MAY 2020 | WGSS 2263

COVID-19AND BLACKAMERICA



BECAUSE WHEN AMERICA CATCHES A COLD,
THE BLACK COMMUNITY CATCHES THE FLU.

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Letter to Reader

As COVID-19 took America by storm in early 2020, article after article was published asking "Why are Black Americans dying at higher rates?" and "Why are African Americans impacted so much more?". Dr. Anthony Fauci of the White House Coronavirus Task Force explained on April 7, 2020 that it was due to higher rates of "underlying medical conditions."

Several cities have published their Coronavirus death rates, distinguishing African American deaths from others. In several cities, the death rates for African Americans have been much larger percentages than their representation in the population. Why is this so? And why are other Americans ignoring this? What does this mean? What are the actual root causes of this disparity? We must address the root causes of such disparities. We must investigate to advocate.

I am focusing on this topic because it is something I do not understand. I don't understand how we as a country can place our Black communities in this position. It is relevant. It is powerful. And it needs to be investigated.

Violence is not always so obvious or visible. While systemic violence against Black people has become more of a topic of conversation in recent years, it is still a topic that some people avoid speaking about. There are numerous aspects of society that silently perpetrate violence against Black America.

I hope that through this zine, I can illuminate some of the systemic forces impacting Black Americans and show what these startling death rates are rooted in.

Sincerely,

Grace Lemire





GLOSSARY

<u>Underlying conditions:</u> "a chronic or long-term illness, which in turn weakens the immune system"

COVID-19 (Coronavirus): COVID-19 is a disease caused by the new coronavirus that emerged in December 2019 in China. The symptoms of COVID-19 include cough, shortness of breath, fever, sore throat, muscle aches, unexplained loss of smell or taste, headache, and diarrhea. COVID-19 can be very severe and in some cases fatal. COVID-19 can be spread from person to person and is diagnosed with a laboratory test. There is no vaccine for coronavirus yet. Prevention involves washing hands frequently, coughing into your elbow, staying home if you are sick, wearing a cloth face covering or mask, and practicing social distancing.

<u>High-risk:</u> Vulnerable populations, such as individuals with underlying medical conditions, are considered to be high-risk. This means that they have a greater chance of experiencing severe illness or death should they suffer from coronavirus. These people should take extra precautions to avoid getting sick such as staying home, washing their hands often, staying at least 6 feet away from other people, avoiding travel, stocking up on supplies, and contacting a doctor should concerns arise.

<u>Violence:</u> The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

Violence can be both direct and indirect. Direct violence is violence in which the actor or perpetrator can be clearly identified. Indirect violence is violence in which there is no direct actor; "violence is built into the structures, appearing as unequal power and unequal opportunities", for privilege.

Systemic: something that is spread throughout a system or structure that affects a group, such as a body of people, a market, or a society. Systemic is also used to describe processes or systems that have developed over time through large structures in society (ex. Systemic racism).



1 Downey, 2020.

2 Sauer, 2020.

3 What You Can Do, 2020.

4 Definition and Typology, 2011.

5 Powell, 2020.

CORONAVIRUS TIMELINE

A REPORT ON COVID-19

In late December 2019, China reported a small number of cases of pneumonia in Wuhan. After testing, the novel coronavirus was identified. The following day, the World Health Organization had set up a response team focused on dealing with the outbreak in China. At this point in time, there were no deaths associated with the coronavirus. Today, it has spread to at least 177 countries, and has struck more than 3 million individuals in less than 4 months.

Less than 2 weeks after the initial outbreak in China, the first coronavirus death was reported. By January 20th, cases were popping up in other countries such as Thailand and South Korea. China began to shut down Wuhan, suspending public transit as more people died from coronavirus. Then, came the first confirmed case in the United States.

On January 30th, the World Health Organization declared a global health emergency, and the following day, the Trump administration restricted all travel from China. By February 11th, the World Health Organization proposed an official name for the disease caused by the coronavirus, calling it COVID-19. The acronym is intended to stand for "coronavirus disease 2019." While the name makes no reference to any place or group of people, there have been stigmas and stereotypes attached to the virus.

