

Caitlin Lochhead
Professor Seider
Adapt a Module
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Compelling Unit Question

Why are people of color disproportionately oppressed in the healthcare system and affected by the Covid-19 pandemic?

Text Set

COVID-19, Racism, and Health: Changing Predictable Outcomes, Kristen Jackson and Julia Del Muro, video clip (<https://www.bmc.org/healthcity/population-health/coronavirus-worsen-disparities-distrust-black-community>)

This video was released in April of 2020; this was about a month after the United States seemed to shut down, people began realizing the gravity of the pandemic, and statistics of the increasing death toll were released to the public. This video explains that Black communities are hit the hardest and are shown to have the worst outcomes in this pandemic, something that could have been predicted pre-Covid-19 based on historical data on the poor treatment of Black Americans in the healthcare system. As of April 23, 2020, Black Americans made up 22% of the Boston population but 40% of Covid-19 cases. Black people are more likely to have asthma, diabetes, and/or cardiovascular disease -- which may be related to issues such as redlining, in which lower income areas face worse health status -- which are all risk factors for poor outcomes of Covid-19.

“Health Equity Considerations and Racial and Ethnic Minority Groups”, CDC, article (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>)

This article, released by the CDC, outlines the fact that historical racism in the healthcare system did not increase during the pandemic, but only became more highlighted and obvious. The CDC introduces the term health equity, which is when “all members of society enjoy a fair and just opportunity to be as healthy as possible. Public health policies and programs centered around the specific needs of communities can promote health equity” (CDC, 2021). Here they specifically outline major inequities that act as social determinants of health, including: discrimination, healthcare access and use, occupation, educational, income, and wealth gaps, and housing. The particular importance of this article lies in the fact that the CDC acted as the primary source of information during the pandemic, so the fact that a large, powerful institution is addressing factors of systemic, institutional racism is critical.

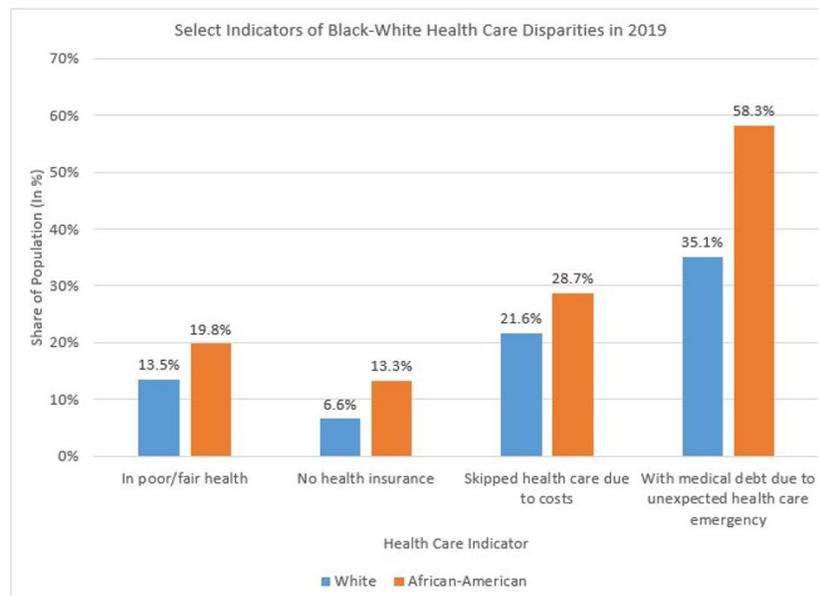
What Covid-19 health disparities mean to six black medical professionals, CNBC, video clip

<https://www.cnbc.com/2020/05/14/how-covid-19-exacerbated-americas-racial-health-disparities.html>

These six black medical professionals discuss their experiences working on the front lines during the pandemic; in the beginning, many of them discuss having to work 12-13 hour days for 21 days in a row. One woman, Uche Blackstock, MD, explained that the demographic of patients is typically pretty racially and socioeconomically diverse, but during Covid-19, she said, “do you notice that more of the patients coming in look like us?” (CNBC, 2020). People with underlying health conditions are likely to do the most poorly when it comes to Covid-19, so the pandemic amplified the weakness and structural issues within low-income communities. This video critically addresses the issues for Black communities that are not directly related to the healthcare system but are important factors to look at, such as the environment in which individuals contracting Covid-19 at a higher rate are living in. Issues of intersectionality are also highlighted, which only furthers the argument of how systemic the issue is.

Select Indicators of Black-White Health Care Disparities in 2019, Forbes, graph

<https://www.forbes.com/sites/christianweller/2020/06/18/systemic-racism-makes-covid-19-much-more-deadly-for-african-americans/?sh=210addf17feb>



This image shows data from 2019, the year prior to the outbreak of Covid-19, in terms of disparities strictly between Black and White Americans. Across all sectors/factors measured, Black Americans are in worse shape -- they have overall poorer health, a lower percentage of the population has health insurance, more have skipped health care due to

costs, and there is a massive difference in the last factor, which is medical debt due to unexpected health care emergency (35.1% for White Americans versus 58.3% for African-Americans). Since this data is from 2019, this shows just how disadvantaged Black Americans on the whole were going into the pandemic; it is no surprise, given this data, that Black Americans fare worse, as many factors prevent them from seeking out care, not to mention the poorer treatment once they actually receive care. Additionally, this text plays into the CNBC video clip, as the six Black medical professionals interviewed really emphasized the importance of the environmental factors and sheer amount of external, structural factors that impact Black Americans when it comes to receiving healthcare.

Racism as a public health issue, Jim Dryden and Kamaria Lee, podcast (and podcast transcript) (<https://medicine.wustl.edu/news/podcast-racism-as-a-public-health-issue/>)

This podcast is an important supplement to fill in gaps of other texts. In particular, this podcast addresses many historical factors to explain the systemic aspect of racism in the healthcare system. This was used in my Build a Module assignment as an advanced reading, but I find that listening to discussions and hearing different perspectives can be very important in helping to form one's own opinion. One really important quote comes from Kamaria Lee, a medical student at Washington University; she says,

“It's this idea that Blacks are more likely to have the whole list: hypertension or diabetes and things like that. And that's really offensive when that is used as the rationale or the reason why there is a higher death rate in the Black community in St. Louis and across the country. Because a lot of that is said with this blame on the Black community, that it's our fault that we're just inherently unhealthy, that we could have made better choices. When really, you have to look again at history, you have to look at systemic racism and say, “What is it like to undergo racism and discrimination on a daily basis?” How is it possible for someone, whether it's microaggressions or something more overt, to experience these things chronically throughout their life and have it not affect their health?” (Dryden & Lee, 2020).

A Brief History of Racism in Healthcare, Harry Kretchmer, article (<https://www.weforum.org/agenda/2020/07/medical-racism-history-covid-19/>)

This article brings in a different perspective that we do not have from the other texts in the set, in that this article discusses examples of medical racism over the years, or provides a chronological account of ways Black Americans have been discriminated against up to the point of the pandemic. This includes practices such as feelings or beliefs that Black Americans have different -- and considered to be inferior -- bodies, deception

and misinformation across medical studies, aspects of experimentation without consent, discrimination in the digital software used to manage healthcare. The article discusses the idea of implicit bias against Black Americans, something seen in each and every example outlined above, and this is not something that just goes away overnight. But, since it has been left unaddressed and unbothered, is able to accumulate in the ways we see this racism today with the Covid-19 pandemic.

References

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