

Coronavirus Racial Health Disparities Briefing Statement
Dr. Uché Blackstock, CEO and Founder, Advancing Health Equity
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Good afternoon, I am Dr. Uché Blackstock. Thank you for inviting me to speak at this critically important briefing on racial health disparities in this pandemic. I am an emergency medicine physician. I am also the founder of Advancing Health Equity. The mission of my organization is to work with healthcare and related organizations to close the gap in racial health disparities.

I originally founded this organization prior to the Coronavirus crisis because despite significant advances in healthcare and technology over the last decades, racial health disparities have been both profound and persistent.

I would like to acknowledge the pain and trauma that many Black Americans are currently experiencing due to the recent killings of George Floyd and Breonna Taylor by police and Ahmad Arbury by two white men. Their murders, like health disparities, are a symptom of the same deeply rooted disease in this country – structural racism and white supremacy.

Black men have the shortest life expectancy. Black babies - the highest infant mortality rate. Black women - the highest maternal mortality rate and this trend persists despite socioeconomic status and level of formal education. Even the chronic stress of living with daily racism results in “the weathering effect”, the premature physiologic aging of Black Americans’ bodies.

Living in this country has essentially made Black Americans sick. And over the last 3 months, we have witnessed a crisis layered upon another a crisis as Black communities across this country have borne the greatest burden of deaths from the novel Coronavirus.

More than 1 in 2,000 Black Americans have died from Coronavirus.

If Black Americans had died at the same rate as white Americans, about 13,000 Black Americans would still be alive today.

In mid-March, with my own eyes, I noticed the demographics of my patients in the urgent care clinic where I work rapidly shift from a racially and socio-economically diverse population to mostly Black patients. Many of them were essential workers – bus drivers, subway conductors, grocery store workers. Many with underlying medical problems, like diabetes, high blood pressure and asthma. Many with no other choice but to use public transportation. And many displaying typical COVID19 symptoms. However, we did not have adequate testing supplies at the time to test them.

I’ve been a physician for 15 years and have worked in the emergency departments with the sickest patients. I have never been as scared for my patients as I have been these past few months.

In particular, I remember an elderly Black man who came in with shortness of breath and fever. His oxygen level was incredibly low. He lived by himself. I was very worried about him and told him I would like to call an ambulance to bring him from our urgent care to the closest Emergency Room. He told me he would not go. He did not want to die in the ER. He told me that he didn't think he would receive good care and he felt safer at home.

As you may know, this distrust among Black Americans for the healthcare system is not uncommon. It is based not only on a historical legacy of centuries of neglect, abuse and exploitation of Black communities, but also based on current-day inequities.

Structural racism, through social and economic policies that disadvantage Black people, has placed Black Americans at risk for illness and death. It has been the key driving force behind the factors that determine an individual's and communities' health outcomes.

I urge this subcommittee to act urgently and swiftly to mitigate these widespread and appalling racial health disparities. This moment must be used for structural change in the form of, among other social determinants of health, safe and adequate housing, gainful employment, access to quality education, access to healthy foods and health care for all.

This country desperately needs a truth and reconciliation process around the racist policies, economic systems and institutions that have left Black lives devalued. This is an opportunity to intentionally acknowledge unjustified past and ongoing wrongs, engage with Black communities, and rebuild them equitably.

And then maybe, just maybe, my patient that I described earlier could have a fighting chance against the novel Coronavirus.

Thank you.