Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Social Sciences & Humanities Open 2 (2020) 100070

Contents lists available at ScienceDirect

Social Sciences & Humanities Open

journal homepage: www.elsevier.com/locate/ssaho

Commentary on COVID-19 and African Americans. The numbers are just a tip of a bigger iceberg

Cindy Ogolla Jean-Baptiste [a,*], Tyeastia Green [b]

[a] Massachusetts Veterans Epidemiology, Research and Information Center MAVERIC, USA
[b] Office of the Mayor, Burlington, VT, USA

ARTICLE INFO

Keywords:
Covid-19
Blacks
Disparities
Disproportionate outcomes

In 2020, the world is facing a novel crisis with the pandemic of the coronavirus disease 2019 (COVID-19). The 2020 article, 'COVID-19 and African Americans' by Dr. Clyde Yancy (Yancy, 2020) expounds on racial disparities surrounding the black community, particularly highlighting the ongoing reported disproportionate death rates from COVID-19. Questions posed include whether these observations qualify as evident health care disparities or whether biological factors play into effect. We raise the question beyond why blacks have pre-existing illnesses that make them susceptible to COVID-19, but rather on how they acquired those illnesses. It is imperative to review the stressors that are unique to the black community; to analyze the disparities that have been here before COVID-19 and will remain after COVID-19 subsides. As leaders debate on reintegration of normalcy, we are left wondering what level normal is applicable as it pertains to the black community. Normalcy pre-COVID involves a spectrum of health and socioeconomic disparities for blacks in the US. We uphold that it is time to address normalcy and how it relates to the wellbeing and health outcomes of blacks in the US.

At the core of this discussion is the impact of racial inequalities in healthcare where blacks present disparate outcomes compared to whites, alluding to structural and systemic deficiencies and ineqities. The black community's reality is often generally an assortment of generational trauma from global historical injustice ranging from colonialism to slavery, racial and a myriad of systemic inequities coupled up with presently dealing with the exponential hazard of a colossal global pandemic. COVID-19 is illuminating disparities that have been long been denied, ignored, and continue exasperating a momentous majority of the black population. According to the latest CDC data on COVID-19, 89% of COVID-19 hospitalized patients had at least one chronic condition including hypertension obesity, diabetes and cardiovascular disease (CDC, 2020a, 2020b; Yancy, 2020). Multiple studies highlight the disparities experienced by blacks within these domains, meaning a significant proportion of blacks are at risk for poorer outcomes from COVID-19. Quinn has documented disparities associated with the seasonal influenza including poorer relationships between blacks and other minority patients with their providers (Quinn, 2018), rendering such patients and those with inadequate access at a disadvantage (Quinn, 2018). The author highlights comorbid disparities among blacks which would exacerbate the complications due to a respiratory disease, like COVID-19, which affects the lungs. Existing underlying comorbidities and respiratory diseases for blacks at higher rates than their white counterparts (Quinn, 2018) stem from deeply ingrained inequities and disparate socioeconomic standing (Yancy, 2020). Quinn predicted exponential hazard towards disparate Black communities should a pandemic, like COVID-19 to ever occur.

The CDC has ranked COVID-19 as the leading cause of death with 2,038,344 cases and 114,625 deaths as of June 13th, 2020 (CDC, 2020a, 2020b). The most recent census estimate of the US black population as of June 2019 in the US is a little over 13% (Bureau, 2018); yet 33% of reported COVID-19 hospitalizations in the US are African Americans (CDC, 2020a, 2020b). As predicted by Quinn in 2018, John Hopkin's research data illuminate a disproportionate black infection rate of more than 3-fold higher compared to that of whites. Mortality rates that have so far been reported show up to 6-fold higher deaths in black counties compared to white counties. These research data from 26 states indicate

* Corresponding author.
E-mail addresses: caogolla@gmail.com (C.O. Jean-Baptiste), tgreen@burlingtonvt.gov (T. Green).

https://doi.org/10.1016/j.ssaho.2020.100070
Received 30 April 2020; Received in revised form 15 June 2020; Accepted 4 October 2020
Available online 19 October 2020

34% of COVID-19 deaths (Aubrey, 2020). Some cities like Chicago show even higher disparities as shared by Yancy (Yancy, 2020), with 50% of the COVID-19 cases and 70% of resulting deaths despite black population making up 16% of the city. In Louisiana, blacks represent about one-third of the state population but 70% of COVID-19 deaths (Turk, 2020). COVID-19 is shining a spotlight on what happens when communities are ignored; when there is no investment placed in those communities, consequently leaving large amounts of the population out of economic prosperity and physical and emotional wellbeing.

