

COVID-19's racial disparities are a consequence of racist social structures

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Associate Dean for Global Health and Equity LaRon E. Nelson, PhD, RN, FNP, FAAN recently coauthored the paper "Understanding COVID-19 Risks and Vulnerabilities among black Communities in America: The Lethal Force of Syndemics" for the journal *Annals of Epidemiology*. The term "syndemic" refers to a set of two or more interacting afflictions that result in a disproportionate burden on a population.

"Black communities are bearing the brunt of COVID-19 throughout the United States," Nelson said. "The data show that we are not all at equal risk during this pandemic, and this is a racialized disease."

In the paper, Nelson and his colleagues show that black Americans make up 13 percent of the US population but 30 percent of COVID-19 cases in the 14 states for which racial data were available. The paper discusses how multiple historical and current factors are responsible for the black community experiencing the lethal force of COVID-19. Conditions such as chattel slavery,

mortgage redlining practices, political gerrymandering, [employment discrimination](#), healthcare provider biases, and a lack of Medicaid expansion are manifestations of the structural racism that all contribute to this result.

Nelson added that because racism is structured into the American social system, the same inequitable distribution patterns will emerge regardless of the disease. For example, black Americans experience higher rates of underlying [chronic conditions](#), such as hypertension, diabetes, and obesity, which make those individuals more vulnerable to poorer clinical outcomes when exposed to COVID-19. To compound the issue further, black Americans are 1.5 times likelier to be underinsured or lack insurance altogether than white Americans. This contributes to delayed access to healthcare, including lifesaving care.

The paper makes several recommendations to address disparities in the short term, including compensating low-wage service workers who can't stay home; advocating for a [living wage](#) for all; providing universal healthcare access that is not tied to employment or income; and ensuring that essential workers facing exposure receive adequate personal protective equipment (PPE), access to testing, and paid [sick leave](#).

More information: Tonia Poteat et al. Understanding COVID-19 risks and vulnerabilities among black communities in America: the lethal force of syndemics, *Annals of Epidemiology* (2020). [DOI: 10.1016/j.annepidem.2020.05.004](https://doi.org/10.1016/j.annepidem.2020.05.004)

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