COVID-19 Global Pandemic

• Lead in from Juliana
• **Tuskegee Syphilis Study, Henrietta Lacks(HeLa), Havasupai Diabetes CBPR Study** are American examples of bioethical missteps that eroded BIPOC trust in medical & federal oversight

• These traumatizing events aren't addressed publicly enough thereby public health organizations such as WHO & CDC over-communicate health directives when they have a global impact
  • WHO's mission is "Better health for everyone, everywhere" thus they strive to assist member countries improve healthcare with additional SME.
  • CDC is the leading international body for EIS work globally assisting governments worldwide with both big & small public health projects.
Infectious Disease Practices in America

Historically, BIPOC communities are the least supported and yet most impacted by global pandemics.

During H1N1 in 2009, Native Americans were four times more likely to die of the virus than others.

Medical challenges with patient presentation has created a lack of trust among those who are disenfranchised elsewhere in society. An 2016 PNAS study of two patients presenting with only race being the difference have resulted in significantly differing treatment plans not just with residents that leads to failure to recognize patients equitably as practicing clinicians.

The lack of diversity within the public health field, particularly the leadership, limits the opportunities for inclusion of culturally-aware practices. The initial recommendation of wearing masks was suggested without awareness of the perception American BIPOC often face in public spaces. Lack of trust in the public health community as a whole leaves BIPOC in a dearth of understanding.
COVID-19 in 2020

COVID-19 highlighted longstanding social inequities among BIPOC communities

Many of the environmental & occupational risk factors that are associated with COVID-19 are found in BIPOC communities

- Multigenerational housing
- Public transit
- Lack of affordable healthcare
- Co-morbidities that increase risk (Asthma/COPD; Diabetes; Obesity)

Essential worker positions including Healthcare & Gig economy workers

Complex & unhealthy relationships with police/immigration
Everybody's an Epidemiologist Now?

The lack of a coordinated message around the COVID-19 pandemic had eroded already fragile trust of public health officials.

Legislators characterized the pandemic in political terms because #electionyear

The strategies used in previous global pandemics were sidelined for alternative options

Journalists disseminated scientific literature on an unfolding pandemic in a social media climate of significant consequences.

Arizona COVID-19 Data

- Depending on which source used, the data change due to methodology and sources
  - ADHS vs. Johns Hopkins/New York Times/The COVID Tracking Project
- Overall, the impact on BIPOC Arizonans is difficult to pinpoint
  - Lack of race/ethnic identification on CDC data for several weeks
  - Indian Health Service; Bureau of Prisons; & Immigration & Customs Enforcement data housed separately
  - Overconfidence in healthcare’s egalitarian vision
- Lack of public understanding re: healthcare data interconnectivity

<table>
<thead>
<tr>
<th>Cases per 100,000 people</th>
<th>Deaths per 100,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>14,728</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>11,072</td>
</tr>
<tr>
<td>Black/African American</td>
<td>8,675</td>
</tr>
<tr>
<td>White</td>
<td>7,997</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4,978</td>
</tr>
</tbody>
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Notes: Arizona has reported race and ethnicity data for 82% of cases and 93% of deaths. Graphic only includes demographic groups reported by the state. Race categories are mutually exclusive and defined as not Hispanic or Latino.
Attempting to Move Forward

- FDA granted emergency use authorization to one, then shortly thereafter, a second mRNA vaccine against COVID-19.
  - Due to increased suspicion of government; lack of coordinated messaging and public understanding of mRNA vaccine research, the move was met with skepticism.
- Continuing challenges with cultural awareness and outreach plagued many BIPOC communities
  - In many Native American Communities, however, this wasn't the case. The rates of testing and vaccination on tribal lands have exceeded surrounding areas.
- Several barriers are impeding the path to herd immunity against COVID-19
  - Lack of consistent guidelines & training
  - Personal beliefs affecting public service professionals
  - Introduction of new variants
  - Removal of statewide mandates
  - Vaccine supply chain delays
Additional Resources

- WHO COVID-19 Timeline: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline?gclid=CjwKCAjw3pWDBhB3EiwAV1c5rCV4u9BNTwV7LxjiCLCfzoIu6-dSMTx2MSI6ffzSETOHQ6cjk9RoCsQQAvD_BwE#event-0](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline?gclid=CjwKCAjw3pWDBhB3EiwAV1c5rCV4u9BNTwV7LxjiCLCfzoIu6-dSMTx2MSI6ffzSETOHQ6cjk9RoCsQQAvD_BwE#event-0)
- Policitization of COVID: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7447862/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7447862/)