

Health Report

To Bishop Jeffrey N. Leath, General Officers, Connectional Officers, Host Presiding Elder, Reverend C. Robert Finch, Associate Presiding Elders, Reverends Linda Thomas Martin, Dave Adams and Colleen Gibson, Pastors, Ordained clergy, Episcopal Supervisor Dr. Susan Leath, Lay Delegates, Missionaries and Youth of this 146th Session of the West Tennessee Annual Conference in the Thirteenth Episcopal District of the African Methodist Episcopal Church, I present this health report.

As we all know, the Coronavirus pandemic (Coronavirus Disease-2019, COVID-19) is having an impact all over the world, affecting anyone, from actors and sports figures to low-wage workers. It was called the “Great Equalizer”; no one was immune and anyone could succumb. However, a disturbing trend has been seen in the US: People of color, particularly African Americans, are experiencing more serious illness and death than Caucasians. Other minority groups, including Hispanics and Native Americans, are affected also.

African Americans represent 13% of the US population, but 22% of COVID-19 deaths. African Americans with COVID-19 are nearly 3 times as likely as Caucasians to require hospitalization and die at 3-4 times the rate as Caucasians. About 1 in 4 black adults say they personally know someone who was hospitalized or died due to COVID-19, compared to 1 in 10 white or Hispanic adults.

In March and April of this year 61% of Hispanics and 44% of African Americans said they or someone in their household had experienced job or wage loss due to COVID-19, compared to 38% of Caucasians. Some 73% of African Americans and 70% of Hispanics said they did not have funds to cover expenses for 3 months in case of an emergency. In August, the unemployment rate was 8.4% overall and 13% among African Americans.

Risk factors for severe illness include:

- a. Crowded housing conditions—apartments, multigenerational families
- b. Essential workers
- c. Inconsistent access to healthcare
- d. Chronic health conditions—A CDC study showed that 90% of those hospitalized with severe COVID illness suffered from at least one of diabetes, heart disease or lung disease

- e. Stress and immunity—Factors such as income inequality, institutional racism and violence contribute to chronic stress in people of color, reducing immunity and thereby increasing vulnerability to infectious disease

Some of these risk factors make African Americans particularly vulnerable:

1. Many African Americans work in “essential” occupations (e.g. environmental services, transportation, food services, home health), and more likely take public transportation to and from work and other events. They are less likely to work in businesses or positions amenable to telecommuting.
2. Fewer African Americans own their own homes; instead, they live in apartment complexes, increasing exposure to infected persons. This situation has historical roots, including legal segregation in housing, and denial of home loans to those in predominantly black neighborhoods. Studies have demonstrated that for African American adults, moving out of racially segregated neighborhoods was linked to a fall in blood pressure.
3. Serious health problems such as diabetes, hypertension, and heart and lung disease, are more prevalent in African Americans, making them more susceptible to severe complications of COVID-19. Part of this increased risk is due to African Americans’ increased exposure to air pollution. Those who live in older buildings are exposed to air pollution from nearby busy highways, to feces and infiltrates from rodents and insects, and to lead and asbestos.
4. Many African Americans have less access to medical care. A 2014 NIH study found that hospitals in predominantly black neighborhoods were more likely to close than those in predominantly white neighborhoods, making it more difficult to obtain medical care close to home. African Americans are still more likely to be uninsured and those who are insured pay more for premiums and out-of-pocket costs (20%) than the average American (11%). These irregularities in health care, along with discrimination fears, contribute to the difficulty many African Americans have in accessing preventive care to keep chronic disease in check.
5. African Americans also have been disproportionately hurt by some states’ decision (including TN) not to expand Medicaid as part of the Affordable Care Act. Expanded Medicaid has been linked to a reduced likelihood of death from cardiovascular disease and a reduction in the racial health gap between black and white babies.

How do we combat Coronavirus disease? In the absence of a vaccine, we personally need to continue social distancing, washing/sanitation of hands and wearing masks. On a larger scale, we need to combat mixed messages and mistrust. The message has been “Stay home, self-quarantine, monitor symptoms”, but is this causing an unnecessary delay in seeking care and limiting effectiveness of available therapies? Also, such treatments might be seen as experimental, recalling the Tuskegee experiment and the unconsented use of Henrietta Lacks’ cervical cells, which continue to be cultured and used today.

We may need to reimagine the job of contact tracing, so that this not seen as surveillance only, but rather as two-way communication, providing resources for those afflicted, for example advice and material support for people not worried only about their health, but also jobs and groceries. Also, the recruitment of diverse and locally situated personnel for these positions could more positively affect relationships with community members, the nature of conversations and the likelihood of success. Organizations involved in hiring contact tracers should partner with churches, libraries, community centers and prisoner re-entry and veteran organizations. Hiring from these entities also has the added benefit of transferring income to where it is most needed. An added benefit of this recruitment is that these workers can be repurposed for vaccine dissemination once one is developed. We also need to consider targeted messaging with consideration of literacy levels and translation into multiple languages.

Respectfully submitted,

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