Just days later, on February 20th, the first COVID-19 death was reported outside China, as a man in the Philippines died after being infected. At this point in time, roughly 360 people had passed.

Over the next month, several people in other countries were infected including doctors and nurses. Countries faced surges in cases, unable to keep up with the demand. By February 29th, the United States had its first reported COVID-19 death.

In the month after the US' first COVID-19 death, U.S. officials approved widespread testing for the virus, the Trump administration blocked all travel from Europe, a national emergency was declared, and social distancing orders were put in place. While the U.S. began their journey to minimize the impact of this global pandemic, China began to make headway on their plight. On March 19th, China announced that there were no newly reported cases for 24 hours, a massive step in the right direction.

By March 26th, the United States lead the world in its number of confirmed cases. It was the country hardest hit by the pandemic and had more reported cases than China. Since then, several travel advisories, lockdowns, and business shutdowns have been put into place. Millions of people have lost their jobs, the economy has suffered, students have been brought out of schools, lives have been lost, and more.

COVID-19 AND BLACK AMERICA

TRENDS THAT ARE SHAPING OUR FUTURE

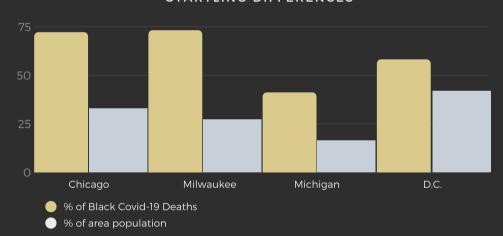
CURRENTLY, THE U.S. IS



YET, COVID-19 DEATHS HAVE BEEN



U.S. AREAS' BLACK COVID-19 DEATHS VERSUS REPRESENTATION IN THE POPULATION⁹ STARTLING DIFFERENCES



PRE-EXISTING CONDITIONS

BLACK PEOPLE ARE DISPROPORTIONATELY AFFECTED BY...¹⁰

- 8 HIV
- Diabetes
- Respiratory Illness
- **6** Kidney Disease
- Heart Disease

YOU MAY BE HIGH-RISK FOR SEVERE ILLNESS FROM COVID-19 IF YOU... 11

- **X** Have HIV
- Have diabetes
- Have asthma Have kidney disease
- ♥ Have heart conditions

Citations

⁸ Provisional Death, 2020

MYTHVSFACT

MYTH: There are biological differences between Black and white people.

FACT: There is no biological basis for race. Scientists have said for quite some time that race as a biological idea does not exist. 12

MYTH: Black people in America are immune to COVID-19.

FACT: Black people are twice as likely as white people to die from coronavirus. They are also more than twice as likely as white people to have a non-fatal hospitalization. ¹³

MYTH: Black people in America are predisposed to COVID-19.

FACT: Black Americans have no genetic predisposition to COVID-19. Black Americans are at a greater risk of contracting the virus due to the higher rate of essential workers in the Black community. ¹⁴



MYTH: Black people do not have more underlying medical conditions than white people.

FACT: Over 40% of African Americans specifically have high blood pressure, which is among the highest rates in the world. In comparison, about a third of white Americans have high blood pressure. African Americans also tend to have higher rates of diabetes. This trend is similar with other underlying medical conditions as well.

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MYTH: Black people have more underlying medical conditions due to biological differences or genetics.

FACT: Poor Black American neighborhoods have higher levels of lead, air pollution, and violence than poor white neighborhoods. Overall, African Americans have a higher rate of exposure to air pollution, which is linked to numerous chronic health issues, including asthma, obesity, and heart disease. African Americans are also more likely to be uninsured than white Americans. There is no innate genetic difference between Black and white people that causes more medical conditions. ¹⁶

¹² Goodman, 2003.

¹³ Katersky and Torres, 2020.

¹⁴ Weller, 2020.

¹⁵ Gupta, 2020.

