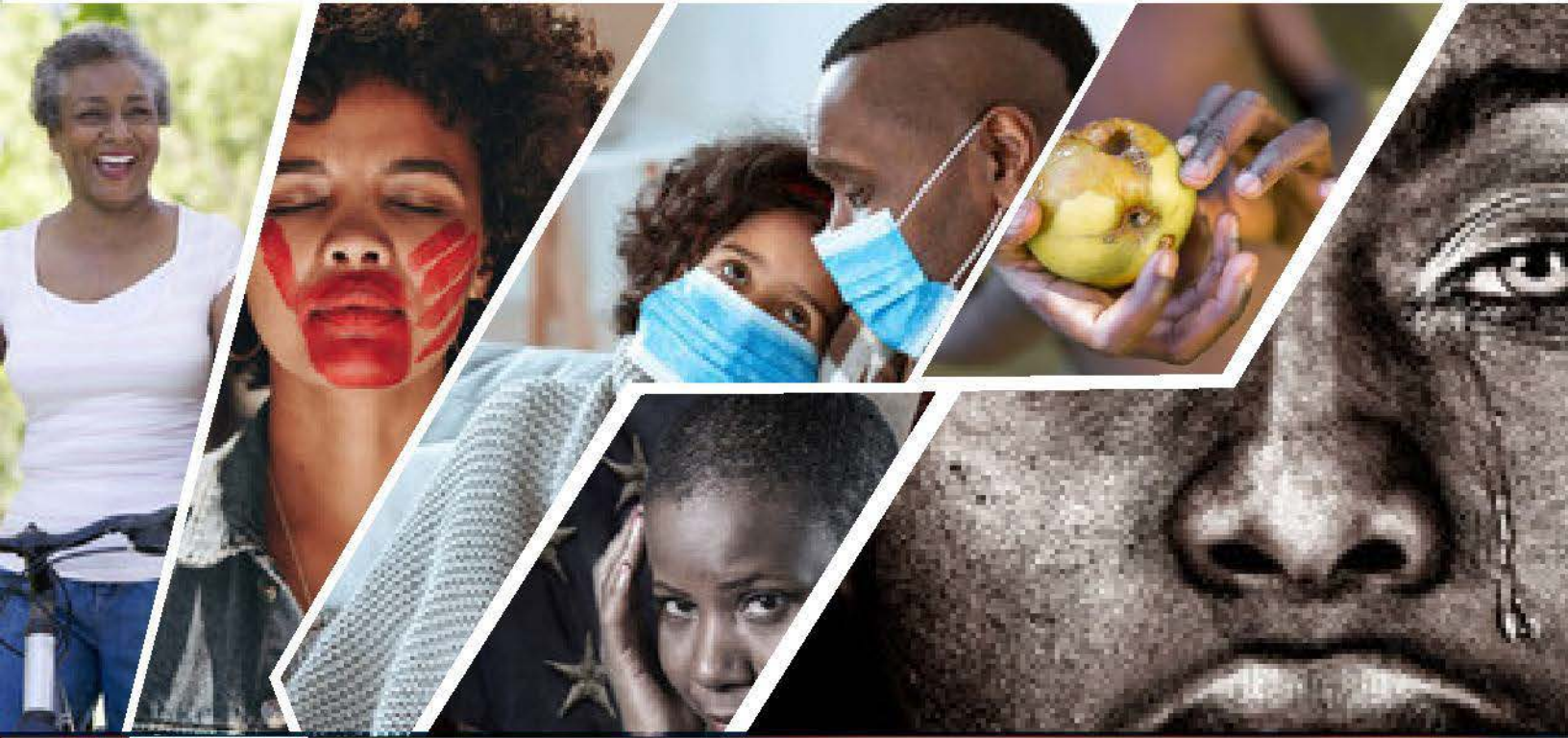


THE BLACK PERSPECTIVE MONOGRAPH 3:

*Addressing the COVID-19 Pandemic through an Examination
of Mental Health and Health Disparities in the Black Community*



HOWARD UNIVERSITY SCHOOL OF SOCIAL WORK
The E. Franklin Frazier Center for Social Work Research
An Inabel Burns Lindsay Social Justice
at the Crossroads Monograph 2020

Co-Editors

Ruby M. Gourdine, Professor, DSW, LICSW, LCSW

Janeen E. Cross, Assistant Professor, DSW, MSW, LICSW, LCSW-C

Sandra Edmonds Crewe, PhD, MSW, ACSW, Dean

www.socialwork.howard.edu



Message from the Dean

This is the third “Black Perspective” monograph for the Howard University School of Social Work and the E. Franklin Frazier Center. Our faculty, alumni and students address the three pandemics that are converging in society—racism, poverty, and health disparities. This monograph specifically focuses on the Coronavirus (COVID-19) pandemic and mental health of African Americans. The statistics of disparities associated with the COVID-19 pandemic, while troubling, are not shocking because of our painful awareness of the health equity issues that are pervasive in the United States. The Howard University School of Social Work’s *Black Perspective* provides important context for the monograph articles.

