The Disproportionate Impact of Covid-19 on Black Health Care Workers in the U.S.

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Grieving families, social distancing, economic disruption: In many respects, coronavirus has changed the world. But it also has exposed the startlingly consistent toll that catastrophe exacts from black communities. The old adage that “when white America catches a cold, black America gets pneumonia” has become a chilling reality.

Recent data coming out of New York, Chicago, and Louisiana indicate that deaths from Covid-19 are disproportionately high among communities of color — black and Latino patients in particular. Though blacks are only 22% of New York City’s population, as of mid-April they constituted 28% of fatalities from the virus. In Chicago, where blacks are 30% of the population, they comprise 70% of those killed by Covid-19. In the state of Louisiana, blacks are 32% of the population but 70% of those dead from the disease.

As some states move to reopen against the advice of public health professionals, these numbers are likely to get even worse. As we

prepare for this, we should also begin asking another, interrelated question: What impact will this growing death toll have on black health care providers, particularly black doctors and nurses?

As a sociologist who studies the experiences of black health care workers, I fear that one unanticipated consequence of the coronavirus might be a setback of the modest advances the medical industry has made towards improving racial diversity among practitioners. Currently, despite being approximately 13% of the U.S. population, blacks constitute only 5% of all doctors and 10% of nurses. Both professions have come to realize that more racial and gender diversity is essential for providing care for a multiracial society — especially given data indicating black patients' health outcomes improve when matched with a same-race provider. But conversations with black health care workers about their daily experiences exposes the possibility that Covid-19 could be a breaking point, both physically and mentally.

The Physical Dangers Black Health Care Workers Face

In a recent study, I investigated the choices that black practitioners made about where they wanted to work and what specialty of medicine they wanted to pursue. The 60 respondents in my study hailed from a range of specialties including ob-gyns, geneticists, and anesthesiologists. Across specialties, I found that many were motivated to go into health care by a desire to help those who were least likely to access high-quality, compassionate care. For instance, Annette, a geneticist, told me that she wanted to use her skills and training to help black populations who might not otherwise have access to genetic testing. Jackson, a physician assistant, described being motivated early on to pursue a career in health care so that he could give back to poor black communities like the one in which he was raised. Specifically, they wanted to provide respectful, effective health care to black populations for whom this is rarely the norm. (All names used here are pseudonyms.)

This commitment led many of my respondents to seek out employment at facilities in urban areas where most patients were black, Latinx, and often low income and/or uninsured. As Mindy, a nurse I spoke with for my research, told me, "Blacks are culturally a higher percentage of the poor, and so I just feel I take personal responsibility in making a

difference. I'm really focusing on the culture who needs it the most and figuring out ways to reach them." For health care workers like Mindy, this choice means being on the front lines for patients who can't afford primary care physicians, use the emergency room for medical care, and often have extensive pre-existing conditions.

The data about who is most affected by the coronavirus is still coming out, but the kind of patients Mindy went into nursing to treat are likely those who are the hardest hit by Covid-19. This makes black health care workers' intentional decisions to go where they saw the most need fraught with frightening implications.

Respondents in my study told me that the hospitals where they worked were frequently understaffed and under-resourced, and in the best of times often lacked equipment and personnel. Joel, an emergency medicine doctor in a public hospital, told me, "There are places where private emergency departments can get MRIs that aren't for emergency reasons…We can get other scans involved, but if this hospital had the resources like [other private facilities], we could get more staff support, CAT scans, etc. We could better serve patients. [We're] city funded, so we feel the effects." If coping with a lack of staffing and resources was the norm during before the pandemic, it's not hard to imagine how devastated many of these facilities — and the hospital staff who work in them — must be now, given the widespread shortage of masks, gowns, and other protective gear.

We do not yet have precise data reflecting how many of the health care professionals infected with coronavirus are black, but it's possible that these practitioners are at risk of repeated exposure to this virus. It's also likely that the dangers don't stop at contracting the disease.

The Mental Health Dangers Black Health Care Workers Face

My research indicates that the conditions under which many black health care providers are working produces a specific kind of burnout, stress, and exhaustion. Frequently, this happens not only because many are working in under-resourced public facilities, but because they are also dealing with the racial implications of their work — caring for low-income patients of color whom even many of their white colleagues view through a racially stereotyped lens as drug abusers, noncompliant

patients, or irresponsible parents. As Eric, an anesthesiologist, told me with visible frustration, “There were many times I saw patients shunned simply because of their skin color and problems they presented with that may or may not be present in our community…There’s all sorts of anecdotal conversation [from white doctors] about, ‘I know how those people are when you give them medication,’ or ‘I see that all the time with this population.’”

