

How COVID-19 is affecting physicians of color across the country

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Sara Berg, MS

Senior News Writer

In a panel of the nation's leading physician bodies, physicians discussed how COVID-19 is disproportionately affecting physicians and communities of color.

As the number of COVID-19 cases continues to climb, the message is clear: this virus knows no borders. COVID-19 uniquely affects minorities and marginalized physicians, communities of color and patients who historically and contemporarily experience inequities.

Data released so far shows alarming disparities. At this article's deadline, for example, in Wisconsin's Milwaukee County, 81% of the deaths were among blacks, when blacks only make up only a quarter of the population. In Chicago, seven in 10 COVID-related deaths were among blacks while blacks constitute less than one-third of the city's population.

Leading voices of the nation's physician bodies, especially those who represent doctors of color, came together in a recent panel hosted by the AMA to discuss COVID-19 and how it disproportionately affects minority communities.

The AMA and the Centers for Disease Control and Prevention continue to closely monitor the COVID-19 global pandemic. Learn more at the AMA COVID-19 resource center and consult the AMA's physician guide to COVID-19.

"We know that all physicians at this point in time have a keen interest in staying well, staying healthy and keeping their families well during this time. It's top of mind for many physicians, especially those on the front line," Aletha Maybank, MD, MPH, chief health equity officer and group vice president of the Center for Health Equity at the AMA, said during the panel. "Even before COVID-19, we know from experience and evidence that there's a greater burden placed on physicians of color."

"We're more likely to see patients of color who can be sicker and experience all types of inequities.

We know our patients are more likely to experience discrimination,” said Dr. Maybank. “COVID-19 really exacerbates on these inequities, not just for the patients, but even for us as physicians.”

Read Dr. Maybank’s recent *New York Times* column, “The Pandemic’s Missing Data,” that explains why national COVID-19 race and ethnicity statistics must be released.

Learn more about what some of the leading physician experts had to say about COVID-19’s effect on doctors and patients of color across the U.S.

Elevate issues for action now

“It is our intention to embed health equity and the issues around health and health equity into our organization, both internally and externally,” said AMA President Patrice A. Harris, MD, MA, adding that these issues affect people who live in lower-income areas and that, too often, “communities of color are discussed in the after-action review and not discussed before.”

Now is the opportunity to be “both proactive and predictive because all of us on this panel know based on prior experiences what can happen,” said Dr. Harris. “It’s very important that we are having this conversation now, elevating the issues in our communities so that there can be action now.”

Elevating the issues around COVID-19 gives a voice to the concerns of physicians around the country, she said, such as the need for personal protective equipment (PPE). Find out about the plea to nation from doctors fighting COVID-19: #GetMePPE.

Concern for solo and group practices

“When something like a pandemic hits, it will adversely affect the African American community,” said Oliver Brooks, MD, president of the National Medical Association. “One of the things that I’m very concerned about first and foremost is the safety of my staff” because they are “on the front lines.”

In addition, there is also concern “about the solo and small group practitioners” because “on the news we hear so much about hospitals, clinics, health centers and governmental agencies,” said Dr. Brooks. However, “you hear very little related to the solo and small group practitioners and the African American communities.”

“Solo and small group practitioners are part of the backbone of care, so they need information. They may not have access to PPE the way a hospital” has, he said, because “they don’t have large cash reserves in which they can wait three months to get money coming from the federal government.”

Reaching the most vulnerable

“We are very concerned about the importance of reaching the elderly in our communities and those most vulnerable, who have asthma and respiratory diseases as well as the people who have chronic diseases like obesity, diabetes and hypertension,” said AMA member Elena Rios, MD, MSPH, president and CEO of the National Hispanic Medical Association.

Physicians are struggling with “having to lay off staff, but also having to figure out how to keep their patients at home and not go to the emergency department and trying to have more home health,” said Dr. Rios. However, retired physicians and medical students have volunteered to help in communities that need Spanish speaking doctors during the COVID-19 pandemic.

Additionally, these Hispanic communities are also facing fear because they worry about “being looked at as a public charge if they apply for government assistance,” said Dr. Rios, adding that it “has had a very bad trickling effect in our families who care for elderly, who are undocumented or for those who are trying to come across now in the country.”

“Already stretched thin”

“If you wanted to talk about underlying medical conditions putting somebody at risk for COVID-19, you can talk about health systems having underlying health problems that are systemic—and we certainly have them,” said AMA member Siobhan Wescott, MD, assistant professor of public health at North Dakota State University and member of the Association of American Indian Physicians. “For instance, there’s a 20% to 40% vacancy rate just for physicians in the Indian Health Service.”

Native American physicians are “already stretched pretty thin to start with and something like this really can devastate our communities,” said Dr. Wescott. “We’re concerned, but it’s important to have these conversations and keeping them at the forefront that American Indians are still here. We count and we want to be a part of the solutions.”

Each Native American nation within the U.S. is sovereign and each has different issues they are dealing with, said AMA member Brian Thompson, MD, an ob-gyn and a member of the Association of

American Indian Physicians. During this time, it is important to understand “how does a traditional healer see someone in the hospital, which they are not able to do at this time?”

“Knowing that each Native American within the United States per capita only receives approximately about \$4,000 worth of care per year,” said Dr. Thompson, “how do you provide for care like that? Sometimes we forget that the largest Native American population in the United States is in New York City, with over 110,000 with no center for their health care at all.”

COVID-19 is significantly “affecting the physicians within New York state, it’s shutting down practices” and affecting nurses and staff, he said.

Social factors affecting health

Participation in the health equity panel “reaffirms to me how much our organizations have in common in terms of fighting for the needs of our communities that have been some of the most vulnerable and marginalized historically,” said AMA member Winston F. Wong, MD, chairman of the National Council on Asian Pacific Islander Physicians.

“All these issues that we know exist impede the kind of social equity we want to see in terms of health care and clinical care,” said Dr. Wong, adding that COVID-19 illuminated “how much social determinants of health become really the cutting-edge issue as far as how we look at the pandemic.”

“We’re all in this together as Americans, as different nationalities, different stripes in terms of political persuasion, but we also know that with our medical disasters, it’s usually the most vulnerable who are really going to suffer the worst consequences,” he said. “It’s really important that we keep our eye on the prize in terms of thinking not only how we manage through this COVID-19 emergency, but also in terms of how we build for a future that assures equity as we confront this and other urgent issues.”