In the United States, there is a lack of cultural competence and sensitivity which could have easily manifested itself into the recent disparity data around COVID-19 in the black community. There is an overarching American culture especially within that blacks, just like other BIPOC (Black, Indigenous, and People of Color) communities who reverberate on their own unique culture and practices. The disproportionate cases and outcomes could suggest that blacks may be genetically more vulnerable to COVID-19 or as we prefer to endorse, a broad spectrum of highlighted disparities that render blacks more susceptible to the virus. Before COVID-19 was declared a pandemic, memes circulated all over social media platforms claiming that blacks are immune to the disease (Are Black People Immune To Coronavirus, 2020). This originated from an incident involving an African student living in China being the first known African person to not only contract the virus but also recover from it. Reports were then published speculating superior antibodies due to his black skin. This sparked worldwide end of jokes that created a false allusion of protected immunity, considering that the hardest hit reports were predominantly from Europe and Asia with non-black majority cases (Are Black People Immune To Coronavirus, 2020). Despite these memes, originally intended to be in jest within the black community, the wide spread of misinformation over social media hurt blacks tremendously. Such unsubstantiated claims on disease resilience that favors one race over another with devastating outcomes particularly for blacks have a historical precedence. In 1793 during the yellow fever epidemic, 5000 people were reported to have lost their lives due to these false susceptibility claims by several white commentators; among them 400 blacks (Hogarth, 2019). We would argue that the impact of such beliefs still pans out today and affect how the BIPOC community are medically viewed or treated. An additional cultural component involves the nuclear family that is familiar to American whites yet often unrecognizable to a significant proportion of black communities for a variety of systemic reasons. For blacks and most other BIPOC communities, the extended family is part of the immediate family, residing in the same household. Not only is this a part of culture but also a means of financial and economic survival.

The mortality rates due to COVID-19 in the black community are a snapshot of a much larger problem in the United States. In order to piece together why the black and brown communities are disproportionately affected by this pandemic in the US, we must not ignore the historical context of health determinants, especially racism. Yancy has particularly emphasized the attribute of race as a health driver outside access issues. Racism influences social and health standing. This caliber of a pandemic highlights underlying inequities that limit black people's ability to protect themselves and to live healthy lives (Responding to Healthcare Disparities and Challenges With Access to Care During COVID-19, 2020). Everyone, regardless of race, holds stress in their bodies. However, the stress that blacks hold is caused mostly by living in racialized environments. It is common knowledge that blacks have significant gaps in wealth, income and education compared to whites (O'Brien, Neman, Seltzer, Evans, & Venkataramani, 2020). It is thus hardly a stretch of the imagination to conclude that blacks are less likely to have health insurance, consequently less likely to seek care. Additionally, the standard of care doctrine presents differently for the black community where doctors and health care providers are less likely to take their pains and illnesses seriously or offer unequal less personalized care (Bailey et al., 2017). Blacks are more likely to have grown up poor in homes in neighborhoods that have poor environmental conditions. Blacks are more likely to be a part of the working poor, which means food insecurity and affordability leading to food choices that are less likely to be healthy, but more as a means of survival. We also cannot ignore the effects of the criminal justice system in regard to COVID-19. Blacks have higher incarceration rates compared to whites even for the same crimes hence even more susceptible to COVID-19 infections in prisons or county jails. With social distancing identified as a measure to curb the spread of diseases, most black communities may find this a luxury as they are living in overcrowded environments, relying on public transportation which is also overcrowded. They are also most likely working as blue collared essential employees without options to telework, take paid time off work or practice safe social distancing.

It should have been apparent to the medical community and society at large that COVID-19 would strike the black community disproportionately. While in no way would any infrastructure have been able to predict the devastation currently being recognized due to the pandemic, we uphold that managing information to disparate communities and reducing disparities should be an ongoing priority for public health and health systems in order to not only flatten the curve but achieve health equity. Yancy acknowledges that race is not the end all be all factor in determining disparity, emphasizing on the higher risk factors and attributes consistent with race, particularly for blacks. We recognize that the documented disparities that disproportionately affect blacks are not often well understood. We however do underscore other disparities like socioeconomic standing, chronic stress from poverty, racism and discrimination and environmental hazards that render the black community disadvantaged and more likely to suffer from such a novel catastrophe. A conversation about disproportionate prevalence and mortality rates by race should also include data about the investment or lack thereof in those communities. For blacks in America, the systemic snub coupled with segregation has caused poverty and communities that are high density, high crime, and have poor access to healthy foods (O'Brien et al., 2020). The paradox of being black in America is being invisible and highly visible at the same time. As black women in America, we resonate with others who feel ignored in our communities, often not represented in the American fabric; ignored to a point where even a global pandemic does not take long to vividly illuminate both historic and present disparities.

