

Black Health and Wellness Executive Summary (2022)

“When white folks catch a cold, Black folks get pneumonia.” This old saying, uttered by members of the African American community when economic disparities become grimmer, reveals how insidious anti-black racism is, even in medical metaphor form. In this particular pandemic moment, the disproportionate impact of disease on Black and Brown people, as well as other groups who face societal detriments against them, is wreaking havoc within this country and more broadly, our larger global society. The Centers for Disease Control and Prevention (CDC), reported the 1918 flu infected nearly 500 million people worldwide. This earlier pandemic caused 50 million deaths globally, including 675,000 in the Americas. Although Black Americans did not seem to have the same mortality rates during the 1918 Influenza pandemic, the full story reveals the reasons why Black people “allegedly” fared better. There was very little statistical research that included Black victims of the 1918 Influenza. Experts now believe there were far more deaths in the Black community during this time, but federal and state governments effaced Black people from data sets. During the 1918 flu epidemic in most cities across the United States, Black and Brown people who were infected were either tended to by family members or forced to utilize racially segregated and poorly funded “colored hospitals.” During this time, the Jim Crow era, Black patients often received substandard care because of the structural inequalities firmly set in place centuries ago (ex. underfunding and understaffed hospitals, racist white administrators, and overcrowding). Even in death, Black influenza victims were not shielded from anti-Blackness during the epidemic. In Baltimore, Mount Auburn, the city’s only cemetery for Black residents, was inundated with cadavers. White sanitation workers refused to dig ditches in whites-only cemeteries for dead black bodies. The social determinants of racism, segregation, and poverty impacted negatively Black people’s response to the deadliest epidemic of the 20th century.

Fast forward to 2020 and similar patterns still exist during the Age of Covid-19 in overwhelmingly Black spaces. For example, due to overcrowding in residential spaces and hospitals, underfunding of hospitals, and Black people working in jobs that are low-wage ones that require public engagement, we are experiencing a medical catastrophe. In the hardest hit areas in the United States, like New York City, Black and Brown people have been twice as likely to die from COVID-19 as White people. Additionally, these cases have been concentrated in ZIP codes where residents are low wage earners, where people live in crowded apartments and cannot work from home, isolate from others, and flee to their vacation homes. Furthermore, in Washington, D.C., a city with a higher population of Black residents than even Mississippi, the “blackest” state, of 45% COVID-19 cases, 79% of that figure has resulted in the death of Black residents. Even more distressing news shows since April 2020, Black Americans have made up more than 80% of hospitalized COVID-19 patients in Georgia, a Blackbelt state, and almost all COVID-19 deaths in St. Louis. Similar trends have been seen for Black and South Asian patients in the United Kingdom. Brown and Black people in the global South are in near identical situations and like the United States, governments in South Asia and the UK are not responding to the specific needs of these victims. We are determined to create a platform that addresses these disparities through education and activism.