

## Opinion: Health Crisis Means People of Color Fighting a Two-Front War

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To be a person of color in the United States of America is to fight battle after battle with their counterparts, law enforcement, politicians, school systems and the one exception should be the health sector. In this vein, one can imagine being a person of color amidst a global pandemic, is adjacent to fighting a two-front war with nothing but an aspirin as ammunition. People of color have been subjected to a number of social and systemic inequities for many years when it comes to healthcare issues. Inequities that have put many people from ethnic minorities in increased risk of getting sick and dying from various outbreaks.

Socioeconomic and political determinants have had a history of preventing these groups from having fair access to health care. Today, a growing body of research shows that some racial and ethnic minorities around the US have been disproportionately affected by the current coronavirus pandemic. High levels of poverty have made them less likely to get access to healthcare which in turn has significantly affected their quality of life<sup>1</sup>. People of color in the United States have been severely affected by health crises broadly, but even more so in the wake of COVID-19. And disproportionate vaccine responses have affected people of color nationally.

### Demographic background

The longstanding disparities in health and healthcare facing people of color in America has been a major issue for some time now. The Affordable Care Act (ACA) aimed to help reduce these disparities, but studies prove that there is still a long way to go before the problem is solved. For example, the high prevalence of disease and a higher mortality rate among people of color as a group represent a high number of people with underlying conditions such as diabetes, heart diseases, HIV/AIDS and cancer<sup>2</sup>. These diseases put them at a very high risk of getting affected by opportunistic disease outbreaks like the coronavirus and cholera. Data shows that although people of color have a relatively younger population when compared to white people, they are more likely to have an underlying health condition, making them extremely vulnerable to diseases like the coronavirus.<sup>3</sup>

Another reason for the disproportionate effects of diseases on people of color is discrimination. Research shows that a number of people of color who are past the age of 60 have endured some form of racial abuse and discrimination that could potentially lead to chronic

1 Olivia Pham et al., "Latest Data on COVID-19 Vaccinations Race/Ethnicity," *KFF* (blog), May 12, 2021, <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/>.

2 Delan Devakumar et al., "Racism, the Public Health Crisis We Can No Longer Ignore," *Lancet* (London, England) 395, no. 10242 (2020): e112–13, [https://doi.org/10.1016/S0140-6736\(20\)31371-](https://doi.org/10.1016/S0140-6736(20)31371-)

3 Samiya A. Bashir, "Home Is Where the Harm Is: Inadequate Housing as a Public Health Crisis," *American Journal of Public Health* 92, no. 5 (May 2002): 733–38.



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stress. And when compared to white people, people of color and other ethnic minority groups have a higher probability of being uninsured and therefore at a higher risk of not getting access to medical access<sup>4</sup>.

### Increased risk

Rates of morbidity and mortality for people of color is higher than white Americans.<sup>5</sup> A general claim posited is that the declining health of people of color is a result of individual lifestyle, rather than being a consequence of fundamental inequities in society and our healthcare system. For example, a healthier lifestyle can be achieved in theory through a balanced diet, incorporation of exercise as well as access to adequate healthcare. Our social strata afford an unfortunate volume of POC inability to front the bill of a healthier pallet, even more so better quality healthcare; all this combined with the inability to make time for recreational exercise due to demanding jobs--are a recipe for this community's disaster. An additional factor working to their detriment is health exposure, considering "people of color account for 43% of all essential workers"<sup>6</sup> and are without necessary protection. With so much already working against them, it can be expected that in a pandemic that affects every facet of life they would bear the brunt of its impact.

As was clearly emphasized by the Centers for Disease Control & Prevention, "COVID-19 has unequally affected many racial and ethnic minority groups putting them more at risk of getting sick and dying from COVID-19"<sup>7</sup> According to early data collected on the prevalence of the coronavirus, African Americans made up 29% of the total number of confirmed coronavirus cases in the country.<sup>8</sup> Additionally, in the District of Columbia, African Americans accounted for more than 55% of the total number of coronavirus deaths in that city. In Louisiana, 32% of the population is made up of African Americans, by the end of April, 70% of the people who had succumbed to the disease in the state were African Americans. Similarly, in Illinois people of color make up about 40% of the whole population. They made up about 48% of the total number of people confirmed to have the virus and about 56% of the total number of covid-19 related deaths by the end of April 2020<sup>9</sup>. This trend can be observed in most parts of the country. In sum, a higher percentage of African Americans are affected by the virus and an even higher percentage die from it compared to other American demographics.<sup>10</sup>

### Disproportionate distribution of vaccines

People of color are less likely to access vaccines compared to their white counterparts due to barriers to effective access as well as vaccine hesitancy.<sup>11</sup> There is some evidence that minimal access to vaccines among people of color are due in part to their having higher uninsured rates as well as other structural barriers.

