I Can't Breathe – Race, Violence, and COVID-19

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It feels strange to walk to work surrounded by banners and posters hung outside homes; they say "Thank you healthcare workers!" and "Heroes!." In some ways it makes me feel as if I am headed off to war. Except in this case the war is not being fought with tanks or missiles, but with ventilators and intensive care units. Our foe is an insidious virus called SARS-CoV-2.

Unlike soldiers, firefighters, or police we as healthcare workers do not usually put our own lives in jeopardy. Although this has not always been the case, such as during the 1918 Spanish influenza that claimed the lives of countless medical professionals, during the course of my medical education and training I cannot think of a time where I was faced with my own mortality until SARS-CoV-2.

During the past several months SARS-CoV-2 has upended our nation. It has led to over 1.7 million infected and the tragic deaths of over 100,000 Americans. This pandemic has led to tremendous and not yet fully understood economic hardship with estimated 1 in 4 Americans now unemployed.

Although our nation has struggled and grappled with this new pandemic, we are suddenly hit with a new crisis. The recent killings of Ahmaud Arbery, Breonna Taylor, Tony McDade, and George Floyd have led to civil unrest, and race has once again come to the center stage of our national attention.

SARS-CoV-2 and racial equality, these 2 concepts have been on my mind constantly the past several weeks. I am a Black second year general surgery resident; I work at a large urban US hospital. I go to work every day to defend our nation against a deadly virus that has upended our society; it is the same nation that has allowed for the systemic oppression of my people. I grapple with the tension of risking my life every day to fight for a country that may not value my life as equal.

As a physician I began looking inward, towards my own community to see how we could do better. Unfortunately, the medical field has woefully inadequate representation of minorities. Over the past 35 years the number of Black males applying and matriculating into medical school has declined. There are fewer Black men that entered medical school in 2014 than there was in 1978.[1] As a field we must do better to address the lack of diversity in our ranks. Medical school and residencies must find ways to improve the representation in race, ethnicity, sex, sexual orientation, and all matter of diversity. We must do this for the benefits of our profession, but most importantly for the health of our patients. Research has shown repeatedly that a diverse physician workforce improves the care of patients. Minority patients are more likely to seek out and feel comfortable with minority physicians,[2] and participate in clinical trials.[3] Minority physicians have been shown to be more likely to practice in medically underserved communities and treat patients of color.[4]

This call to action is more important than ever in the era of SARS-CoV-2. We have seen the exasperation of known health disparities highlighted by this new virus. Early data is showing both the rate of infection and mortality from SARS-CoV-2 are substantially higher for Black individuals. Preliminary data from Chicago reports a mortality over 3 times higher for Black patients (73/100,000) when compared to whites (22/100,000).[5] The etiology of these disparities is not yet known. A genetic predisposition to more severe disease in the Black community is possible, although it seems more plausible that there are other factors at play such as higher rates of comorbidities, poor healthcare access, inequitable distribution of testing or hospital resources, work exposures and many other factors. Understanding the reasons for these health disparities will be critical towards effectively mitigating these inequities and should be an imperative of future research.

In hospitals across the country patients are gasping for air as their lungs succumb to a deadly infection, whereas in the streets of our nation Black citizens are chanting "I can't breathe" as a call to end police brutality and systemic racism. The parallels are striking and suffocating.

I'm a hero; but also a second-class citizen. These are the 2 aspects of my identity in direct conflict. One moment, I will be elated with joy after having helped facilitate a good outcome for one of my patients, and several hours later be distraught after looking at the news and seeing oppression of Black citizens highlighted across the country. After reflection I have come to this conclusion: I took an oath to do no harm. An oath to protect the health of my patients and fight disease and illness above all else. This is an oath I will continue to honor; no matter the circumstances of our nation or how my background is viewed or valued.

Nevertheless, we as a community of surgeons and physicians have an opportunity to inspire action and change during this critical moment in history. Hospital and surgical leadership should actively denounce police brutality, and all forms of racially motivated violence. Program directors and administrators must make recruitment, retention, and support for minority faculty, residents, and students a priority. Implicit bias training should become routine for all physicians. Additionally, funding and support for health care disparities research must be prioritized and expanded. These are just a few of the many actionable steps the medical community can take towards combating racism and healthcare disparities.

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