

Structural discrimination: COVID-19 illuminates healthcare inequalities for blacks

The disparities have long been documented. Black people are more likely than white people to die from cancer. They are more likely to suffer from chronic pain, diabetes, and depression. Black children report higher levels of stress. Black mothers are more likely to die in childbirth.

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The Covid-19 pandemic has only made those disparities — and the structural discrimination they are rooted in — all the more apparent. Black Americans have been dying at about 2.4 times the rate of white Americans. As medical anthropologist Clarence Gravlee put it in [Scientific American](#): “If Black people were dying at the same rate as white Americans, at least 13,000 mothers, fathers, daughters, sons and other loved ones would still be alive.”

“People of color right now are more likely to be infected, and we’re more likely to die. What we’re seeing here is the direct result of racism,” said [epidemiologist] Camara Phyllis Jones.

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While the effect of racism on health is well-established, progress will take time — and has to occur on a societal level, [medical director Jacqueline] Dougé said. That has to involve a wide range of actions, including improving wages and closing pay gaps, improving access to health insurance, and ensuring more diversity in the health care system so that practitioners can provide culturally competent care.

“There has to be a systemic change,” Dougé said, “because racism — not race — has a profound impact on our health outcomes.”

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