4 Eva Clark et al., "Disproportionate Impact of the COVID-19 Pandemic on Immigrant Communities in the United States," *PLoS Neglected Tropical Diseases* 14, no. 7 (July 13, 2020), <https://doi.org/10.1371/journal.pntd.0008484>.

5 Kristin J. August, PhD and Dara H. Sorkin, "Racial/Ethnic Disparities in Exercise and Dietary Behaviors of Middle-Aged and Older Adults," *Journal of General Internal Medicine*, March 2011, pg. 245–250, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043172/>.

6 Catherine Thorbecke, "Heroes or hostages?: Communities of color bear the burden of essential work in coronavirus crisis," *ABC News*, May 22, 2020, <https://abcnews.go.com/Business/heroes-hostages-communities-color-bear-burden-essential-work/story?id=70662472>.

7 CDC, "Community, Work, and School," Centers for Disease Control and Prevention, February 11, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>.

8 Pham et al., "Latest Data on COVID-19 Vaccinations Race/Ethnicity."

9 Pham et al.

10 CDC, "Community, Work, and School," Centers for Disease Control and Prevention, February 11, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>.

11 Kirsten Bibbins-Domingo, Maya Petersen, and Diane Havlir, "Taking Vaccine to Where the Virus Is—Equity and Effectiveness in Coronavirus Vaccinations," *JAMA Health Forum* 2, no. 2 (February 18, 2021): e210213, <https://doi.org/10.1001/jamahealthforum.2021.0213>.

The first and most pertinent barrier is the number of people of color who are uninsured. As stated earlier, people who are not insured have a lower probability of access to care due to the high cost. Although today the percentage of people of color who have health insurance has increased, statistics still indicate they lag behind in terms of vaccination against COVID-19.<sup>12</sup> It is important for our health sector to incentivize community leaders to encourage vaccination efforts from their delegations and constituents. People are more likely to take this step when validated and pushed by members they know and in whom they trust.

The second structural barrier relates to historic racism and ongoing discrimination against people of color. Although empirically it may be that discrimination has decreased

in comparison to past decades, African Americans are still left behind when it comes to matters of health. According to a recent study by the Kaiser Family Foundation people of color and especially African Americans have been less likely to receive the coronavirus vaccine compared to white people, despite it being free. Though the vaccine has been deemed safe for use by scientists around the world, many people of color still cite safety as their reason for avoiding the vaccine.<sup>13</sup>

The majority of the people who cited safety concerns around the vaccine were mostly above the age of 50; a population that, historically, experienced the full wrath of racism and hate from white supremacists. In the same survey, at least seven in ten people of color felt that race-based discrimination in the health sector still existed. These results were not surprising because many surveys in the past have shown that people of color often claim negative treatment at the hands of healthcare professionals.

### Recommendations

As it pertains to the pandemic, preventing racial disparities in vaccine rollout is of heightened importance as we work toward the goal of herd immunity. It is however proving quite difficult as these barriers faced by many people of color from accessing health care, remain rampant. If the government is to tackle the problem of disproportionate distribution of vaccines, it will have to find solutions for the aforementioned underlying barriers like lack of insurance. Additionally, the government must ensure that the distribution of the vaccines is carried out in an equitable manner giving priority to the most vulnerable groups like the elderly, people with underlying conditions, and people of color<sup>14</sup>. If these challenges go unaddressed, a lasting impact on our ability to tackle this pandemic can be expected to continue, especially the level of distrust among people of color.

12 Bibbins-Domingo, Petersen, and Havlir, "Taking Vaccine to Where the Virus Is—Equity and Effectiveness in Coronavirus Vaccinations."

13 "A Framework for Equitable Allocation of Vaccine for the Novel Coronavirus | National Academies," accessed May 14, 2021, <https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus>.

14 Helene D. Gayle and James F. Childress, "Race, Racism, and Structural Injustice: Equitable Allocation and Distribution of Vaccines for the COVID-19," *The American Journal of Bioethics: AJOB* 21, no. 3 (March 2021): 4–7, <https://doi.org/10.1080/15265161.2021.1877011>.