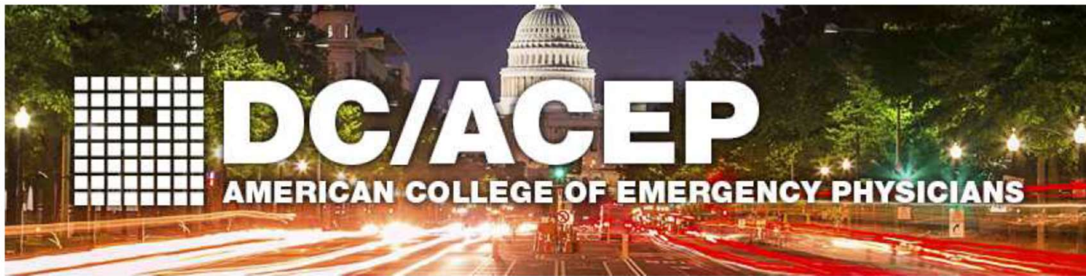
A Newsletter for the Members of the District of Columbia Chapter - Summer 2020



Resident Corner
Racial Injustice in a Pandemic: Insight into the District
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The District of Columbia is a substantial example of the significant health disparities that black Americans face within this nation. Approximately 46% of DC residents are black, another 46% are white, and 8% are listed as 'other'. As of July 80%, of the reported COVID-19 deaths were black, while whites made up appropriately 22% of coronavirus cases leading to 11% of deaths related to COVID-19.

While most Americans quarantined in their homes during this pandemic, a horrific video surfaced showing a black man, George Floyd, dying while in the hands of the police. For many black people, this was not something new, however the level of outrage changed as a result of this incidence Ongoing COVID-19 statistics prior to this incident, were showing the higher risk of cases and death within the black population in the United States. It was reported that George Floyd had history of cardiovascular disease and had just recently survived COVID-19. Again, an infectious syndrome we have come to understand as a potentially life-threatening outcome due to his race and co-morbidity background. This paramount moment around the world gave a large display of the injustices black people experience. He survived the infection during the pandemic, but unfortunately died in the hands of injustice. Altogether, this greatly showcased the various forms of discrimination to the country, whether it be related to law or health.

In a report that was published by Georgetown University in May 2020 (Pre-COVID data), they were able to demonstrate the systemic disparities between two races by comparing two Wards within D.C. D.C. is a prime representation of racially segregated housing and the challenges black residents face. It is reported that Ward 8, a large portion of Southeast D.C., approximately 90% of the population are black. While Ward 3, a large part of Northwest has a population of 5% black residents. The racial segregation of wards, which could be contributed to cost of living, discrimination, affordable housing, etc. play a tremendous role in discrepancies in co-morbidities, life expectancy, infant mortality risk, education, and income. It was reported that black people (represented by residents in Ward 8) had a shorter life span of 15 years when compared to the densely populated white residents in Ward 3. The rate of infant mortality was 6x higher and cardiac disease was 4x higher in blacks. While whites had higher income, education, and easy access to care. There are so many factors that contribute to such findings, e.g. food deserts in ward 8 with many convenience stores and few grocery stores, poor access to adequate health care, and much more.

This report provides guidance to many, but especially healthcare providers. We should use this information when caring for our black patients. As healthcare providers, it is imperative that we consciously work to improve our implicit biases and provide quality care. Cultural context for the patients we serve is important. Understanding our community and communicating with them about their concerns can make significant difference in their lives. Diversifying health professionals and actively providing education to all healthcare professionals on the barriers their patients face in obtaining care can help reduce such disparities. Lastly, being more conscious of our local representatives, if one lives outside of D.C., and supporting those who stand for making a change within the law of government when it comes to health disparities, housing discrimination, criminal injustice, and so on. With these efforts as a nation, we could only hope for a better future.

Reference

"Health Disparities in the Black Community: An Imperative in Racial Equity in the District of Columbia, Georgetown University School of Nursing & Health Studies, May 2020.