COVID-19's assault on black and brown communities

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African-American and Latinx populations are being devastated by the coronavirus, in Philadelphia, statewide, and across the country. Members of the black and Latinx communities make up a disproportionate number of COVID-19 cases, and have more severe outcomes when they are hospitalized.

According to data from the City of Philadelphia, as of May 13, African Americans accounted for at least 46.9% of Philadelphia's almost 19,000 coronavirus cases.

Latinx people have comprised 71.6% of all coronavirus cases in York, Pennsylvania, where they are only 33.3% of the population.

In New York City, which has more than 185,000 COVID-19 cases, the Latinx (30.7%) and African-American (30.2%) communities make up more than 60% of all coronavirus deaths.

Each of the first 12 people to die from COVID-19 in St. Louis were black, and African Americans currently represent 1,032 of the city's 1,535 coronavirus cases.

On May 13, Chicago had 33,120 COVID-19 cases. Latinx (42.1%) and black (33.3%) people constituted more than 75% of all coronavirus diagnoses.

There is nothing wrong with black and brown bodies—no flaw or genetic

or biological defect—to cause these dreadfully high numbers. Nor is the disparity natural or inevitable.

Structural racism and inequality are at fault, and the unjust health and socioeconomic conditions they have wrought.

The coming COVID storm

Bridgette M. Brawner could see the tempest stirring.

An associate professor of nursing in the School of Nursing, her research focuses on the health inequities of historically underserved communities.

Every time there is a major public health concern, she says the same scenario plays itself out: The most vulnerable and under-resourced are the most severely affected.

With the coronavirus, it has been no different.

Due to decades of structural racism, such as redlining and discriminatory housing practices, Brawner says African-American and Latinx populations have been relegated to underserved, unhealthy areas, where they are regularly exposed to environmental toxins and have limited access to quality health care and nutritious food.

Certain brown and black people are also less likely to hold jobs that permit them to work from home—"To stay at home and shelter in place is a privilege," Brawner says—and make up a large percentage of essential workers, such as grocery clerks, transit workers, and hospital staff, among others, putting them at greater risk of exposure.

These societal inequities and environmental influences make some members of the African-American and Latinx communities more

susceptible to COVID-19, so she knew they would be hit hardest by the pandemic.

"What's happening right now with coronavirus is not surprising," Brawner says. "But what it is doing is shining a light on the fact that if we don't start addressing those underling social and structural determinants of health—no matter the new virus, or the new disease, or whatever the new thing is that comes our way—we're going to land in the same place, and that place is black and brown people disproportionately being affected and dying."

Brawner says reports of COVID-19's attack on African-American and Latinx communities have largely focused on their behaviors, lifestyle choices, and underlying conditions, with nary a word about racism and discrimination, which she says are the root causes of the inequity. This includes what happens when they present for care and are denied testing, misdiagnosed, and/or do not receive adequate treatment due to implicit bias, and other structural issues in the health care system.

"It's difficult for people to acknowledge the extensive toll of racism and not everybody wants to talk about it," she says. "But if we just tell the story of where we are without how we got here, then we will just continue to perpetuate the issues and keep coming back to the same place."

Inequalities produced by policy

Courtney E. Boen, an assistant professor and Axilrod Faculty Fellow in the Department of Sociology in the School of Arts & Sciences, studies how broader systems of inequality, such as racism, factor into producing disparities in population health.

Boen, who is also a research associate at the Population Studies Center,

says many pundits and medical experts have talked about the high rates of the coronavirus among African Americans and Latinx people as if they are natural and inevitable disparities determined by race. In reality, she says the infection and death rates stem directly from social and economic conditions that put people at risk of infection and shape their likelihood of survival, such as where they work and where they live.

"We know, for example, that because of the racial patterning of work in the U.S., black and Latino workers are disproportionately being forced to work or risk losing their job in the pandemic," she says. "We know also that folks who are able to practice social distancing are less likely to be infected. Well, your ability to safely social distance directly reflects where you live and in what types of housing you live. If you live in a densely populated urban area with substandard housing, or you live with multiple family members or in a multigenerational household, this can increase your risk. You may have caregiving responsibilities that require you to look out for other people outside your household, so you're going to be less likely to be able to social distance."

One of the factors that medical professionals have singled out to explain some of the high deaths rates from COVID-19 among African Americans is the fact that they have higher risk of chronic disease. Boen says this is not a natural occurrence, but relates to how racism as a social inequality and structure patterns social conditions in the United States in ways that increase the risk of chronic disease.

"I think it's really important to note that the disparities that we're seeing in infection and death rates directly stem from social and economic conditions, and that these social and economic conditions and the inequalities were produced by policy decisions," she says.

