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## **BRIEF19**

*A daily review of covid-19 research and policy.*

### **Editorial Board Memorandum**

#### **Race as a social determinant of health takes center stage.**

Over the past weekend, we have seen our country react to the on-camera killing of George Floyd. Since the time of the killing, the police officer who ended Floyd's life has been charged with murder and manslaughter. It is more clear than ever that racism and discrimination are detrimental to the health and safety of minorities in the United States, particularly Black Americans. Since the outbreak began here in the United States, *Brief19* has [covered reports](#) in the medical literature describing worse outcomes experienced by Black and other people of color with SARS-CoV-2 infection. Among the first inequities described was lower rates of viral testing among non-White persons. Later, disproportionately higher rates of hospitalization and deaths among Black persons have been repeatedly shown in various settings around the country. It seems increasingly apparent that the disparate outcomes have more to do with chronic and systemic issues which are manifestations of our country's history of structural racism than differences in acute care. That is to say, it is the effects of racism, not a patient's race (i.e. not any genetic predispositions), that accounts for many of the health inequities before us. For example, it is not just Black persons but Black Americans [in particular](#) that are known as having amongst the highest rates of elevated blood pressure in the world, a risk for poorer covid-19-related outcomes. Covid-19 has merely pulled the curtain back on the fact that many serious acute illnesses (including infections like covid-19 but also many others) are far more likely to become critical and life-threatening when pre-existing chronic illnesses such as high blood pressure go undertreated or even undiagnosed owing to lack of primary and preventative care. Lack of medical treatment can be the result of a number of factors including inadequate access to healthcare or suspicion of the healthcare system resulting from previous breaches of trust. Over the past few days the [American Medical Association](#), and [several](#) emergency medicine [societies](#) have issued strong statements to reflect this, specifically calling out police brutality and structural racism, and urging for systemic changes that will provide care and outcome equity in the future. As the AMA writes, "racism is detrimental to health in all its forms." *Brief19* remains committed to highlighting the injustices of racism and inequality in medicine, and the consequences such racism has on the health of our communities. In the meantime, experts have expressed concern for covid-19 spread during protests, and offered [concrete suggestions](#) for how demonstrators and all of the public can limit their risk.

—*Brief19 Editorial Board*

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*Brief19* is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.