Research is bound to be ongoing for some time to come to identify the incidence, prevalence, and other salient patterns of COVID-19. As the current pandemic continues to shed a light on the racial disparities, we uphold Yancy's verbiage for action. We call for intentional strategies targeted at overcoming barriers associated with COVID-19 for blacks, particularly in currently hard-hit regions such as Chicago, Detroit and New York City. Like Yancy, we also challenge Public Health agencies to address a swath of disparities where COVID-19 is only a tip of the iceberg. Currently, the Federal government, including several states are yet to release demographic data on the race or ethnicity of COVID-19 positive cases. We argue for an infrastructural overhaul particularly in areas heavier hit to mitigate the information gap and address variables that aggravate existing disparities for minorities or other socioeconomically disadvantaged individuals who are hardest hit by the virus. The effects of COVID-19 are just a tip of a bigger iceberg within the black community, and normalcy will not bring fresh air to most black folk. Additional research does not need to inform us how blacks suffer from health inequities. As explicitly stated by Hogarth (Hogarth, 2019), without explicitly citing racism as a potential determinant of health and contributor of poor health outcomes for racial minorities, we run the risk of focusing on the root cause of those disparities exist. We adamantly emphasize that the research and health communities know what they need to know from science regarding who is suffering, who is bound to suffer. What we need now are bolder actions targeted towards those consistently disparate with rigorous evaluation. History has repeatedly presented members of one race facing the worst outcomes consistently, including during this novel pandemic. We uphold that the spade needs to be duly called by its name and we should admit, as a society, that

generational systemic inequities continue to hurt the black community. We, as members of the black community, call for rapid intervention that drives us into solutions for COVID-19 disparities and beyond. Interventions that address social, behavioral and environmental determinants of health. Interventions that focus on the structural racism affecting BIPOC individuals particularly black folk offer a feasible, and promising approach towards advancing healthequity (Bailey et al., 2017). Interventions should mitigate and alleviate future threats to the already disparate status quo that is black health and wellness as it currently presents in the US.

The effects of COVID-19 on blacks coupled with discussed preexisting conditions will most likely set several black communities lagging in health wellness and socioeconomic growth. Achieving health equity calls for intentional investment in the health of those consistently facing the brunt of poor health, including the present global scale pandemic. Interventions should involve a multifaceted approach tackling education, systemic inequities, generational trauma, racism towards bridging socioeconomic disparities. An overhaul into these systems that affect the overall survival of the black community in order to make health equity a possibility for black folk in the US.

Author contributions

Cindy Ogolla Jean-Baptiste: Conceptualization; Methodology; Investigation; Writing- Original draft preparation; Review; Redraft.

Tyeastia green: Conceptualization; Methodology; Investigation; Writing- Original draft preparation; Review.

All authors read and approved the final version of the manuscript.

Role of the funding source

None.

Disclaimer

The opinions reflected in this article are of both authors and are not of nor endorsed by their respective affiliated organization.

Declaration of competing interest

None.

References

Are Black People Immune To Coronavirus: How A Joke Turned Into A Believable Myth. https://www.okayplayer.com/news/are-black-people-immune-to-coronavirus.html. Published 2020. Accessed June, 12, 2020.

Aubrey, A. (2020). Who's hit hardest by COVID-19? Why obesity, stress and race all matter. https://www.npr.org/sections/health-shots/2020/04/18/835563340/who-s-hit-hardest-by-covid-19-why-obesity-stress-and-race-all-matter. (Accessed 27 April 2020).

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet, 389*(10077), 1453–1463.

Bureau, U. C. (July 1 2018). Population estimates. V2018. Published n.d https://www.census.gov/quickfacts/fact/table/US/PST045218. (Accessed 27 April 2020).

CDC. (2020a). *Preliminary estimates of the prevalence of selected underlying health conditions among patients with coronavirus disease 2019 — United States february 12–march 28, 2020*. USA: CDC. February 12–March 28.

CDC. (2020b). Coronavirus disease 2019 (COVID-19): Cases in the U.S. Published 2020a https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html?fbclid=IwAR091wYZ54RPC1tdbDuQ9ViZo7oYQ0w97wuh73-XK0DcuIl_YgzMj-pm5pA. (Accessed 13 June 2020).

Hogarth, R. A. (2019). The myth of innate racial differences between white and black people's bodies: Lessons from the 1793 yellow fever epidemic in philadelphia, Pennsylvania. *American Journal of Public Health, 109*(10), 1339–1341.

O'Brien, R., Neman, T., Seltzer, N., Evans, L., & Venkataramani, A. (2020). Structural racism, economic opportunity and racial health disparities: Evidence from U.S. counties. *SSM - Population health, 11*, 100564.

Quinn, S. C. (2018). African American adults and seasonal influenza vaccination: Changing our approach can move the needle. *Human Vaccines & Immunotherapeutics, 14*(3), 719–723.

Responding to Healthcare Disparities and Challenges With Access to Care During COVID-19. Health Equity. 2020;4(1):117-128.

Turk, S. (2020). *Racial disparities in Louisiana's COVID-19 death rate reflect systemic problems*. https://www.wwltv.com/article/news/health/coronavirus/racial-disparities-in-louisianas-covid-19-death-rate-reflect-systemic-problems/289-bd36c4b1-1bdf-4d07-baad-6c3d207172f2. (Accessed 28 April 2020).

Yancy, C. W. (2020). COVID-19 and african Americans. *Journal of the American Medical Association, 19*(323), 1891–1892. https://doi.org/10.1001/jama.2020.6548. PMID: 32293639.