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COMMENTARY

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Sick While Black: An Unhealthy Combination

The COVID-19 crisis has highlighted many of the failings of the US health care system, including the racial disparities that have always been present. You are probably aware that African Americans and Hispanic Americans have suffered more from COVID-19 than their white fellow citizens. In Chicago, where blacks make up 30% of the population, they make up 50% of COVID-19 cases and nearly 70% of the deaths. Similar statistics are found throughout the country. Part of the reason that blacks have suffered disproportionately is due to social and economic factors: blacks are more likely to live in crowded housing, which increases disease spread; and they are more likely to depend on crowded public transportation, where "social distancing" is difficult or impossible. Black Americans are more likely to work in low-paid occupations considered essential, which cannot be done from home, including many of the lowest-paid health care workers such as nurses' aides and home health aides. African Americans also suffer more from the diseases that increase the odds of dying from COVID-19: hypertension, diabetes, obesity, and cardiovascular disease.[1]

The ravages of COVID-19 are just the icing on the cake of racial disparities. Pregnancy-related deaths, a marker of how well a country's health care system works, is much higher in the United States than in comparable wealthy countries, even among white women, but is strikingly higher in black women. In countries such as Japan, Australia, France, Germany and Denmark, the number of maternal deaths per 100,000 births ranges from 5 to 8. In the United States it is 17 among all women, but in non-Hispanic black women it is 40.8![2]

Black Americans with cancer, lymphomas, and leukemias die sooner than do white Americans with the same disease.[3] Those with lower socioeconomic status, who are disproportionately black, have much more premature coronary disease and die younger of heart disease.[4] Even when they receive "high tech" interventions such as coronary stents, black Americans had higher risk for major cardiovascular events in the years that followed.[5] Black adolescents got fewer flu shots than did white and Hispanic teens.[6]

Hispanic and black Americans are less likely to have a primary care physician, make fewer doctor visits, and are less likely to get outpatient mental health care than white Americans. The Affordable Care Act (AKA "Obamacare") increased access to health insurance for the overall population but benefitted white much more than black Americans.[7] The largest number of Americans get their health insurance from their employers, but small employers are much less likely to offer insurance than large ones, and many blacks work in hazardous low-paying jobs with companies that do not offer many benefits.

What can we do? As the richest major country in the world, we cannot allow any of our citizens to starve, or to not have a roof over their heads or die from treatable illnesses. Whether through adopting universal health care, expanding Medicaid, or providing a public option for those without employer-based insurance, we must guarantee that everyone has access to basic health care. Because much of an individual's (and a nation's) health depends on social factors rather than traditional health care, we should strive to see that everyone—white, Hispanic, and black—has a living wage and affordable housing and access to healthy foods. New mothers would be less likely to have health issues if the United States joined most of the western democracies to mandate paid maternity leave.

We *can* do better and we *must* do better. COVID-19 will eventually be behind us, but the health disparities that have been made worse by this pandemic will remain unless we take this opportunity to create a better country for all.

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