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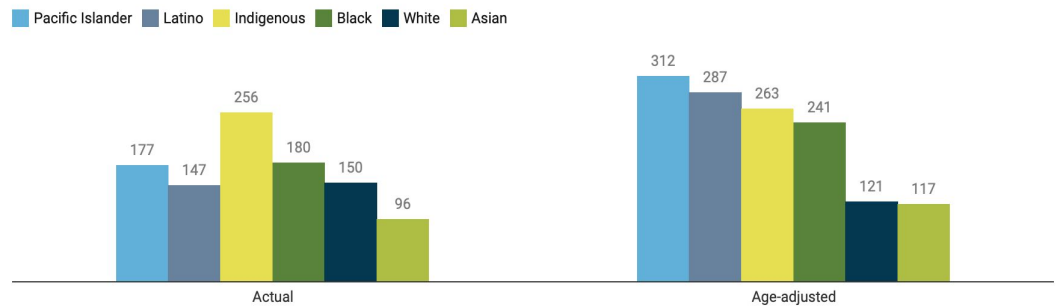
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Racism and Medical Care: Intersectional Analysis of Covid-19 Treatment

Hudson Burrows, Gabrielle Mazza, Debra Perlmutter, Emily Vega

As a nation, we are witnessing in real-time the ramifications of the inadequate care Black women commonly receive during the Covid-19 pandemic, however this is historically only one stage of many where Black women suffer at the hands of prejudiced medical treatment. We are looking through medical inequities between the care of Black and white women to provide an updated synopsis of the inequities in medical outreach, treatment, and the care that Black women receive, specifically regarding Covid-19, which manifests in lower confidence in medical professionals, higher infection rates, and higher death rates.

COVID-19 deaths per 100,000 Americans through March 2, 2021: Actual and age-adjusted mortality rates by race/ethnicity

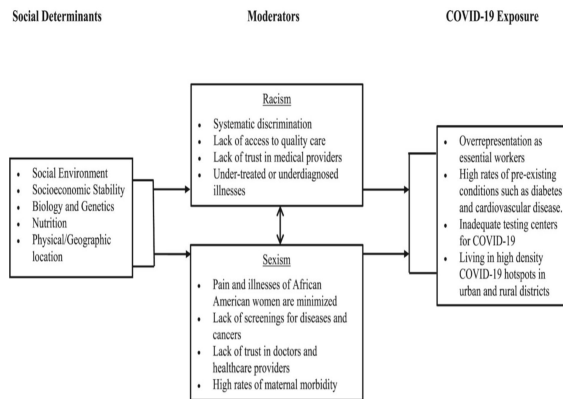
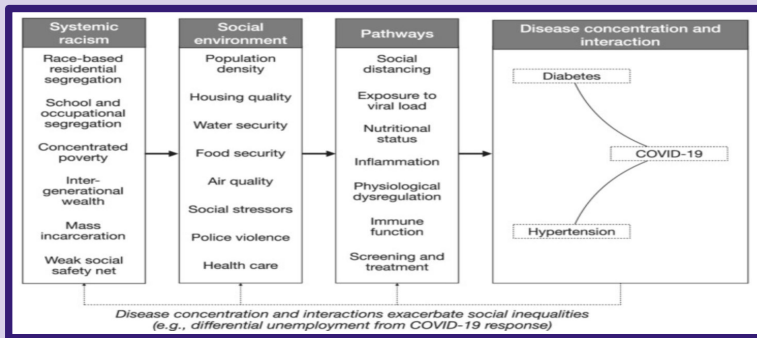


The Color of Coronavirus project has taken into account age differences, demonstrating that certain People of Color all have a COVID-19 death rate of double more than that of White and Asian Americans

