Why African American communities are being hit hard by COVID-19

MAY 13, 2020

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It will take months, if not years, to capture and understand just how big of an impact COVID-19 is having on the United States, but AMA President Patrice A. Harris, MD, MA, recently said that one aspect is evident right now.

“What is already clear is this pandemic is having a disproportionate impact on African Americans,” Dr. Harris said.

Dr. Harris made this comment during her opening statement for a virtual town hall hosted by the AMA and the National Association of Black Journalists (NABJ). The conversation centered on COVID-19 and the black community and was moderated by NABJ President Dorothy Tucker, an investigative reporter for CBS 2 Chicago (WBBM-TV).

Findings from amfAR, the Foundation for AIDS Research, indicate that 22% of U.S. counties are disproportionately black, and those counties account for 52% of COVID-19 cases and 58% of COVID-19 deaths.

The Centers for Disease Control and Prevention (CDC) shared a report in April that found 33% of hospitalized patients with COVID-19 were black, although they made up just 18% of the community being evaluated.

In her opening remarks, Dr. Harris rhetorically asked one of the big questions surrounding COVID-19: Why does the black community seem to be at greater risk? The answer, she said, comes down to three factors:

- Preexisting conditions, such as diabetes, hypertension and obesity that disproportionately impact the African American community.
- Essential jobs that are not in the health profession, including bus drivers, train operators and custodians, are overrepresented by communities of color.
Structural inequities and social determinants of health that are influenced by implicit bias and racial discrimination.

None of these factors are easy to solve, but that does not mean the topics should be shied away from, she said.

“We are committed to having these conversations right now, but more importantly, we have to have these conversations post-pandemic, because we will need to address solutions,” Dr. Harris said. “We have the data right now, but we certainly need to discuss and act on solutions.”

The AMA and the Centers for Disease Control and Prevention are closely monitoring the COVID-19 pandemic. Learn more at the AMA COVID-19 resource center. Also check out the AMA’s physician guide to COVID-19 and get guidance for physician practices on reopening amid COVID-19.

Throughout the COVID-19 pandemic, the AMA is carefully compiling critical health equity resources from across the web to shine a light on the structural issues that contribute to and could exacerbate already existing inequities.

Read about the AMA’s recent warning against racism and xenophobia amid COVID-19.

Combating misinformation

Dr. Harris said that for the first few weeks of the pandemic, she found herself dispelling myths about the coronavirus, particularly within the African American community. As weeks have turned into months, the number of inaccuracies has continued to rise.

“Unfortunately, there continues to be misinformation and disinformation,” Dr. Harris said. “We have to be grounded and rooted in the science and the evidence and the data, and decisions around this pandemic have to be data-driven decisions.”

Learn more with the AMA about the importance of science in an era of distrust and misinformation.

Keeping up with the evidence
Dr. Harris said journalists must continue asking hard questions during the pandemic in order to hold everyone accountable. Tucker, who tested positive for COVID-19 last month, said it’s hard to know who to hold accountable because it seems like the medical profession itself often provides conflicting information.

“It’s not conflicting information,” Dr. Harris countered. “It is ever-changing. I know that can be frustrating … research and studies are happening every day, and we will learn new information every day, and we will evolve.

“In a fast-moving pandemic like this, everyone has to expect that the data will change.”

For example, in the early days of the pandemic, public health experts were not encouraging individuals to wear face coverings. Now, as more is known about the novel coronavirus, it is recommended that everyone cover their face to prevent spread of the virus.

Another misunderstanding surrounds antibody tests and what has been dubbed the “immunity passport.” The hope was that if someone tests positive for COVID-19 and recovers, they will then be immune from the novel coronavirus. Antibody tests look at a person’s blood to analyze whether they’ve already been infected, but as of now, Dr. Harris reiterated that “we don’t know yet about immunity to the novel coronavirus; we don’t have that data yet.”

Discover what you should know about the FDA’s new SARS-CoV-2 antibody test rules.

As communities begin to loosen restrictions, it is important that individuals continue to wear a face covering, remain six feet apart from one another and not participate in large gatherings, she said.

“We don’t have a cure for COVID-19,” Dr. Harris said. “We don’t have effective treatments, as of yet … and we don’t yet have a vaccine. What we do have right now are the basic tenets of public health.”

Learn with the AMA about the four signposts states should follow to safely reopen.