¹⁶ Gupta, 2020.

DO'S AND DON'TS FOR BEING AN ALLY

FROM BLACK STUDENTS AT THE UNIVERSITY OF CONNECTICUT

Recognize your white privilege (if white). Having white privilege doesn't mean your life hasn't been hard. It just means that the color of your skin hasn't been the reason for those hardships.

If able, donate to food banks in communities with less resources because food insecurity is a major cause for stress at this time.

Listen to what people have to say.

DO

Educate yourself on the systematic and institutional barriers that have contributed to Black and brown neighborhoods having less access to their needs.

Make educated choices when voting. Vote for people you truly believe will work to address the institutional issues. Look at their track records and see where their values lie. Don't take candidates for face value - dig deeper.

Forget about intersectionality. It's so important for people to understand this concept. There are many aspects of someone's identity that impact how they operate and how they're treated.

Attempt to take action without educating yourself first. You could cause more harm by being uninformed.

Forget what you've learned.

Discredit the stories of Black folks or assume the "why" in their stories.

Assume that all Black people do not care about their health and that that is the reason they are disproportionately sick - factors like lack of access to healthy food, distrust of medical professionals, and more all affect health.

DO N'T



ACTIVIST SPOTLIGHT

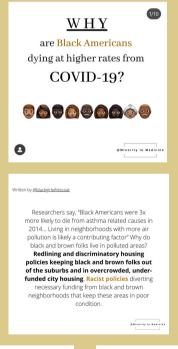


KEONA THOMPSON

Blogger, Instagrammer, Activist - @minorityinmedicine

Keona Thompson is a fourth-year medical student at Michigan State University College of Medicine. Keona has used Instagram since the start of her time in medical school to document her experiences and ideas. She has candidly documented her classroom and clinical experiences, what she has enjoyed, what she has not enjoyed, and what she has learned along the way. She is particularly interested in what it means to be a minority in medicine and has participated in numerous events and programs geared towards minority visibility in the medical field.

Amidst the COVID-19 pandemic, Keona utilized her social media platform to share information regarding why Black Americans are dying at higher rates from COVID-19 while highlighting other Black voices in medicine. See the post below.



















Experiencing a global pandemic has been overwhelming to say the least. If you had asked me New Years Eve 2019 how I thought the new year would go, this surely wasn't it. This experience has made for complex situations and placed many people in states of constant fear. In this time, there are so many unknowns. When will social distancing orders be lifted? When will we be able to hug our friends again? How long will we have to wear masks for? Will my family be okay? Will I be okay? Through the pain that has risen from this time though, I have seen communities come together in ways I've never witnessed before. From drive-by birthday parades, to increased support for local businesses, to finding quarantine pen pals across the country, watching strangers come together has been an incredible thing to witness. In my own community, I have seen more families outside together in the neighborhood, more people donating to the local food bank, and more people taking more time for themselves.

I'm not sure what I expected this course to be, but I can say that it was more than what I could have hoped for. I have learned countless valuable things, gained new perspectives, and learned so much about topics I am interested in. While I knew that some form of violence exists in almost every system in our society, it was eye-opening to read about and talk with other students about what this violence really looks like. I was shocked by some things I read, saddened by others, and motivated by many. This course has made me more informed and has given me the resources and knowledge to stand up to violence when I see it.

I think it is important to understand that violence occurs in many forms. Violence goes beyond just physical fighting and tends to wind up in places we may never expect. Violence can be hidden, and it is crucial that we, as allies, acknowledge that violence as well. If we want to begin to dismantle some of the systems that perpetuate violence, we need to have the courage to stand up to it. While there is value in thinking before speaking, we need to be willing to speak in the moment. When thinking about this, my mind immediately goes to a specific scenario: the use of the "N" word. If we hear someone use the "N" word, someone that word does not belong to, we cannot simply let it go. By letting it go, we are suggesting that we condone that action, and we absolutely should not. We must have the courage to stand up, even if alone, to fight the violence.

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