COVID-19



- ❖ **Vaccine Hesitancy** is a major issue among Black Americans: although they have higher hospitalization and infection rates, confidence in the vaccine is below 50%. This mistrust is rooted in historical and personal medical malpractice (Griffin 2020)
- ❖ There is also a **severe lack of diversity** in early-stage vaccine trials, with most being 80+% white (Riley 2020)
- ❖ Dr. Titilayo Okoror, Chair and Associate professor of Africana Studies, with a research focus in the health of Africans and African Americans, said "Skin color is just one [aspect] of it, but unfortunately the further we see... the Black population in the US as one homogenous group... really prevents us from... making improvements in health access for them and even how they respond to Covid-19."
- ❖ This is troubling due to the level at which POC, specifically Black women, have been affected by the pandemic, yet the percentage of **Black physicians remain around 5%** since 2018 (Riley 2020)
- ❖ JAMA is the most prolific medical journal in the US yet has **publicly denied the issue of racism in the medical field.**
- ❖ A quote from the Journal of the American Medical Association's (JAMA) podcast; "Personally, I think taking 'racism' out of the conversation would help. Many people like myself are offended by the implication that we [medical professionals] are somehow racist." They also promoted a tweet that said "**No physician is racist**, so how can there be structural racism in health care?" (Lee 2021)
- ❖ **Syndemics:** the synergy of epidemics exacerbates previous underlying health threats
 - The syndemic theory directs attention to possible overlaps not only between diseases (at the individual level) but also epidemics (at the population level), taking social context and political-economic inequities into account (Gravlee 2020)
 - "It matters. The access you have matters. So, one of the things Covid has done is exacerbated the disparities in health care access, the disparity in health care services provided... but also the kind of services you receive. Covid has further exposed it, has further made it worse, but also exposed the cracks in the system as it were." -Dr. Titilayo Okoror



- ❖ **Intersectionality**, coined by law professor and civil rights advocate **Kimberlé Crenshaw**, explains how merging multiple disadvantaged statuses results in **worse outcomes, especially in healthcare**. Black women are struggling during the pandemic due to this. They have **less control over their environment, their jobs, and whether or not they are treated seriously by medical practitioners.**
- ❖ "**Much of women's work is tied to families, which has definitely put women at a disadvantage... trying to balance working from home and childcare has been a challenge.**" -Dr. Sharon Bryant
- ❖ They are also **more likely to have previous mental or physical health conditions** that have only worsened during the pandemic (Obinna 2020).
- ❖ Intersectionality also leads to **occupational and economic issues** which also worsens the healthcare they receive in terms of benefits and treatment. Bowleg (2020) found that **58% African American women** have been laid off or had their hours reduced during COVID-19, compared to **31% of white men.**

The Roots of the Issue

- ❖ A 2016 analysis of maternal deaths found that Black mothers have a **severe maternal morbidity rate 3X** that of white women
 - Having previously been prone to blood clots, **Serena Williams** was having trouble breathing post-delivery and confronted her nurse, but it was **brushed aside**. Only after demanding a CT did her doctors discover more clots and she was given the proper treatment (Salam 2018)
 - **Dr. Sharon Bryant, Director of Diversity and Associate Professor at Decker School of Nursing, explained "not having the ability to [advocate for oneself]...exacerbates the issues that already exist."**
- ❖ The behaviors and attitudes of healthcare providers are a large contributing factor to disparities in the quality of care Black women receive. Biases include **condescending attitudes, different treatments based on assumptions from health care workers**, etc.
 - A 2015 study (Hall, et al. [2015]) examined the relationships between implicit racial biases in healthcare professionals and the connection to health care outcomes. This study found that **most health care providers appeared to have implicit bias** in terms of positive attitudes towards white patients and **negative attitudes towards patients of color.**
 - Providers in a dominantly white industry have incorporated a **white racial framing** in their treatment of Black women, making decisions **shaped by gender and racial hierarchies and power imbalances** between patient-worker relations. The present system has been affected by the historic foundation set up in medical practices. For example, treatment of Black women today have been grounded in a history of medical experimentation, resulting in the deaths of many Black women and the **continuation of inadequate care** to which they receive (Feagin, Bennefield 2018)



"I asked the nurse for some pain medicine and she said 'you shouldn't need it right now they gave you something,' and I said 'I don't care if they gave me something, I'm in a lot of pain and I shouldn't be at this level of pain, I need something...'" "I reported [the nurse who didn't give pain medicine] and nothing ever came of it, they never followed up." -Dr. Bryant, discussing a moment of bias within her medical treatment

Conclusion

- ❖ **The Covid-19 pandemic** has exposed the depth and breadth of the inequities in the distribution and quality of care Black women are given.
- ❖ **Burgeoning data** exposes doctors' prejudices and also the levels at which this pandemic is affecting Black women.
- ❖ **Looking forward**, changes need to be made in the way doctors are taught to interact with patients of color.
- ❖ **Furthermore, systematic changes** need to be made throughout society to generate an equitable foundation for Black women in America.



Selected References:

