COVID-19 RACIAL-ETHNIC DISPARITIES SHOULD NOT BE A SURPRISE: SO WHAT NEXT?

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Many have heard the old saying that "when white folks catch a cold, black folks get pneumonia". Although it is unclear who this classic saying should be attributed to, most know what it means and how it relates to COVID-19. On April 7, 2020 Dr. Anthony Fauci, Director of the NIH National Institute of Allergy and Infectious Diseases (NIAID) and head of the White House Coronavirus Task Force stood before the nation and introduced some to the plight of African American health and the longstanding disparities that exist. For some this was breaking news. I was not in that number.

Anyone who understands even the basics of health disparities in the US would have predicted the racial-ethnic disparities in COVID-19. African Americans have been devastated by the disease at much higher rates than their White American counterparts. Even though African Americans make up less than 13% of the US population, they represent roughly 25% of deaths where the racial-ethnic background is known.1 But this should not have come as a surprise. Once outcomes information started emerging from China, healthcare providers in the US knew African Americans would suffer disproportionately. For example, early mortality studies in China indicated the presence of comorbid conditions was the primary contributing factor to death.2 In the US, rates for conditions like hypertension, heart disease and high cholesterol are far higher among African Americans making their impact in patients with COVID-19 expected. But it also raises a longstanding question of "Why can't we close the racial-ethnic gap?".

In order to understand the "Why racial disparities" question one must look no further than a statement Dr. Fauci made in the April 7, 2020 White House Coronavirus Task Force press conference as he was explaining health disparities in America. In the midst of dealing with the staggering COVID-19 death tolls he explicitly said "There is nothing that we can do about that now" regarding the obvious COVID-19 racial disparities. As I listened intently to his discussion, I understood the current priority should be saving the lives of thousands of Americans on ventilators and near death nationwide. Yet, I was saddened at some level because my instincts told me "here we go again; there is no plan to address this issue." Nothing has changed since that press conference and the discussions of the COVID-19 racial-disparities have quieted dramatically as the number of deaths have declined across the country and particularly in the original US epicenter of COVID-19; New York City.

I have grave concerns about COVID-19 because racial-ethnic differences in health outcomes are not going away. COVID-19 is a disease that has again unmasked the disparities in health outcomes and has the potential to widen the gulf that currently exists between African Americans and White Americans. We know very little about how to treat COVID-19 successfully and consequently we do not know the long-term effects of the condition. Even more concerning is that shelter-in-place mandates are being relaxed as of June 2020 and an immediate uptick in cases has been observed. Concurrently, COVID-19 experts are predicting a major wave of COVID-19 in the Fall of 2020. Thus, the negative consequences for the African American community are concerning. More importantly it is clear the current disparity in deaths is of low priority and concern to those at the highest levels. One must look no further than the unwillingness of the Centers for Disease Control and Prevention (CDC) to collect race-related data in the first few months of the pandemic as evidence.

There are at least three things that African Americans can do immediately. First, **control the messaging and try to get it right the first time**. The African American community must take the lead in this area and not allow the uninformed and uncon-

cerned to misrepresent or spin the message. Mixed messaging can have a devastating impact on health outcomes. This is concerning because a recently published study found: a) African Americans are more likely to be exposed to COVID-19 or know someone exposed who has been infected than Whites, b) African Americans have less accurate knowledge about COVID-19 than Whites, and c) African Americans are more likely to leave their homes as many work in the public service sector, use public transportation and are less able to telecommute (Alsan, Stantcheva, Yang, & Cutler, 2020). At the same time, deceptive information, inaccurate information and false information has eroded the trust of national officials and the information they provide (Parnet & Paul, 2020). Ultimately, information issues impact those most vulnerable to the disease condition.

Early in the pandemic there were unsubstantiated rumors that "Blacks couldn't get COVID-19." Social media users perpetuated this rumor weeks into reports of staggering death tolls in New York from COVID-19. This myth was not unmasked until famed British actor Idris Elba, who is of African descent, was diagnosed with COVID-19 and made a public plea to quell these unfounded rumors. Shortly thereafter, African American NBA star Donavan Mitchell of the Utah Jazz along with his Frenchman teammate Rudy Gobert were diagnosed with COVID-19 abruptly ending the NBA season. Since then African American stars from the NBA (Kevin Durant, Marcus Smart) and NFL (Von Miller, Ezekiel Elliot) have also announced testing positive. It is unclear how early reports of African Americans being immune to the disease impacted treatment seeking behaviors. What we should all be clear about is there are few if any health conditions where African Americans are immune or have better health outcomes. As in the opening of this commentary, African Americans should expect to get pneumonia when our White counterparts get a cold. COVID-19 is no different.

