

Why Are Black Americans Dying Faster from COVID-19 than others?

Why are Black Americans dying faster than others?  
Is it because Black Americans get what they deserve?

Since the outbreak of COVID-19 in the United States, numerous news outlets have published scores of articles showing how Black Americans and other Americans of Color are dying at higher rates than their White counterparts. Is the death index germane only to COVID-19, or is this part of America's history of embedded racial medical bias?

In the book *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, by Harriet A. Washington, Washington documents the long and heinous history of mendacious medical mistreatment of Black people in the United States. One could wonder, is that why COVID-19 deaths of Black people out index those of whites? There is a malaise itself about the fair and ethical treatment of Black people. This malaise has produced a practice of treatment, steeped in a historical cultural mythology where Blacks were considered lazy, and their untreated symptoms were often dismissed. A culture that believed: the best cure for a sick Black person was to administer a severe beating.

Today, some skeptics of the higher death index for Black people and other people of color would like to offer mistrust as the true culprit for this problem. Many Black people mistrust the medical system, but it is a mistrust not born in a vacuum, Wilbert Smith writes about Vertus Hardiman, whom he describes as "a victim of a U.S. government human radiation experiment. This story is not as famous as the Tuskegee Syphilis Study but is part of the long line of horrors experienced by people of color. The evidence of historical abuse and current practices of medical bias, dismiss the skeptics and their theory of simple mistrust.

The truth is that at the core of medical apathy towards Black people and Black people's sense of mistrust is racism. Racism, not that every doctor is part of a sinister organization imbued with the desire to kill Black patients, but racism as a system of denial of equal access and intentional poverty, a system that has identified Black people as disposable and not worthy of the best that medicine can afford.

"In 2005, the Institute of Medicine—a not-for-profit, non-governmental organization that now calls itself the National Academy of Medicine (NAM)—released a report documenting that the poverty in which black people disproportionately live cannot account for the fact that black people are sicker and have shorter life spans than their white complements. NAM found that "racial and ethnic minorities receive lower-quality health care than white people—even when insurance status, income, age, and severity of conditions are comparable. By "lower-quality health care, NAM meant the concrete, inferior care that physicians give their Black patients." NAM reported that minority persons are less likely than white persons to be given appropriate cardiac care, to receive kidney dialysis or transplants, and to receive the best treatments for stroke, cancer, or AIDS. It concluded by describing an "uncomfortable reality": "some people in the United States were more likely to die from cancer, heart disease, and diabetes simply because of their race or ethnicity, not just because they lack access to health care." And now, we can add COVID-19.

Many people are clamoring for a return to normal. Black people and other people of color cannot clamor for a return to normal, if that means a continuation of disparate, demeaning, and dangerous medical system practices. During the period of American enslavement of African people, medical experimentation on enslaved people was accepted as normal. America cannot return to normal; we must invest in change for the better; we must demand a single standard of medical care in America. We must demand that the medical institutions raise the ethical standards and treat all patients with the same level of care with which they would treat their family and friends. As Americans, we must demand changes in the “normal” practices of less than equitable medical treatment. We must demand healthcare systems and legislative bodies to do a better job. White privilege has no place in the medical treatment of patients. It isn't just COVID-19 that disproportionately impacts Black and people of color lives; it is White Supremacy and complicity since-1619, as well.

You are invited to a Zoom webinar.

When: Sep 13, 2020 01:00 PM Eastern Time (US and Canada)

Topic: Death by Disparities: How Medical Bias Kills

Register in advance for this webinar:

[https://us02web.zoom.us/webinar/register/WN\\_89bBYy\\_RR3SzRMFDWBVRzA](https://us02web.zoom.us/webinar/register/WN_89bBYy_RR3SzRMFDWBVRzA)

After registering, you will receive a confirmation email containing information about joining the webinar.

This event is part of our series in fighting poverty and injustice in our society.

I believe that if you take the time to join us, it will be time well spent.

I ask that you will please invite your friends to share this information and attend.