In the 10 months since the World Health Organization declared the coronavirus disease 2019 (COVID-19) a global pandemic, the disease has killed more than 400,000 Americans, taking a disproportionate toll on communities of color.

COVID-19 has killed 1 in 595 Indigenous Americans, 1 in 735 Black Americans, 1 in 895 Pacific Islander Americans, 1 in 1000 Latino Americans, and 1 in 1030 White Americans.¹

During a recent webinar titled “Color and COVID-19: The Virus’ Disproportionate Impact” hosted by the MJH Life Sciences™ COVID-19 Coalition, experts discussed how the virus has affected communities of color, vaccine distribution and uptake, and their visions for the future.

“These numbers representing the really painful disproportionate toll that the virus is taking is just a subset of the discussion,” said Utibe Essien, MD, MPH, assistant professor of medicine at the University of Pittsburgh School of Medicine.
The Virus

1. The pandemic has not been the great equalizer some have said it to be.

Bell said the management of the pandemic was made worse by ineffective leadership and poor communication, culminating in the Jan. 6 insurrection at the US Capitol.

“We can draw a direct connection with the status of the country in the Black and Brown communities when it comes to COVID-19 because when people were scaling those walls it was under the guise of the love of country but it really was the threat of a loss of power,” Bell said. “You see how people who are losing power and losing direction over the country are reacting when really who’s suffering are the ones who have been powerless. COVID-19 has been that same sort of tragedy where people who are underserved, Black and Brown, suffered a toll under this pandemic. It was a really surreal moment to see.”

Hilton pointed out that Black Americans are 2.5 to 2.7 times more likely to die of COVID-19, with death rates among younger Black Americans matching those of White Americans a decade older.

“Because we’re dying at younger ages, we’re leaving our children orphaned and it’s setting us up for a situation where it will literally impact generations to come,” Hilton said.

2. Mistreatment of Americans of color compounds the disproportionate toll of the pandemic.

Inequity in health care is nothing new, Eneanya said, citing the Tuskegee study from 1932 to
1972, in which Black men with syphilis were denied penicillin to study the natural progression of the disease.

“There are downstream effects of biology, but we’re not inherently different in between racial groups.”

“People are still alive that have lived through that horrific experience and so there’s a lot of mistrust in our community and that’s been compounded by what we’ve been seeing in the media,” said Eneanya, referring to police brutality, which has been referred to as the “other pandemic.”

“There’s a clear difference in how racial groups are treated in this country, Whites being treated extremely different than Black and Brown communities,” Eneanya said. “So there’s no surprise that there’s mistrust and distrust in our communities.”

3. Biological differences don’t explain disparities in mortality.

Eneanya said focusing on biological differences, such as eGFR values and nasal receptors, to explain health disparity “makes you think about internalized racism.”

“We know that the human genome project occurred in 2003 and that groups of genes don’t map along racial lines,” she said. “But we do know the effects of structural racism closely map along racial lines. When we’re seeing differences in outcomes, we should stop really trying to prove biology. Of course, there are downstream effects of biology, but we’re not inherently different in between racial groups.”

Studies that have controlled for social determinants—including inequities in housing, food insecurity, crowded situations, occupations, and access to health care—have shown no differences in mortality, Eneanya said.

“As Black people, we are tired of our bodies being blamed for systemic racism and the effect that it has,” Hilton said, citing a recent study in New York that found that Black and Hispanic patients were more likely to test positive for COVID-19.

4. Health care providers may not take complaints of people of color seriously.

Data from the Virginia Department of Health show that people presenting to emergency departments with COVID-19-like symptoms at the highest rate were Latino patients, followed by Black patients and then White patients. The trend for hospitalizations was reversed, with White patients being hospitalized at the highest rate followed by Black patients and then Latino patients.

“On the Virginia Department of Health’s website, it literally stated that despite health care providers’ greatest intentions, they may be taking complaints of White patients more seriously than complaints of people of color,” Hilton said, calling for accountability.

Bell said the case of Dr Susan Moore, a Black physician in Indiana who died after complaining of receiving poor treatment for COVID-19, illustrates the disparity that exists at all levels.
“She literally put out a message to the community saying that she was dying of racism,” Bell said. “She had COVID-19 but she was dying of racism. She expressed concern about her treatment. She knew the guidelines. She knew what should have been done. She had followed this herself; she was a family physician. And she was dismissed and discharged home and died later. And then the University of Indiana, where she was treated, put out a statement that literally disrespected her and called her intimidating, which we all know is a dog whistle for describing a forward Black woman who is advocating for herself.”

The Vaccine

5. Vaccination is an important step toward combating the pandemic.

Vaccines are seen as key to turning the tide of the pandemic, with two—Pfizer-BioNTech and Moderna—currently being administered and others in development. While the vaccines have proven to be highly effective, many questions remain, including whether those who have been vaccinated can still spread the disease, how long immunity lasts, and how altering the dosing schedule might affect the vaccine efficacy.

Bell said the vaccines are safe and effective and seem to guard against the variants that have emerged so far.

“I would encourage people to lean toward receiving it,” he said. “If you do have special circumstances, talk with your physician and get the information that you need. Don’t leave yourself out over a concern if you aren’t well informed.”

Still, he said, the vaccine doesn’t bring an end to the need to follow public health guidelines—keeping 6 feet of distance from others, wearing a mask in public, and washing hands frequently—particularly as the new highly transmissible variant from the United Kingdom threatens to speed the spread of the disease.

6. Barriers to vaccination include distrust and lack of access.

Hilton said she sees four groups of people who may resist getting vaccinated: 1) people of color who are distrustful of the public health system due to mistreatment, 2) Hispanic Americans who are undocumented immigrants and fear deportation, 3) anti-vaxxers who oppose all vaccines, and 4) those who believe COVID-19 is a hoax.

