Experts explore health equity within the COVID-19 pandemic

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with AMA Board of Trustees Chair Jesse M. Ehrenfeld, MD, MPH, Chief Health Equity Officer, Aletha Maybank, MD, MPH, and John T. Carlo, MD, Public Health physician and member of Council on Science and Public Health on updates regarding COVID-19 including recent changes to the FDA guidelines for blood donations as well as health equity.

Learn more at the AMA COVID-19 resource center.

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update.

Today, we're going to talk with three expert physicians about top developments in the COVID-19 pandemic.

I'm joined today by Dr. Jesse Ehrenfeld, Chair of the AMA Board of Trustees and an anesthesiologist in Milwaukee, Dr. Aletha Maybank, AMA's Chief Health Equity Officer in New York City, and Dr. John Carlo, a public health physician and a member of AMA's Council on Science and Public Health in Dallas. I'm Todd Unger, AMA's Chief Experience Officer in Chicago.

Dr. Ehrenfeld, last week there was a big announcement about changes to the guidelines for blood donations.
Dr. Ehrenfeld: This is a really important step by the FDA. What they've done is they have reduced the deferment period for men who have sex with men from 12 months to three months, a really important step in the right direction.

In 2015, the AMA called on the FDA to change their guidelines to have risk-based screening as opposed to a blanket deferral on men who have sex with men. And given the ongoing crisis and the need for an adequate blood supply to treat patients across the country, this is an important, but small, step forward.

Unger: Dr. Carlo, any comments on that from a public health perspective?

Dr. Carlo: Well, I think it's a good reminder about how effective the testing now is for blood donation. And we really have some great technology that really proves that our blood system is very safe, and these are lifesaving things that we have to have for patients. So, it's great that the FDA has made this move.

It's also good to note that it's not just—they've actually expanded it for also people who have a history of injection drug use and a previous history of prostitution are also now eligible under the deferment period of three months.

Dr. Maybank: Right. And from the health equity perspective—I use the definition of health equity that says, we need to have power, conditions, opportunities and resources to achieve optimal health. And, if we look at that definition, the way that it has been before, and as Dr. Ehrenfeld said, we're moving in the right direction.

I don't think we're still optimally where we want to be. But we recognize that really that men who have sex with men who've been limited in their opportunities to donate blood, and this really decreases and really adversely affects the availability of blood products for other folks, which means we're decreasing their opportunities, and we're actually causing a risk to public health.

And I think it's just always important, especially as the AMA, that we always talk about prioritizing science and facts over fear and bias historically in medicine. And in the law, have come together in ways that have not always been optimal or helpful. And they've somewhat sometimes exacerbated inequities that can exist and strengthen social stigma.

So, I think it's really critical that medicine takes the lead to dismantle these forms of oppression. So I'm really pleased to see the AMA really come forward, and I know we will continue to come forward to make sure that this is totally just and that every person in this country really has the choice to donate blood. It's an act of service and civic duty to be able to help improve and save the lives of others.
**Dr. Ehrenfeld:** And it's really important too, Todd, in this time of crisis there are critical shortages nationwide. A lot of people who regularly donate blood are not going out to blood donation centers. It's obviously challenging to collect blood during this time. And so, one thing that you can do if you're watching this sitting at home is think about could you go out and donate blood?

**Unger:** Thank you. Dr. Maybank, on the topic of health equity—and what seems to be a long time ago—a couple of weeks ago, you were just starting to see some indications of health equity difference in COVID-19, in the pandemic. Now we're starting to see that bubble up. Can you talk about what you're seeing now?

**Dr. Maybank:** Sure. So, several things. We had noticed—and I think several health equity leaders across the country were very concerned that with all the data that was being reported—there was not data out on race and ethnicity.

We're very clear about how the trajectory of this country has been. The existing inequities that exist already, but that are present rather along racial and ethnic lines, that there is a potential that those who have the greatest burden as it relates to even number of cases, but definitely death, may be those who are of color and even more specifically in our country, those who are black.

And so there has been a lot of advocacy on the part of a lot of different organizations truthfully over the country over the last week.

There's been increased media attention because there are now about five states who have released their data, race and ethnicity data and about two to three cities who have done the same. And in a good portion of them, it shows these numbers are definitely concerning.

In Chicago, the numbers were released over the weekend. And 70% of those who have died from COVID are black in Chicago. And so we see these numbers kind of follow a similar pattern in other places.

