

## OPINION

# The intersection of Race and Health

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Since the twentieth century, medical technological advancement has raised healthcare close to miraculous levels which, on one hand, disproportionately favors the White race; while racism, on the other hand, is a public health threat for Blacks (Howard, 2022). The differential impact of the current pandemic illustrates the threat of racism to public health for Blacks. COVID-19 (the Novel Coronavirus) is a relatively new virus that leaves scientists pondering about its changing nature. Based on what is known so far, though, older adults and people with severe chronic medical conditions like heart, lung, or kidney diseases are most at risk for COVID-19. However, studies (Black Coalition Against COVID-19 2022) have shown that it is not a genetic predisposition, *per se*, that predisposes ethnic minorities to the risk of infection. Rather, years of structural disparities have kept them in poverty, leading to compromised immune systems (Howard 2022). A two-year report (Black Coalition Against COVID-19 2022) finds that pre-existing structural and societal inequities account for an overrepresentation of Blacks with underlying health conditions. This report

supports the causal connection between structural racism and health disparities within the Black communities, and it highlights the U.S. Centers for Disease Control and Prevention (CDC), declaration of racism as a public health threat (Walensky, 2021).

As a result of being denied equal opportunities for employment and adequate income, Blacks are less able to maintain good health. They live in a more stressful environment, eat less nutritious foods, and ultimately are more vulnerable to COVID-19 (Howard 2022). Access to healthcare is regulated by health and dental insurance coverage, and millions of Blacks are under or uninsured. Herein lays the context for understanding the impact of inequality, rather than race itself. Walensky (2021) credits the pandemic for having illuminated inequities that have existed for generations and argues that while the painful experiences and the impact of COVID-19 are felt, most severely, in communities of color, policymakers have stopped short of addressing the disparities. It follows, therefore, that the racial disparities of the impact of Covid-19 are not attributed to the disease itself, but are rooted in the long-term inequities that predate the pandemic (Walensky 2021).

### References

- Black Coalition Against Covid-19. 2022. <https://blackcoalitionagainstcovid.org/about/>
- Howard, Jacqueline. 2022. It's been a year since the CDC declared racism a public health threat. Now what? <https://www.cnn.com/2022/04/08/health/covid-19-racial-disparities-public-health/index.html>
- Walensky, Rochelle. 2021. Media Statement from on Racism and Health. [https://archive.cdc.gov/www\\_cdc\\_gov/media/releases/2021/s0408-racism-health.html](https://archive.cdc.gov/www_cdc_gov/media/releases/2021/s0408-racism-health.html)