“That’s four large groups of persons that we need to identify where the system has hurt them to talk to that pain in order to communicate effectively, because the language will be different for each of those,” Hilton said.

Distrust is compounded by a lack of health care facilities in Black and Brown communities.
“There is a pharmacy desert as well as there is a food desert in Black and Brown communities,” Hilton said. “Access is more than what we see on the surface. We have not planned, we have not structured, and it’s a scapegoat to say that Black people don’t want this vaccine. It’s up to the medical community to heal, to have those difficult conversations and to listen to the people to say how can we start to bridge this gap and heal those generation-al wounds.”

Creative solutions to increasing access to vaccines in underserved areas could include using established networks such as Meals on Wheels, food banks, or local churches.

“COVID-19 has literally drop-kicked people into poverty,” Hilton said, “and the food bank lines are as long as the vaccination lines. They are as long as the COVID-19 testing lines. This is where you can take a holistic approach to a person. We need to combine forces and say we’re doing voter registration at the same site that we’re doing COVID-19 testing at the same site that we’re also offering COVID-19 vaccination at the same site that we’re also offering food bank and other resources that that family can use. Do all of that in one place and take it to the community and not have the community have to come to us.”

7. Vaccine guidelines should account for equity.

Vaccine uptake has been 2 to 2.5 times greater among White people than people of color, Eneanya said.

Reasons for hesitancy have included feelings of guilt about getting the vaccine before others; concerns about chronic illnesses; and fear of getting the thawed out, less effective vaccine, she said, emphasizing a need for physicians of color to be available in intimate settings to provide truthful information and address concerns.

There also are challenges to getting resources to disadvantaged areas, which are complicated when those resources are scarce. Bell said he is concerned that Black and Brown communities could suffer if the focus is solely on administering a large number of vaccines, which could lead to people with greater access, connections, and power jumping ahead of those in disadvantaged communities.

“Equity needs to be the lens through which you make decisions,” he said. “It is not an afterthought like it usually is treated, but it’s a forethought. So if you put out a policy or a recommendation or a new way of doing things, you’re thinking from the beginning, ‘How is this affecting Black and Brown people?’”

Health officials also need to ensure that critical information is reaching everyone and be aware of those who may not have access to email or other avenues of communication that are being used.
Vaccination guidelines also should factor in which groups have the greatest mortality risk. Hilton pointed out that while Black, Hispanic, and American Indian people are dying at higher rates, most of those receiving the first vaccines, including health care workers and nursing home residents, are White.

“If we’re basing our plan on a flawed system, then the entire plan moving forward is also flawed,” she said.

The Future

8. Racial progress requires sustained momentum.

Bell outlined three priorities for navigating the pandemic: 1) protect yourself from infection by following public health guidelines, 2) educate yourself about the vaccine, and 3) consider what power you have to effect change on a national scale.

Comparing racial progress to blood flow or air flow in the body, Bell said moving to a state of more equity requires flow.

“Flow depends on two things,” Bell said. “The first is pressure, and that’s actually putting energy into moving things forward and agitating. That’s things like advocacy, emailing your senators and your state representatives, your mayor, your police chief, and pushing for change and agitating. The second is resistance and lowering resistance to make it easier for flow to get from one place to another. These are things like increasing voter access, registration campaigns, police reforms, and making sure that people get a fair shot when it comes to obtaining health and wealth.”

He said it is important to anticipate and plan for backlash to policies and apply continual pressure to survive the ebbs and flows in the national conversations around racial equality.

9. Achieving racial equity requires investment, not just performative statements.

When discrepancies are noticed, Eneanya said health systems should take action.

“I think it’s time for institutions to put their money where their mouth is,” she said. “I think many of us have seen these statements that have nothing behind them, in terms of thoughts and prayers for those who are suffering throughout this double pandemic. Now it’s time to actually do something about it.”

Action could include putting money into programs to increase educational campaigns targeted at underserved communities or allowing employees to miss a day of work after receiving the vaccine. She also stressed the need to make sure people of color and health equity researchers are involved in discussions from the beginning.

“We’ve seen what we can do when we band together,” Eneanya said of the rapid advancements in scientific technology to combat the pandemic. “Let’s apply that to these racial injustices, and let’s be a better nation.”
10. Combating health disparity requires addressing the core problem of systemic racism.

Hilton said it is no surprise that Black and Brown people are dying from COVID-19 at higher rates. She began sending messages to health officials in February raising concerns about how the emerging COVID-19 outbreak would affect communities of color.

“I tell my residents we don’t treat symptoms,” Hilton said. “We identify diseases and we treat that, and the disease is systemic racism. That is what we have to tackle. And because of that, I think we need to restructure everything that we’re doing on the policy level, because we know the social determinants of health, those are the feeders into why we have disparities along lines of all those disease processes. So that’s education, that’s housing, that’s transportation, that’s the environmental racism, that’s industrialization of our communities, that’s redlining. You can literally go on and on.”

Hilton advocated for a Department of Equity on par with the Department of Defense and the Department of Education, with discussions at the federal, state, and local levels to ensure policies are created with equity in mind.

“You cannot have a race-neutral policy on a race-targeted disease process,” Hilton said. “If Black and Brown people are dying at higher rates, we need to list it out as being those persons need to be given this intervention upfront.”

She encouraged everyone to get involved in solving these problems.

“Because there are so many pockets of problems, if you throw your hat in the ring, you will land on something that you, your passion, is suited to tackle,” Hilton said. “We’re going to need everyone on board…. Don’t be bashful. Speak up. Be involved politically.”

References:


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For over 20 years, MJH Life Sciences™ has established a reputation for embracing agility and offering relevant, practical information that meets the needs of our diverse audience.

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