So, it's really important that we get local health departments to put this data out. They're really collecting this data. They have race and ethnicity data. It's not that they don't have it. They just haven't shared it.

So on Friday we sent a letter to the health and human services along with the American Academy of Pediatrics, the American Academy of Family Physicians, the National Medical Association, the National Hispanic Medical Association, the Association of American Indian Physicians and the National Council for Asian Pacific Islander Physicians as well. So we sent a joint letter asking for this data to be released. So we're hoping that this continued pressure on HHS and CDC causes them to put this data forward.


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Dr. Ehrenfeld: Todd, I just want to add that this is not a disease that discriminates, right? It will affect anybody that comes into contact with. The challenge that we’re seeing is that this is exacerbating existing disparities in health that are treating marginalized populations, putting them at much, much higher risk in certain cases. And that's why this signal is very concerning.

Dr. Carlo: And I would just add that this is not something unfortunately, that's new. Infectious diseases and health inequities are always connected together. You look at our HIV and AIDS epidemic here and globally, and even back in 1918 during the pandemic at that time, it was very well shown that depending on how much resources you had or how much relative wealth you had, you tended to do better and have fewer cases in your household.

Unger: Dr. Ehrenfeld, on a separate topic, we’re still seeing some inconsistent treatment between states in terms of a shelter in place mandates. Can you talk about the AMA’s position on that?

Dr. Ehrenfeld: Yeah, so physical distancing is so important now. It is the only effective tool that we have to stop the spread. And unfortunately, while most states have taken action to ask people to remain at home and stop non-essential activities, not all have. We need a uniform, national approach to this. And so we urge through the Governors Association that all states take these actions so that we can stop the spread of the disease as much as we can.

Unger: And then one other development, the CDC's recommendation that Americans wear masks during the pandemic. Dr. Carlo, any reaction to that?

Dr. Carlo: Well, I think it's important for us to talk about this and particularly what the recommendation say from the CDC.

The first thing, the important point is wearing a cloth mask in public does not protect the wearer from getting an infection. The idea is that this is to protect people that are asymptomatic or not showing any signs and symptoms from lowering the likelihood that their respiratory droplets will go a longer distance. So it's really important to talk about what the cloth mask is good for.

I also worry that because we have such precious resources in terms of our healthcare, facial protection, this is our N95 respirators and surgical masks. It's very clear from the CDC that the public should not be using the medical masks for the use. It's recommended for the cloth masks in public.

And we have to continue to remind everybody to keep those resources that are very vital for our health care workers in order to see patients, we need to make sure that those are not consumed through this process.

The last thing I worry about also is when you wear a mask is to really not cause complacency. The recommendations are still there that you need to stay six feet away from one another. You need to
frequently wash your hands and you need to stay at home if you're showing any signs or symptoms. So, I think we have to be very careful to make sure that the cloth mask doesn't give a false sense of security to somebody that's wearing them.

**Dr. Maybank:** I also want to highlight there are some equity implications or considerations that folks—and I've heard a lot of Twitter chat around this over the weekend. And just somebody posted social distancing is a social determinant of health, and physical distancing. So while absolutely a public health measure, very important to do, but just fully, we have to recognize that not everyone can do that.

And I think it's just really—it's important for us to recognize, that I think from our level at the AMA, because it can be internalized a particular way. And there's a certain narrative that comes off if people aren't physical distancing. That they for some reason don't want to do that. And we don't want to put those narratives of blame out there because they're just not helpful in health either.

The other one is the covering of your faces with cloths. Not everybody is comfortable with doing that and especially people of color and black men who have, in the past, if you wear a bandana or such on your face, it can be very difficult. And I've heard from some black men that they feel like they're in a trap.

So fear of being discriminated and targeted by law enforcement and accused of crimes that they didn't commit, potentially. But then they also feel that they're putting their lives at risk if they can't wear the mask. So, these issues are complex and I think it's really important that we honor that complexity and we talk about all of the broadness of these considerations and the implications that they have on the public's health and individual health as well.

**Unger:** Well, thank you very much. Certainly, a lot of developments and we'll continue to keep you updated when we returned for another segment of the COVID update tomorrow.

I want to thank Drs. Ehrenfeld, Maybank and Carlo for being guests on today's update.

For updated resources on COVID-19, visit the AMA's COVID Resource Center at ama-assn.org/COVID-19. Thanks for joining us.

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