

Systemic Racism in Health Care Affects the Spread of COVID-19 in African Americans: How Social Workers Can Help



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“If a society permits one portion of its citizenry to be menaced or destroyed, then, very soon, no one in that society is safe.” —James Baldwin



COVID’s Local Effect

The coronavirus pandemic has affected the entire world. No one ever imagined a global epidemic would cause everyone to stay at home and social distance from other human beings to prevent infection or even death. This virus can infect anyone, of any age, social class, or ethnicity. However, COVID-19 has disproportionately affected African Americans, especially in cities like Milwaukee, Detroit, New Orleans, and Chicago. For example, According to World Population Review, Milwaukee has a population of 592,025. In 2018, Milwaukee County’s population was 44.64 percent white and 38.84 percent African American. In early April 2020, the confirmed cases of coronavirus were 1,560; African Americans had the highest number with 692. The death toll was 68, 45 of whom were African American.

How Does Systemic Racism Affect COVID-19?

In Milwaukee, racism was declared a public health crisis in 2019. Systemic racism causes disparities that negatively affect many African American communities. In black and brown neighborhoods, schools lack the resources to provide adequate education that is taken for granted in the suburban areas. Milwaukee is a segregated city with a history of redlining and high rates of unemployment. In recent years, the city has been rated the worst place in the U.S. to raise a black child and the worst place for black people to live. When a pandemic such as COVID-19 occurs, in a city like Milwaukee, people of color experience a greater impact because of the disparities in resources and discriminatory practices that plague these communities.

The term *systemic racism*, which was first used in 1967 by Stokely Carmichael and Charles V. Hamilton in the book *Black Power: Politics and Liberation*, occurs in covert, subtle ways through societal and political institutions. In these systems, resources are either absent, blocked, or inadequate based on race and ethnicity. Institutions use discriminatory policies and procedures targeted to oppress and prevent the growth and empowerment of people of color. Racism causes many reactions to those afflicted, and these effects cause distress to the mind, body, and spirit, and attack one’s overall health.

What Causes Pre-Existing Conditions and Health Disparities?

Understanding health disparities based on race is fundamental to understanding how systemic racism affects people of color during this pandemic. Pre-existing conditions affect many African Americans for a variety of reasons. In disenfranchised neighborhoods that lack adequate resources, such as food deserts, affordable and nutritious food is accessible. Some neighborhoods have only local corner stores and no grocery stores, making it difficult for residents to buy fresh meat, fruits, and vegetables. Fast food chains where the food is cheap and affordable, but unhealthy, cause families to adopt poor eating habits, leading to obesity, diabetes, and heart disease for generations of families.

Mental health is another factor for pre-existing conditions. According to the U.S. Department of Health

and Human Services Office of Minority Health, in 2017, the death rate from suicide for African American men was more than four times greater than for African American women. According to the Anxiety and Depression of Association of America, African Americans are 20 percent more likely to experience serious mental health problems compared with the general population. One's social economic status does not matter. Daily stressors such as community violence, microaggressions at work, police shootings, and harassment and discrimination in the community or in the workplace take a toll on one's mental health. A 2012 study showed a prevalence rate for posttraumatic stress disorder, (PTSD) of 9.1 percent in black people, compared with 6.8 percent in white people, 5.9 percent in Hispanics, and 1.8 percent in Asians (Himle et al., 2009). Trauma can also cause physical symptoms such as a racing heart, high blood pressure, high blood sugar, and other chronic health conditions related to stress. In 2017, the Office of Minority Health reported African Americans were twice as likely as non-Hispanic white individuals to die from diabetes.

The historical practice of inadequate health care is another reason health disparities exist in the black community. The Affordable Health Care Act allowed people with pre-existing conditions to have coverage; without it, many people with low incomes and people of color would not have health insurance. The health care system has a history of denying coverage because of income limitations. Even for those who do receive coverage, medications and other medical necessities are often denied.

Finally, many in the African American culture distrust the health care system. For example, the 1932 Tuskegee Experiment on black men with syphilis became a major violation of ethical standards. This study started with 399 men, but

only 74 survived. Researchers knowingly failed to treat participants appropriately after penicillin was proved to be an effective treatment. This is just one case of the many that contribute black people's distrust of doctors because of negligence, ignoring their symptoms, or over-diagnosing them. Therefore, many black people do not go to the doctor. Consequently, when a virus attacks the body and is causing severe illness and possible death, it is not hard to understand why African Americans are suspicious and reluctant to trust the information.

What Can Social Workers Do?

Since the beginning of the COVID-19 pandemic, systemic racism has been a hot topic of discussion not only because the virus has caused sickness and fatality in black communities, but also because of high-profile cases in which police and vigilantes have been involved in the deaths of African Americans with seemingly no remorse or regard for life. These events have heightened the frustration and anger of black people and others, who are protesting around this country and abroad to dismantle destructive systems.

What can be done to change these disparities? Social workers should be leaders in helping solve this problem because many, such as medical social workers, clinical therapists, case managers, and management, are employed in the health care system. Those in the social work community can contribute to the solution in many ways. First, social workers should have an open and honest dialogue about race with clients, colleagues, and within one's community. Second, hiring managers should recruit, hire, retain, and have an inclusive work environment for black professionals, to contribute to diversity in the institutions that serve black people. Third, white allies should speak openly against inequality; whether it is unfair policy making, unequal-quality

patient care, or discrimination, it is not always the responsibility of black and brown professionals to point out injustices when they occur. Fourth, social workers should be change agents in the field, advocating for change to abolish the racist policies and practices that cause health disparities and other inequalities. Finally, social workers should educate the people they serve about how to advocate for their health and implement change in their communities through voting and meeting with local and state government officials. Social workers should leave communities better than how they found them; that means providing individuals the necessary tools for self-sufficiency.

The Time is Now

If the main culprit of the spread of this virus among people of color— institutional racism, along with historical neglect and inadequate access to health care services—is not addressed, everybody will suffer. These health disparities must be dismantled. Black lives do matter, and everyone's lives depend on it.

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Reference

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