Less care, poor care, and late care

Karen Glanz, the George A. Weiss University Professor with appointments in the Perelman School of Medicine and the School of Nursing, says COVID-19 isn't the first or only disparity that the medical community has observed, but it is unique in that it is unfolding right before our eyes and changing the world as we see it.

"We're collecting information as close to real time as can be, whereas for a lot of these other issues, they might be observed but it's years before they're reported," says Glanz, who is also director of the UPenn Prevention Research Center. "So I think that is raising the profile of the disparities."

In an April 14 op-ed in the *Philadelphia Inquirer*, as racial data from the coronavirus began to emerge, Glanz and co-author Carmen E. Guerra, the Ruth C. and Raymond G. Perelman Associate Professor of Medicine at Penn Medicine, called attention to the disproportionately large number of African Americans dying from the virus, and advocated for "the social and health disparities that affect black individuals in nonpandemic times" to be addressed with even more urgency.

Facts and figures from COVID-19 have shown that African Americans and Latinx people are more likely to contract the coronavirus, and have poorer health outcomes and higher death rates as well. Glanz says she believes the higher death rates result from members of the black and Latinx communities receiving less care, poor care, and late care.

"I think much of that has to do with access to health care, getting tested, diagnosed, and into treatment early," she says, "getting treated with the best care. They may not have a primary care physician, or may not be able to get to a hospital."

Several of the medical conditions that lead to higher health and coronavirus risks among African Americans, like diabetes, high blood

pressure, and heart disease, can be mitigated through screening and precautionary care, but Glanz says many black people face obstacles to preventive services.

Black deaths in real time

For Kevin Ahmaad Jenkins, a lecturer in health policy at the School of Nursing and the School of Social Policy & Practice, watching African Americans die from the coronavirus has been like watching videos online of unarmed black people being shot and killed by the police.

"We're literally watching ourselves die in real time," he says. "We watch these police videos where people were shot and they did nothing wrong, yet there's no indictment. And now here we are again, watching folks in our community, left and right, not just going to the hospital, but dying, and there's no indictment. There's no indictment of our government, there's no indictment of our leaders."

Jenkins, who is also a core investigator at the Center for Health Equity Research and Promotion at the Philadelphia VA Medical Center, says he and his research team recently finished dissecting the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the U.S. government's response to COVID-19, with a fine-tooth comb. They outlined the legislature history of the coronavirus and determined that the first bill was passed by Congress on Jan. 24. Public officials, he says, should have known about the coming harm to black and brown communities.

When guidelines were released with warnings to the general public, Jenkins says there was much discussion about the dangers the virus posed to the elderly and people with vascular-based diseases and respiratory ailments, but little talk about the threat to the AfricaniAmerican and Latinx communities, who shoulder a larger burden of the risk factors.

Incensed, Jenkins has been speaking out about the destruction the virus is bringing to black and Latinx communities in various television, radio, and online media outlets.

On March 28, as black deaths continued to mount, Jenkins wrote on his Twitter page, "Black folks are not at risk because we're black. Black folks are at risk due to the underlying comorbidities and social circumstances that shape that black experience."

"When I talk about we are at risk because we're black, it's not race that puts us at risk," he says, "it's racism."

Solutions to save lives

Brawner says the first step in solving the disparity is to acknowledge that racism and discrimination exist and are the driving forces behind the health inequities.

She says she is most concerned about what will happen to African-American and Latinx communities when the coronavirus no longer dominates the news.

"When our communities are still being pummeled in the aftermath of this and we know that people are sometimes in positions where they can't stay home and things are reopened, where are we going to be?" she says. "How many more lives will be lost unnecessarily when COVID-19 shifts from a national concern to something 'those people over there' have to fend for themselves to fight?"

In terms of primary prevention, Boen says actions like increasing community access to personal protective equipment, locating testing sites in hard hit areas, enacting living wage laws, and extending paid sick leave can make a huge difference.

"We know that [paid sick leave] is highly unequally patterned by race and ethnicity in the United States, and that's crucial for preventing the spread of infection," she says.

In the short term, Glanz says it is essential that government assistance be directed toward the vulnerable and minority communities. Long term, she says there needs to be more aggressive action taken by those in power to find solutions and ensure that resources are distributed equitably in society, and that the community is involved and helping each other as much as they can.

Jenkins says African Americans need a grassroots effort to help one another, as they did during the Spanish flu epidemic of 1918, as well as continued discussions to hold leadership accountable and a secure, accurate, up-to-date information channel to stem the flow of misinformation.

"When it comes down to psychosocial supports and the socioeconomic support, we're really going to have to look within to be able to help each other and leverage through this process," he says.

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