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Inequity for People of Color in Healthcare in the Wake of a Global Pandemic

Colleen Ahern

Unfortunately, it's no surprise that the COVID-19 pandemic has shed a light upon the raging discrepancies of *access* to the healthcare needs for people of color in America. Similar to many other aspects of society, inequity remains readily apparent when it comes to minorities' ability to receive necessary medical attention and the onset of the global pandemic only heightened the issue. COVID-19 didn't create these disparities, it exposed them, and it touches upon other issues rooted in systemic racism and disadvantages including lack of access to education, nutritious food, and health care, as well as poverty and high rates of chronic disease.¹ In Philadelphia for example, vaccination rates for Blacks and Latinos are half of what they are for whites.² The disproportionate numbers of vaccine inequities are reflected across the country, highlighting how Black and Latino People consistently receive a smaller share of vaccine doses than they represent in the overall population, COVID-19 cases, and deaths.³ So what's really going on?

Many medical providers believe the disparity between racial groups isn't the result of people who are hesitant to get vaccinated; instead, it is a result of barriers like the location of vaccination sites, online-only sign-ups, appointment scheduling, transportation, and other planning and access issues.⁴ In Oklahoma, a state that predicts the average life expectancy race for Black people to drop by two years, medical professionals emphasize the idea that disparities are not unique to COVID-19.⁵ "Nothing is special about COVID," says Dr. Jabraan Pasha. He goes on to describe that COVID-19 people of color find it harder to attain proper medical care because they are more likely to live in multi-generational households, whether for socio-economic or cultural rea-

¹ Dana Branham, *COVID_19 exposed health disparities in Oklahoma and around the nation. How do we end them?*, Oklahoman (May 9, 2021), <https://www.oklahoman.com/story/news/2021/05/09/covid-19-exposes-health-disparities-among-oklahoma-minority-communities/7315889002>.

² Nina Feldman, *Why Black and Latino People Still Lag on COVID Vaccines – And How to Fix It*, NPR (April 26, 2021), <https://www.npr.org/sections/health-shots/2021/04/26/989962041/why-black-and-latino-people-still-lag-on-covid-vaccines-and-how-to-fix-it>.

³ *Id.*

⁴ Feldman, *supra* note 2 at 1.

⁵ Branham, *supra* note 1 at 1.

sons.⁶ Furthermore, they are also more likely to have jobs that don't allow for the luxury of working from home; in addition to, there being fewer testing centers in communities of color.⁷ The key issue of accessibility of vaccinations to the disease is not just felt in Oklahoma, but all over America.

The President recently stated that 90% of Americans live within five miles of a vaccination site.⁸ But being five miles from a vaccination site, in a city with little structure for public transportation, likely means someone is not going to walk that distance to receive a shot.⁹ Here in Illinois, Black and Brown residents in long-term facilities died of COVID-19 at far higher rates than their white neighbors in the first few months of the pandemic.¹⁰

Again, the root of this spiraling issue is failing system at play. NPR identified disparities in the locations of vaccinations sites in major cities across the South, with most sites placed in whiter neighborhoods.¹¹ Additionally, they found that health care locations likely to be used to distribute a vaccine tend to be located in more affluent and whiter parts of town where medical infrastructure already exists.¹² According to an analysis of state vaccinations distributions plans, half of the states' plans stated at least they were considering race-ethnicity or health equity in prioritizing targeted populations-yet only 12 of those state plans highlighted the number of providers needed to reach those communities of colors, which is a key factor in delivering the vaccine.¹³ Researchers say not enough attention is being paid to the gaps in the healthcare system when addressing the vaccine uptake in vulnerable populations.¹⁴

The lack of relationship between communities of color and medical establishments is due to the discrimination that continues to occur; with racial and ethnic minorities receiving less accurate medical diagnoses, less pain manage-

⁶ Branham, *supra* note 1 at 1.

⁷ *Id.*

⁸ Erin Schumaker, *Vaccination rates lag in communities of color, but it's not only due to hesitancy, experts say*, ABC NEWS (May 8, 2021), <https://abcnews.go.com/Health/vaccination-rates-lag-communities-color-due-hesitancy-experts/story?id=77272753>.

⁹ *Id.*

¹⁰ Derek Cantu, *Minority Residents in Illinois Nursing Homes Died of COVID-19 at Disproportionate Rates*, NPR (May 3, 2021), <https://www.nprillinois.org/post/minority-residents-illinois-nursing-homes-died-covid-19-disproportionate-rates-1#stream/0>.

¹¹ Cantu, *supra* note 10 at 2.

¹² Feldman, *supra* note 2 at 1.

¹³ Akilah Johnson, *Lack of health services and transportation impede access to vaccine in communities of color*, WASHINGTON POST (Feb. 13, 2021), <https://www.washingtonpost.com/health/2021/02/13/covid-racial-ethnic-disparities>.

¹⁴ Johnson, *supra* note 13.

ment and ultimately having worse health outcomes than white Americans.¹⁵ Ending health care disparities is not a simple task, and as demonstrated, is a deeply rooted issue. Some proactive steps that can be taken would be addressing the systemic biases, food deserts, lack of health education, pressuring our state leaders about handling the social determinants of health and encourage new legislation requiring health education in public schools.¹⁶ Doctor Pasha makes a very compelling point, that disparities have nothing to do with differences in biology across races; they have to do with conditions in which people of color are more likely to live.¹⁷

¹⁵ *Id.*

¹⁶ Branham, *supra* note 1 at 1.

¹⁷ Branham, *supra* note 1 at 1.