

**Ally:** Hi everyone, my name is Ally

**Linzee:** and my name Linzee

**Ally:** Today we are introducing the first episode of our podcast series, Intersectional Health

**Linzee:** In this episode, we will be discussing the ways in which race and the COVID-19 pandemic relate to one another

### **Speaker #1: Ally**

*INTRO* - Intersectionality isn't easy to define. At its core, the word refers to the inner weavings and connections of race, class, and gender and the role that these social categories play in the daily lives of individuals and groups. It's undeniable that intersectionality not only influences our society, but ultimately defines it. It is something that is extremely relevant in our world today, especially when considering the COVID-19 pandemic, which has sent shock waves throughout the U.S. When examining COVID and the effect that it has, it's evident that not every person is impacted equally by the virus. This is due to the intersection of race, class, and gender and how these categories advantage or disadvantage people in our social systems. However, in order to fully see how these social categorizations are intertwined, we must understand them as separate concepts first. Let's start with race.

Over the course of the pandemic more information has been released revealing that race plays a key role in who is impacted by COVID. To begin, a major health disparity that we see in COVID-19 is the fact that people in different racial and ethnic minority groups are more susceptible to getting the virus. This has prompted many to return to a very common debate: race's relation to biology. Despite the fact that this notion that being non-white makes a person biologically or genetically inferior to white people has been proven incorrect countless times, many still use it as a justification for racism and discrimination. Still, it's clear that this isn't the reason why we see COVID impacting people from certain racial groups more than others. So... why is this really happening?

Well in order to understand the relationship between a virus like COVID-19 and race, one must first acknowledge the disparities in the contraction of COVID. Statistics show that people of color are more likely to contract the virus as compared to white people. As stated before, this information has unfortunately perpetuated the false and toxic idea of biological race. But, not only is the concept of race not at all related to biology, but it can't explain alone why minorities are suffering more from COVID. The real reasons for this are race-based discrimination and oppression. The United States is a country that thrives off of racism, especially systemic racism, by disadvantaging people of color and encouraging white privilege. Despite the effort to instill racial equality in our country, our society remains biased and unequal. As a result of this, privileges that white people don't have to think twice about like having access to housing, getting good healthcare, and achieving a desirable economic status, are never-ending obstacles

for people of color. So, when asking why we see such major disparities in contraction of the coronavirus, we can immediately relate this to the constant oppression of people of color. Non-white people aren't given the same opportunities and privileges as white people, disadvantaging them on several social levels and making them vulnerable to catching the virus. Nonetheless, the lack of resources available to minorities combined with systemic discrimination only begin to explain why people of color are more likely to contract COVID-19. It's also important to think about the social determinants of health and how they influence contraction disparities.

The social determinants of health that largely determine a person's risk of exposure to COVID-19 play a major role in this dynamic. For example, a person's neighborhood and physical environment has been shown to have a big effect on their risk of exposure to COVID. Studies have shown that racial and ethnic minorities are more likely to live in areas with high rates of new COVID infections. These are often urban areas, where social distancing is more difficult to enforce and COVID spreads easier. Another factor is occupation and socioeconomic status. Racial and ethnic minorities have disproportionately represented essential workers during this pandemic. Unable to work from home, many are at a higher risk of contracting the disease.

An inequity of access is at the core of these disparities. Whether it be to education, safe housing, COVID testing, or insurance coverage, people of color inevitably fall behind. These factors compound, resulting in a system in which COVID affects people's lives at varying severity depending on their race. These are only a few examples of the many systemic and social inequities that plague our society and have caused such major health disparities during the COVID pandemic.

