheer determination and grit to devise the means, oftentimes under dire circumstances, to get the food and supplies to the designated populations. This challenge oftentimes means complex routes for truck



WFP Workers unload an airplane in Nepal. Photo: WFP/Angeli Mendoza.

convoys travelling under guard yet still under threat of guerilla fire. I have also personally witnessed the utter joy and celebration of the team when the food successfully reaches the intended destinations. The level of cooperation and commitment WFP demonstrates in their work is indeed impressive.

After the announcement in Oslo, Norway, Reiss-Anderson told freelance journalist Stig Arild Pettersen that one of the reasons WFP was chosen for this year's prize was to draw attention to the faces of the hundreds of millions of people around the globe who are literally starving.

The Nobel announcement also mentioned the impact of the coronavirus pandemic on the number of hungry people in the world. The disease has infected more than 36 million people globally and caused more than 1 million deaths. It also has triggered (as you will read elsewhere in this issue of *Hunger News & Hope*) a broader economic crisis that has disproportionately hit low-wage workers in wealthier countries and large populations in developing countries where there is little social safety net.

Renaïs Tasaranarwo, Co-Director of Eviquest in Zimbabwe, explains further:

The government is behaving as if there is no COVID; there is no testing, no distancing, so we don't know the exact situation on the ground. And the doctors and nurses have gone on strike. People are dying and no one cares. Meanwhile our hunger crisis deepens. WFP and others predict we will have 50 percent food insecure people in our country by the end of the year.

The announcement also mentioned the other major cause of hunger—armed conflict. Reiss-Anderson reminded us that, in places like Yemen, the Democratic Republic of Congo, Nigeria, South Sudan and Burkina Faso, the combination of violent conflict and the pandemic “has led to a dramatic rise in the number of people living on the brink of starvation.”

When the pandemic began this spring, the World Food Programme predicted this supercrisis, estimating that the number of people experiencing “life-threatening levels of food insecurity” could more than double this year, likely reaching 265 million.

Reiss-Anderson also pointed out that working to increase long-term food security can help to improve prospects for stability and peace in those areas where conflict has destroyed the infrastructure.

Beasley, while expressing his pleasure and praising the WFP staff, called the award a “call to action.” He said that humanity is facing “the greatest crisis any of us have seen in our lifetimes.” If nothing is done, he said, the world possibly faces “famines of biblical proportions.”

The Nobel committee echoed this warning, saying, “The world is in danger of experiencing a hunger crisis of inconceivable proportions if the World Food Programme

and other food assistance organizations do not receive the financial support they have requested.”

Beasley said that the WFP needs \$5 billion to prevent an estimated 30 million deaths from literal starvation. Beasley said, “We’re looking for a vaccine for COVID; we have a vaccine for hunger. It’s called food, and we have the food. We need the money and the access to solve it.”

He added, “Until the day we have a medical vaccine, food is the best vaccine against chaos.”

—Katie Cook is the *Seeds of Hope* editor. Sources: Nobel Media, New York Times, Washington Post, CNN, personal interviews.

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Statement of Purpose

Seeds of Hope is a private, independent group of believers responding to a common burden for the poor and hungry people in God's world, and acting on the strong belief that biblical mandates to feed the poor were not intended to be optional. The group seeks out people of faith who feel called to care for poor and vulnerable people; and to affirm, enable and empower a variety of responses to the problems of poverty.

Quotes, Poems & Pithy Sayings



art by Sally Lynn Askins

What Gives Me Hope

Even with all these challenges and concerns, there is always hope in the spirit that believes in God as the Creator and Sustainer of the Universe. I believe that we will learn from this experience. I am hopeful that it will reveal our vulnerability and teach us to be humble, that it will awaken a spirit of solidarity within us, that it will cause us to reconnect with close family members, that it will give us a rise of creativity, that it will give nature a respite, that it will awaken our consciousness, and that it will cause us to value public health and research institutions more.

—Hortensia Azucena Picos Lee, "Worries & Joys in a Time of Pandemic," *Baptist Peacemaker*, Summer 2020

We can be better for each other as we go through the worst. We can rise to this challenging moment. God's people find their backbone and their calling in the midst of difficult days. While the circumstances may feel overwhelming, it is often in our darkest moments that the light of hope shines brightest. In time, the worst will end, and what endures will be our love of life and each other.

—Brett Younger, from "Hope in the Time of Coronavirus," *Baptist Peacemaker*, Fall 2020

Editorial Address

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