Repeatedly hearing these accounts from colleagues presents a special challenge to these black health care professionals: In addition to providing care to vulnerable populations, they are also put in a position of defending them from often unfounded stereotypes.

Further, black patients reminded the black practitioners in my study of their friends, family members, and sometimes themselves. In some cases, these patients were actually neighbors and community members — people with whom black doctors and nurses shared a connection. Hearing white colleagues label and prejudge these patients creates stresses, but many black health care workers conceal their resulting frustration to avoid being seen as “complainers” or “troublemakers.”

As Suzanne, a cardiologist, described race-related stress associated with her work, “I’ve become more jaded…I used to be very, incredibly open, and now I’m just a lot more guarded.” Suzanne told me that her response to overhearing or confronting racial biases from colleagues was starting to leave her numb and disengaged, stating, “It’s not even [that my feelings are] hurt, it’s just that you tend to become apathetic about it.” Being the only black woman in her workspace often meant bottling up feelings of frustration and anger in response to repeated racial incidents, a process that researchers suggest heightens stress and diminishes well-being.

How to Support Black Health Care Workers

These comments suggest that, at best, being a black health care worker comes with specific difficulties that can easily go unnoticed. In a pandemic where black populations are among the hardest hit, these difficulties are likely being magnified exponentially. Health care systems are undoubtedly taxed, but in the interest of their workers, they should consider ways they can support black health care providers to offset the

kinds of burnout and stresses research indicates they are likely experiencing right now. These efforts need to go beyond the basics of providing personal protective equipment (PPE), though that's certainly a necessary start. In this national emergency, health care systems may need to think past providing health care just for patients and consider the health of their workers, perhaps through counseling and support groups, heeding employees' suggestions for how systems can be improved, and partnering with other institutions when helpful.

Additionally, it's essential not to forget the needs of black nurses, technicians, and other staff who are a key part of the health care infrastructure. These workers are often similarly motivated to work with underserved patients, but with less power and visibility than doctors. The emotional, financial, and physical strains they face can go overlooked. And finally, wealthy donors who want to support health care systems should consider donating their resources to the facilities that serve patients — and the providers — who have long been overlooked.

Over the long term, medicine needs to accelerate its diversity efforts. Currently these efforts include — but are not limited to — fellowships and training programs, organizations' and professional associations' formal commitment to increasing racial diversity and cultural competence, and "pipeline programs" that are intended to attract underrepresented minority students into medicine.

Programs like these will become all the more crucial if black doctors and nurses are hit as hard by coronavirus as many of the patients they treat. But hospital administrators should also consider other ways to address the issues that adversely affect black health care practitioners' work — the routine gender discrimination black women doctors face, for example, and the unevenly implemented and enforced diversity policies. Medical schools should push back against pressures to cease using race as a factor in admissions so they can ensure a racially diverse student body of future doctors. Hiring committees must re-think the weight they place on professional connections and networks in deciding who to hire, particularly since this method can perpetuate hiring discrimination.

Finally, some health care policymakers have argued for shifting to a value-based care model that accounts for social factors. This model

would reward doctors by assessing patient outcomes, but could also consider the efforts involved in improving outcomes for patients whose social and economic circumstances can make medical care that much more challenging. By recognizing the additional challenges that social conditions create in attaining good health, medical systems could shift to reward health care workers who make sure the most underserved patients, who are usually black, don't slip through the cracks. These changes could help offset the burdens black doctors and nurses shoulder in normal times, and could draw future black health care workers into the field in the future.

Describing the downside of being a black woman doctor in a public facility that served mostly low-income patients of color, a surgeon named Jenna told me, "funding gets cut, we don't have the things we need, but [administrators] know we'll still come in and work to get our patients what they need…It makes me feel exploited. It makes me feel like Mammy, honestly. Because we empathize — no one has more empathy than black women. But that's not rewarded in the structure of how medicine works. So we just keep on working and working with less and less."

Jenna's comments describe a reality that isn't a model for building a sustainable base of black health care providers over the long-term. And with the coronavirus pandemic taxing these health care workers on the front lines, her words should be an urgent call to future action.