Second, **strike while the iron is hot**. There is no better time to address the issue of health disparities in America. Collectively, the worldwide pandemic, the significant racial-disparities in COVID-19 mortality and the civil unrest related to police shootings and brutality have magnified the longstanding systemic racism that exists in America. African Americans have the country's attention. Yet, this focus on the African American community can be very short-lived as those external to the Black Lives Matter movement seek to disband the movement by passing a myriad of legislation such as defining the movement as a domestic terrorist organization. As time passes, Americans will want to transition back to their pre-pandemic lives. Many will return to work normalcy and engagement in protests will likely subside. At the same time, those African Americans who have been: 1) employed during the pandemic, 2) exposed to greater to COVID-19 and 3) have not been compensated for the additional risk (McCormack, Avery, Spitzer & Chandra, 2020), will be forgotten despite their contributions when others were safe at home. Similarly, their "essential worker" status ultimately placed their families at-risk, and the long-term impact to their communities at large is unclear. Consequently, now is the time to force the issue of health disparities to the forefront and demand a focused solution to the problem.

As a scientist and health professional, I definitely understood Dr. Anthony Fauci's comment in the April 7th press conference where he noted; "There is nothing that we can do about that now" as thousands of Americans were losing their lives to COVID-19 and the focus had to be on preservation of life. But I respectfully disagree that there is nothing that we can do now. The real question is "Does America really want to do anything about it?" If so, a critical first step would be to create a systematic and programmatic approach that involves research, clinical practice, education and relevant stakeholders, to address this issue and with adequate funding to do so.

However, any such plan to improve health disparities must extend beyond traditional approaches designed to tackle the social determinants of the health that are believed to drive them. America must first ask whether it has any interest in the "moral determinants of health" or the values one decides are the foundation for good health. Moral determinants of health must be based on the premise that the country is committed to and can depend upon one another (shared responsibility) to ensure that all Americans are provided the circumstances necessary to achieve good health in the same way that the nation can depend upon one another to ensure we have the world's best national defense (Berkwick, 2020). In the absence of such a commitment, health disparities will persist because it is well established that well-meaning people disagree on approaches to improving health conditions among African Americans and other health marginalized populations who experience worse health than the rest of the nation (Berkwick, 2020). But only time will answer the question of whether America wants to improve health disparities or whether America has the moral fortitude to organize the necessary resources to do so.

Third, **understand right now, we are not all in this together**. In an American Public Health Asso-

ciation podcast aired June 10, 2020, Dr. Chenjerai Kumanyika of Rutgers University stated:

"I think that this idea of kind of being all in this together and shared sacrifice, that we're a common community who kind of shares these burdens, it's really deeply appealing." ……. "I think the problem with that framing of shared sacrifice or we're all in this together is that it's actually a way of trying to find hope that hurts the most vulnerable, because really it's actually totally false."

He further notes that COVID-19 has impacted the most vulnerable communities that are primarily black and brown racial-ethnic minorities, people in poverty, women and frontline essential workers (American Public Health Association, 2020). At the same time, these are primarily the same individuals who are most likely to experience disparities in most health outcomes (Williams, Lawrence & Davis, 2019), most likely to be infected by COVID-19 (Alsan, Statcheva, Yang & Cutler) and most likely to die of COVID-19 (Yancy, 2020).

There is more obvious evidence that we are not in this together that relates wearing a mask in public to reduce the spread of COVID-19. Mask wearing, which has been established as a primary way to reduce infection rates, has become so politicized that the nation is divided on this one issue even in the middle of a pandemic when COVID-19 rates continue to increase. This one issue highlights the deep divide that exists in the US when it comes to health. This is evidence that many in this country value their "rights, freedoms and privileges" that allow them to not wear a mask, over and above common human decency to protect those around them. As a nation we should be concerned, and as an African American I'm even more concerned. We seem to be in the season where Americans value their own preferences that are frequently informed by the news, social media, the internet and their own gut instincts over and above science and health professionals (Permet & Paul, 2020). Despite these challenges, we must move forward to address COVID-19 and remember our moral obligation to address the social determinants of health that has magnified the impact of this disease. If not for ourselves, then for future generations, those who can't and even for those who won't.

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