Disparities of COVID -19, Nothing New for Black Communities, especially Women

By ***at the Forefront***[1] *(Sallah, Evelyn; Dagadu, Nana ; Kabwe, Alice)*

Introduction to a Series to illuminate the disproportionate impact COVID-19 has on Black women, girls, and communities.

Today on Mother's Day, we salute all women, particularly those on the frontline of the novel coronavirus (COVID-19) pandemic. These women represent clinical and community healthcare workers, caretakers, service industry workers, and those who have lost their lives or loved ones due to COVID-19. We recognize that these women are sacrificing themselves every single day. We recognize that these women are the engines of their families, homes, schools, and neighborhoods and when they thrive so do our families and communities.

As a collective of thought leaders and experts from the African diaspora, devoted to racial and gender equality, today we recognize our sisters, the women of African descent and their communities that have been disproportionately impacted by COVID-19. While COVID-19 continues to wreak havoc on our health, livelihood, social networks, and mental health, the disease and response from policymakers magnify the inherent systemic and structural disparities faced by Black women across the globe.

Global health pandemics historically have ravaged all communities of color due to structural marginalization. However, Black women, in particular, have consistently been most affected due to combined gender and racial bias. This has resulted in limited access to quality health services, coupled with the reality of living in some of the weakest health systems in the world. The impact of COVID-19 on Black women follows the trend of other health crises specifically maternal mortality, and HIV/AIDS which continues to have alarming infection and mortality rates for Black Women in the US, as well as adolescent girls and young women in Sub-Saharan Africa. History has shown that whether we are in Africa, the United States, Europe, or the Caribbean, we are especially vulnerable to these grim health outcomes. Today, evidence as illustrated below, demonstrates the disproportionate mortality rates being experienced in African American communities in the US due to COVID-19:

> What is currently known about these differences in disease risk and fatality rates? In Chicago, more than 50% of COVID-19 cases and nearly 70% of COVID-19 deaths involve Black individuals, although Blacks make up only 30% of the population. Moreover, these deaths are concentrated mostly in just 5 neighborhoods on the city's South Side.6 In Louisiana, 70.5% of deaths have occurred among Black persons, who represent 32.2% of the state's population.7 In Michigan, 33% of COVID-19 cases and 40% of deaths have occurred among Black individuals, who represent 14% of the population.5 If New York City has become the epicenter, this disproportionate burden is validated again in underrepresented minorities, especially Blacks and now Hispanics, who have accounted for 28% and 34% of deaths, respectively (population representation: 22% and 29%, respectively).8

COVID-19 has hit African American communities hard due to a confluence of factors. Typically, Black women play frontline roles within the labor force: for instance, as community health workers particularly for the elderly, service industry staff in grocery stores, restaurants, hotels, and food delivery. In these settings, we lack personal protective equipment and are also primary caregivers at home and in healthcare settings. Coupled with the reality that we have alarming rates of pre-existing illnesses such as diabetes, obesity, hypertension, and heart disease, and have limited quality healthcare coverage, the COVID-19 pandemic is a compounded situation, especially in light of racial undercurrents. Evidence has shown that

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in the United States, these disparities are due to deep-rooted discrimination and bias within health systems and health providers (James, 2017) consistently across a range of illnesses, after adjusting for socioeconomic differences, comorbidities, and healthcare access factors (Institute of Medicine of the National Academy of Sciences, 2003).

Globally, in low income and vulnerable communities we face limited access to quality testing and treatment options in healthcare. In Sub-Saharan Africa, despite vast local knowledge and experience handling health epidemics, there are predictions of the worst to come if COVID-19 transmission rates continue to escalate. Primarily, these grim predictions for Sub-Saharan Africa are due to the reality of weak health infrastructures including limited access to ventilators, strain from other epidemics including Ebola, malaria, HIV/AIDS, tuberculosis, and yellow fever, increasing rates of diabetes, as well as challenges of social distancing particularly in low income, rural, environments and dense urban areas (Yale University, 2020). These systemic challenges are amplified by concerns of increased domestic violence, poor education and sexual and reproductive health outcomes for women and adolescent girls during this pandemic.

We know our communities are resilient, but we fear the long-lasting effects these burdens have and will have on Black women and girls. **As a way forward, we recommend and continue to strive for the following:**

1. Recognition of disparities that inherently exist in Black communities all over the world. We must name these and continue efforts to research and document the circumstances and solutions.
2. Inclusion of race and gender bias training within medical and nursing school curricula around the world, particularly in the United States. Healing and caring go beyond the bio-medical and those working in healthcare must be equipped with this understanding.
3. Inclusion of race and gender bias training in global health agencies working in marginalized communities in Africa and the West Indies. These communities are not merely beneficiaries but have a wealth of experience and expertise to contribute to their own wellbeing.
4. Unity in achieving progress together as humans no matter what race, socio-economic level, or gender. Reflecting on conditions is good but worthless without action.

If we work together and accomplish this, we can mitigate the impact of COVID-19 and other persistent health issues that continue to plague Black women globally.

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