Similarly to contraction rates, disparities among COVID mortality rates can be traced back to discrimination in the healthcare system towards people of color. A study cited by the CDC reveals that 34% of COVID-related deaths were among African American people, even though this group makes up only 12% of the total US population. This tragic statistic shows just how much race impacts one's likelihood of dying from the virus. The harsh truth is that white people and non-white people are not treated equally by the healthcare system. Regardless of underlying health conditions, most often, the reason that people of color are impacted by COVID more than white people is because of racism and discrimination. Even when minorities have access to good health care, it's never guaranteed that they will be treated with care in the system. And this isn't just an issue with the coronavirus specifically. The mistreatment of people of color by the healthcare system and healthcare professionals has been going on for far too long, often leading to devastating results. Whether it's the belief that Black women have a high pain tolerance or the fact that people of color have to exaggerate their symptoms in order to get real medical attention, discrimination in the healthcare system is real and it impacts millions. This is a major issue in

our world and one that needs to be acknowledged and improved by our society, especially by health professionals themselves.

Not only have old patterns of racism and systemic inequalities persisted in today's society, but they have unfortunately deepened. In the case of the pandemic, we see major disparities in mortality and vaccination rates. There is a domino-like effect that occurs with each of these disparities. For example, disparities in contraction rates ultimately lead to disparities in mortality rates. Higher rates of mortality are due to disproportionate rates of contraction, access to health care upon contraction, and care received if contracted. As discussed earlier, older folks are at higher risk of contracting COVID 19 as well as at a higher risk of dying from covid. One study states that "...adults aged 65 and older are more than 7 times as likely as younger adults to die of COVID-19. Among older adults, Blacks and Latinxs have death rates approximately 3 and 2 times higher than Whites, respectively" (Garcia, M. et. al). Indigenous people have also been found to have higher rates of death upon contraction of covid as compared to their white counterparts.

Over the past two years we have watched the COVID-19 pandemic change everything. We have all worried for our own lives and the lives of the people that we love. We've all feared getting ourselves or other sick, had to take precautions like social distancing and wearing masks, and have been stressed about the uncertainty of the future. Now imagine combining that preexisting panic, with a lack of social and medical resources. This is the burden that many people of color have been forced to carry. And contraction and mortality rates are only the beginning. Another major issue lies in the fact that, according to the CDC only about 60 percent of the United States population is vaccinated. This has not only made it harder for people to stay safe, but it has also sparked a debate between vaxxers and anti-vaxxers. But not every person that makes up the unvaccinated population is making an active choice to not get vaccinated. In fact many are not getting vaccinated because they simply do not have the access. This leads us into our next topic, disparities in vaccination rates. But before we get into that we need to fully discuss exactly why we are seeing such disparities in mortality rates among communities of color. To tackle both of these issues I'm going to hand it over to Linzee.

### **Speaker #2: Linzee**

Thanks Ally.

So, why do we see these disparities in mortality rates? For starters, because of the same reasons cited before, medical racism and access to healthcare. BIPOC individuals are already more likely to have trouble acquiring adequate healthcare, due to socioeconomic status and disparities in wealth caused by racism. But even when they do, they are not always guaranteed quality of care. Within access to care, quality of care provided must also be considered. For those who are

fortunate enough to have healthcare that would cover the costs of seeking medical care for COVID-19, there may also still be hesitation to seek medical attention. This stems mostly from fears associated with medical racism, but the hesitation to seek care could detrimentally affect a person's likelihood of recovery. Even if there is no hesitation of accessing care, there can be other factors that impede on being able to access care. Such as, ability to take time off from their work, transportation to and from health care centers or high copays on treatment required for care could all be physical or monetary barriers keeping someone from being able to access adequate treatment and care.

These barriers in access to care extend to access to vaccinations.

Many wrongly attribute COVID disparities to biological or genetic factors that are tied back to race. However, the reality is that the reason we are seeing such discrepancies between contraction, mortality, and vaccination rates between white people and people of color is ultimately due to oppression. As discussed previously, people of color are constantly disadvantaged, which affects their access to a handful of crucial resources. It's no secret that race is closely intertwined with things like healthcare, economic status, and neighborhood disadvantages. As such, people of color are more vulnerable to viruses like COVID-19, as well as more vulnerable to not having the proper health resources to fight it. An article from the *Journal of General Internal Medicine* demonstrates this perfectly.

