Cell Systems

Commentary

A Pandemic on a Pandemic: Racism and COVID-19 in Blacks

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Racism and COVID-19 represent a pandemic on a pandemic for Blacks. The pandemics find themselves synergized to the detriment of Blacks and their health. The complexity of the combination of these pandemics are evident when examining the interplay between racist policing practices and health.

George Floyd, a Black, 46-year-old male who was unarmed and handcuffed by a white Minneapolis police officer died after the police officer knelt on his neck making it impossible for him to breathe. Ahmaud Arbery, a 25-year-old Black male, was jogging in a neighborhood in Georgia on February 23, 2020 when ex-police officer Gregory McMichael and his son Travis, both of whom are white, killed him in a shooting. These are just two examples of acts in our country indicative of the lasting and pervasive prominence and institutionalization of racism. Law enforcement killings of unarmed Blacks are manifestations of racism and are implicit signals of the lower value placed on Black lives by legal institutions and by society. Law enforcement targets people of color for detentions, interrogations, and searches without evidence of criminal activity, causing communities to lose trust in law enforcement and hindering community policing efforts. Negative police interactions have been associated with worse mental health among Black men (Bor et al., 2018), in turn causing community members to fear and mistrust other important authority figures such as doctors and healthcare institutions. Mistrust of medical authority figures (medical mistrust) can cause devastating outcomes in times such as the current COVID-19 pandemic (Alang et al., 2020). COVID-19 cases and deaths are on the rise in Blacks, and we believe this to be partly associated with medical effects of policing, medical mistrust associated with negative police interactions, and medical bias in our health care institutions.

Racism Is Bad for Your Health

Negative police interactions with the public have been well documented through the media, but research on the personal and vicarious affects have been limited. One study by McFarland et al. (2018) demonstrated that negative police interactions personally or vicariously experienced cause harm and stress, which is correlated to obesity and increased waist circumference and is a debilitating burden on Black individuals (Boyd, 2018; McFarland et al., 2018). In addition to stress, negative police experiences can cause elevated depression, post-traumatic stress disorder (PTSD), and anxiety, which in turn can negatively affect the mental health of an individual who is directly and indirectly affected (Bor et al., 2018). Studies have demonstrated that Blacks are more likely to experience police brutality than whites and these experiences correlated to negative health effects (Alang et al., 2017). In the United States alone, over 200 Black lives are taken by police each year (Boyd, 2018). Bor et al. (2018) found that in communities where police killings of unarmed Black Americans have occurred, there is an elevated prevalence of depression and PTSD.

Blacks and minorities are also disproportionately affected by poverty, mass incarceration, infant mortality, limited health care access, and health-related conditions including heart disease, diabetes, stroke, kidney disease, respiratory illness, and human immunodeficiency virus (HIV) (Laurencin and McClinton, 2020). Unconscious bias, stereotyping, prejudice, and clinical uncertainty that vary depending on patients' race/ethnicity on the part of health care providers lead to healthcare inequalities creating poor healthcare outcomes and mistrust in the healthcare system (Maina et al., 2018).

Police Brutality and Medical Mistrust

Alang and colleagues have argued that police brutality is a social determinant of health (Alang et al., 2017), which can cause people of different ethnicities to lose trust in US institutions such as law enforcement and medical institutions. A follow-up study by Alang et al. (2020), focused on police brutality and its effect on physical and mental health of Black Americans, surveyed adults living in urban areas in the United States on mistrust (specifically medical mistrust) and perceived police brutality. Police aggression contributes to fatal injuries, poor physical health symptoms, stress, financial strain, and institutionally oppressive practices that are associated with a spillover effect on the community's trust in medical institutions and physicians (Alang et al., 2020). The spillover effect can cause devastating health disparities in the Black communities. Medical mistrust was greater among marginalized populations, indicating that contemporary racial biases can lead to unequal treatment and access to quality health care

(Alang et al., 2020). The debilitating burden of negative police interactions has been correlated to medical mistrust through the institutionalizations of racism (Alang et al., 2020). Data by Alang et al. (2020) report that Blacks, Latinxs, and Native Americans experience higher rates of medical mistrust compared to whites.

A contributing factor to medical mistrust in the Black community is a reflection on the low numbers of Black physicians who can relate and understand the needs of members of their communities, affecting the quality of care of the patients (Daley et al., 2020). Efforts must be made to increase numbers of Black physicians in medicine. This must be a high priority. Negative interactions with people of authority have been correlated to mistrust in medical institutions, and individuals experiencing unnecessary and unfair police encounters reported the highest levels of mistrust (Alang et al., 2020). Most importantly, Alang et al. (2020) propose that by "addressing police brutality, medical mistrust and racial health inequities can be reduced."

COVID-19 and Medical Mistreatment and Mistrust in the Black Community

It has been reported that Black counties have three times the rate of infections and six times the rate of deaths compared to white counties. This higher rate in the Black community can be associated with higher poverty rates, limited health care access, and more people with jobs in service industries (Laurencin and McClinton, 2020; Scott, 2020). Data from 14 states revealed that, although Blacks make up 13% of the US population, over 30% had been diagnosed with COVID-19 infections (Poteat et al., 2020). Racial and ethnic minorities tend to receive a lower quality of healthcare than whites, which can be a factor in the higher COVID-19 rates in Blacks. Racism in the healthcare system, whether it be called unconscious bias, stereotyping, or prejudice, can contribute to healthcare disparities and the high rates of deaths among the Black population (Maina et al., 2018).

The events surrounding a young Black student from UMass Amherst illustrate an important example of the disparities in our healthcare system among Black Americans and the propagation of mistrust. Rana Zoe Mungin, a bright and young 30-

year-old Black woman, was twice denied COVID-19 testing and died (Arnett, 2020). Her story is only one example of the long-standing disparities that exist for Blacks and their ability to access adequate healthcare (Arnett, 2020). Stories like Ms. Mungin's shed light on the improper treatment and actions of our health providers toward Blacks that give rise to further mistrust in our healthcare institutions. Medial mistrust, fueled by police racism and medical mistreatment, could thus be a contributing factor in the rise of COVID-19 cases in the Black population.

Conclusion

Racism and COVD-19 represent a pandemic on a pandemic for Black people. The interplay acts in a number of ways. The direct and indirect consequences of racist policing can vary from direct trauma to PTSD-type symptoms, to effects such as medical mistrust and mistreatment that create the ultimate preexisting condition among those so often quoted for Blacks as being predisposed to COVID-19 infection. Data suggest that Blacks experience chronic illnesses and mental health challenges at higher rates than white Americans (Taylor, 2019), and unfair policing is a contributing factor. Racist policing also influences mistrust of the medical profession, deterring Blacks from seeking care. Racial bias (implicit bias and medical mistreatment) in our healthcare institutions, especially in times of a pandemic, can be devastating to Blacks who already see greater disease burdens. It is hoped that the deaths of Mr. Floyd and Mr. Arbery and countless others before them will not be in vain. In an effort to shed light on these issues from the research perspective, the senior one of us (C.T.L.) was the first to identify six ways police profiling and racial discrimination impact Black American health (Laurencin and Walker, 2020) and the first to explore, analyze, and publish on the disproportionate rate of COVID-19 infections and deaths taking place in the Black community in the refereed literature (Laurencin and McClinton, 2020). The United States now faces a pandemic on a pandemic, with the most virulent of the two being racism.

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