Coronavirus and Its Attack on Minorities

On March 12, 2020 I had an appointment for a deep-tissue massage at my favorite spa in town. On March 25th I found out that my masseuse tested positive for COVID-19. Somehow, over the weeks we all have found a way to relate to this disease. We may not have the virus, we may not even personally know someone who does, but we all are victims of the coronavirus pandemic. This disease has reshaped nearly every aspect of society as we know it. In my county, every shopping mall, dine-in restaurant, retail store, and any other nonessential business has been closed for nearly a month. This drastic change in lifestyle has affected all of us; we are full of stress and fear about our circumstances, as we deserve to be. It is important, however, to keep in consideration that there is a subset of the population that is being disproportionately impaired by this virus: minorities. In this essay I will discuss the various ways in which minorities have been unfairly impacted by coronavirus, particularly due to a higher rate of illness and the lack of means to communicate with doctors.

The world was hit by COVID-19 with seemingly no preparation; there is much we do not know about this novel virus. However, statistics and medical data gathered in the past few weeks by the Centers for Disease Control and Prevention (CDC) have shown that there is an inordinate “burden of illness and death among racial and ethnic minority groups” (COVID-19 in Racial and Ethnic Minority Groups 2). Although coronavirus does not affect people of minority race on the basis of their biology or genetics, socioeconomic factors in the United States have led to an excessive number of African American and Hispanic people being positively diagnosed. For example, Black and Hispanic people are far more likely to fit in the category of “essential workers” during a time where all non-essential businesses have been ordered to close. These jobs, including those in food and delivery service, transportation industries, and many others do not have the privilege to quarantine themselves inside of their homes to be safe; instead, they put themselves at high risk by having contact with dozens or even hundreds of people every day. The same CDC article states that “nearly a quarter of employed Hispanic and Black or African American workers are employed in service industry jobs, compared to 15% of non-Hispanic whites” (COVID-19 in Racial and Ethnic Minority Groups 2). This exposure has proven to be detrimental in the case of such a contagious virus. Furthermore, these same minority populations also tend to suffer from income inequality and have less access to economic resources that could provide better health outcomes. Many experts claim that lower socioeconomic status is correlated with a “lack of access to health care that aggravate health outcomes in minority populations” (Nania 4). All of these factors combined have led to these minorities having higher rates of infection, and more people dying due to not seeking medical help for financial reasons.

This deficiency in minority populations receiving proper healthcare is unfortunately nothing new in American society, as we learned from our course readings. The Immortal Life of Henrietta Lacks tells the story of a Black woman in the 1950s who was neglected and taken advantage of for the purposes of aiding a group of scientists in their research. Henrietta had cervical cancer, and to see a doctor, she had to “drive nearly 20 miles to get there, not because [she] preferred it, but because it was the only major hospital for miles that treated black patients” (Skloot 15). Furthermore, due to her economic status, Henrietta was forced to be treated through the public ward of the hospital. Rebecca Skloot, the author of the book characterizes the standards of public wards reserved for the poor by stating, “many scientists believed that since patients were treated for free in the public wards, it was fair to use them as research subjects as a form of payment” (Skloot 86). With this practice, Henrietta and all of the other poor (largely minority) populations during this time were deprived of their right to control what happens to their bodies. The concept of specifically targeting low income people is unjustifiable, and clearly shows pattern in minorities being disproportionately and negatively impacted in the field of medicine.

Minority groups in the United States also suffer in our present system of healthcare as a result of insufficient communication with medical professionals. America has commonly been referred to as a
melting pot of different races, cultures, and religions. This also includes differences in native language. Language, and by extension being able to effectively communicate with each other, is an essential part of a patient-physician relationship. Unfortunately, there are often cases where the patient is given poor medical care due to the absence of thorough conversation with their doctor. Recently, a case showed up in the news illustrating the horrifying impact of this lack of communication. The news article stated,

When a woman who didn’t speak English arrived at the overrun emergency room of a Brooklyn hospital last week, she was initially placed in a unit for patients who didn’t have the coronavirus. In the ER, where no one has enough time, particularly now, [the resident in charge] said he could tell that no one wanted to work with an interpreter to take down the woman’s medical history (Kaplan 2).

After a few days, the doctors realized she showed symptoms of coronavirus and attempted to get a translator on the phone. Even with the translator, communication was difficult due to the N95 mask that the woman needed to wear while talking on the phone. The patient died a few days later, and the resident remarked that “he believes she would have gotten better care if she spoke English” (Kaplan 2). Not speaking the majority language of a country should not make a difference in a person’s health outcome. Minority populations in the United States that do not have strong English-speaking skills have clear negative impacts in their quality of medical care. Andrew Solomon, a writer on politics and cultural psychology, wrote a brilliant article on the power of language and the necessity of properly transmitting information. In his piece “Literature About Medicine May Be All That Can Save Us,” he writes:

The language gap frustrates your visit to your doctor. He seems not to understand the problem because you can’t describe it lucidly enough. You don’t understand the proposed treatment because he can’t explain it. I’ve sometimes foresworn medical help because the complexity of voicing what is wrong has felt heavier than the sickness itself (Solomon 2).

Minority populations, such as Hispanic people, and people of Asian descent have been unfairly discriminated against in our system of medicine. With the resources we have as a result of monumental levels of globalization, there should be no reason for a person’s native language to be the reason they do not receive a cure to their ailments. With coronavirus specifically, the circumstances are difficult because we do not have a vaccine yet. However, the dedicated work of scientists and doctors has significantly helped patients who test positive by providing them the best possible medical treatment that we have access to. It is absolutely necessary that remediable issues such as a language gap are not responsible for any more deaths. As Solomon stated in his piece, “language is integral to medicine; it is hard to cure a condition you cannot describe, and few treatments for those conditions go without names of their own” (Solomon 3). This means we need to ensure a way for information to be conveyed in an interactive way that involves both the patient and the doctor. Through this we can ensure minorities are not harmed by avoidable circumstances.

During times of disaster it becomes very easy for all of us to get caught up in our own struggles. We tend to think everyone around us is on a level playing field. However, it is pertinent to recognize our privileges, and speak forward for those that may not have the means to. Minority populations in the United States are unequally and unreasonably impacted by not just COVID-19, but all matters concerning their healthcare. Physician and poet Rafael Campo wrote, “medicine is about doing the most good for the most people” (Campo 199). While this is certainly true, I believe it is time we make an effort to ensure we are doing the most good for everyone, not just the majority.
Works Cited