The journal found that Black patients lived in significantly poorer neighborhoods than White patients, which increases their chances of getting COVID, thus increasing their chances of dying from it: The text states: "Neighborhood disadvantage, which is closely associated with race, is a predictor of poor clinical outcomes in COVID-19. Measures of neighborhood disadvantage should be used to inform policies that aim to reduce COVID-19 disparities in the Black community." Put simply, a majority of people in the Black community do not have access to the healthcare that they need to protect themselves and their loved ones from the virus. In addition to this struggle, there are not enough people attempting to put a stop to this. This is most likely due to a handful of different factors, including the fact that the pandemic has spread shockwaves throughout the world, putting people in survival mode. Most people are simply worried about protecting themselves and their families, making issues like this one seem like an afterthought. But this needs to end. We need more people talking about racial discrepancies in COVID-19 statistics, *and* we need more people fighting to inform policies and provide resources that reduce these disparities. At the end of the day, we all know how earth-shattering this virus has been, and we should use this empathy to encourage equality and unity as the pandemic continues.

*CONCLUSION -*

To conclude COVID-19 pandemic is an example of the way the whole health care system functions around race. It undeniably highlights the way that race affects and determines health. It is a reflection of the social, political and economic issues within our society as a whole.

So as you listen, you might be wondering, how can we change these dynamics? Or, more specifically, what can you do to help? Unfortunately, there isn't one easy answer. These issues are so deeply embedded in our society that it's difficult to make real changes. However, you can start by spreading awareness about the topic and educating your communities. It is essential that people have access to the resources they need for general information, COVID-19 vaccinations, and affordable health care.

As mentioned by the CDC, our society needs more programs that educate people about fair access to quality, affordable healthcare, childcare, transportation, and more. It is also important that the information being spread is accurate and clear. The CDC is a great place to start if you are feeling lost. They continue to help raise awareness about the benefits of getting vaccinated and answer commonly asked questions about COVID-19. In addition to spreading awareness, certain policies need to be reviewed as well, to ensure that people of color are not put at an increased risk of health and social inequities. Equal access for all people is absolutely necessary.

Another thing that you can do is reach out to your local public health department. You can ask them if they could offer to be a community testing or vaccination site if they are not already. This way, information is made more accessible and easy. If you are a current employer, you can review your leave policies, and make sure that they are flexible to allow employees who are either sick, in quarantine, or caring for sick family members to keep their jobs. As an employer, you can also allow employees to use sick leave to be vaccinated or tested for COVID-19, or if you are able to, provide testing at the workplace. Employers can provide the appropriate personal protection. For example masks or hand sanitizer, to ensure that everyone is safe. It is also important to train employees on implicit bias is another way to prevent discrimination in the workplace.

If you are working in healthcare delivery systems, you can provide support for struggling patients with information on self-care management and chronic disease management. If access to COVID-19 testing and vaccinations is made more widely available, that will help tremendously. Telehealth appointments are another option to offer support to sick patients. The CDC is currently working to promote health equity by providing assistance to various public health agencies to expand testing, contact tracing, isolation options and medical care to help groups at increased risk for COVID-19. They are also offering support to essential and frontline workers to prevent the spread of COVID-19 in crucial workplaces.

The CDC continues to try and build an inclusive public health workforce environment as well, to assess and track disparities correlated with COVID-19, in hopes of increasing the data and information available to the public, which is really important. The CDC also recommends collecting and reporting race and ethnicity data on all patients and educating both staff members and patients to explain why this information is important. To make sure racial and ethnic minorities affected by COVID-19 are getting the help that they need in regards to testing treatment and vaccinations.

Even though race is arguably the most relevant and detrimental aspect of intersectionality in our world today, it's not the only problem we have on our hands. This bleeds into our next topic, class, which will be discussed in the next episode of the podcast.

**Ally:** Thank you for listening.

**Linzee:** We hope you enjoyed it.

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