The Black Perspective developed in the 1970s is the undergirding philosophy of social work education at Howard University. Some have challenged its contemporary relevance. Yet today, the six principles of affirmation, strengths, diversity, vivification, social justice and internationalization serve as an academic bellwether of the enduring need to address social injustices that find fertile ground in the United States. Given today’s heightened attention to racism and its generative pain, some would say that we were ahead of our time in ensuring that being Howard-prepared including a deeper understanding of culture—but at Howard we simply affirm that progress does not mean our work is done. We have always recognized that Black Lives Matter and our 85 years of social work education has included this awareness.

The authors have centered their attention on substantive areas that intersect with the pandemic. As they were developing their narratives, yet another crisis emerged in our country—the terror experienced by Mr. George Floyd that resulted in his death. As the images of him being tortured were displayed by media, we collectively sobbed and sought a place to vent our raw emotions. Some of these emotions are also vividly captured by the monograph authors. Additionally, the featured artists have also captured emotions and feelings in their contributions.

As you read the articles, I hope that you will gain a greater understanding of mental health and the African American community. Additionally, you will be exposed to the underlying pain that accompanies the contributors. Equally important, I hope that you see the advocacy for change and the recommendations that point the way forward.

Sandra Edmonds Crewe, Ph.D., MSW, ACSW
Dean and Professor of Social Work



The Black Perspective Monograph 3:

Addressing the COVID-19 Pandemic through an Examination of Mental Health and Health Disparities in the Black Community

Co-Editors

Ruby M. Gourdine, Professor, DSW, LICSW, LCSW

Janeen Cross, Assistant Professor, DSW, MSW, LICSW, LCSW-C

The voice of Howard University's, School of Social Work, faculty and students are represented in this very important monograph addressing the COVID-19 pandemic. Along with COVID-19, this monograph tackles other social problems that have reached pandemic levels. One such pandemic is insidious racism which has permanented the U.S. since 1619. The COVID-19 and racism pandemics intersect because the public health crisis of COVID-19 elucidates the disproportionate number of African American/ Blacks affected by systemic and structural racism in health care and mental health systems. Similarly, structural and systemic racism is a major factor in social determinants of health that directly impact morbidity and mortality. This monograph centers on the COVID-19 pandemic and its impact on physical and mental health needs of African Americans. The implications for African American are that the physical/mental health needs of African Americans are often overlooked, and the U.S. has neglected the needs of the African American community.

The articles represented in this monograph address some aspect of mental health and health attending to pertinent issues such as health disparities, poverty, loss & grief, and privilege; special populations are discussed that include older adults, women, adolescents, families, South Africans; and at-risk environments nursing homes, correction facilities, and employment. Recommendations are made to support the needs of African Americans and emphasizes social justice exploring interventions such as canine therapy during this uncertain time. The monograph includes commentary articles. The first commentary is by Dr. Ruby M. Gourdine whose article "Why I Am Not Surprised: COVID-19 Impacts African American Disproportionally?" leads and sets the tenor of the monograph. The others are included in the concluding section of the monograph. The editors sought to expand all voices by including accomplished academics, first time authors, and students. As such some of the articles are personal and others are more academic in presentation. All voices are important.

This monograph is Howard University's School of Social Work response to the COVID-19 pandemic and its various stages. Ironically, the news and social media depicts peaceful protest (and some rioting), by African Americans, against rules or guidance set forth by the Center for Disease Control (CDC) states and local government, and law enforcement. This is reminiscent of Colin Kaepernick's peaceful protest of kneeling and mainstream's silencing response and ridicule of a person demonstrating their rights as a U.S. citizen. The national protests are in support of George Floyd's death and his pleading "I can't breathe" and countering responses that "all lives matter" when "all lives" are not being murdered by law enforcement. Perhaps it is misinformation about the pandemics of COVID-19 and racism that confuses mainstream citizens or the refusal to acknowledge the need to maintain privilege, power, and status that has these Americans up in arms. African Americans and allies are interpreting the rules meant to protect society with concern along with being unfairly policed.

Fowers and Wen (June 13, 2020) write in the Washington Post that that depression for Blacks spiked after George Floyd's death. Floyd was seen being murdered by a white policeman who knelt him in the neck for almost 9 minutes. This scene erupted in national wide protest that occurred at the same time people were experiencing stress related to for COVID-19. Imagine the emotional distress felt by Blacks when they organize peaceful protests supposedly protected by the Constitution (albeit a few outliers and /or infiltrators posed to make it seem that the protesters were violent terrorists). The police and the military were dispatched for those protests. This was juxtaposed by White citizens carrying weapons going to state government buildings to demand that the restive measures put in place to protect the citizenry be overruled. At these events, the police presence was minimal, and no military forces were called to protect the politicians and legislators. It is these contradictions that cause stress that can lead to depression and anxiety in the Black community.

Furthermore, there is a lot of focus on Black parents having the "talk" with their children in an effort to protect them from the police if stopped while living while Black (Whitaker & Snell 2016). In addition, Black men who wear protective COVID-19 masks are perceived as dangerous and may be confronted by police. So even when following the rules, they are singled out as the exception and potentially dangerous.

This monograph incorporates the Howard University School of Social Work's, guiding philosophy of the Black Perspective which guides our social work education (see back panel for a list of the principles). The Black Perspective is applied to student academics, faculty scholarship, and how the School approaches micro, mezzo, and macro practice. This is the third monograph in the series on the Black Perspective.

The titles of the others are:

Poverty: Research & Reflections from the Black Perspective (2016). Tracy R. Whitaker, DSW and Jeanni N. Simpson, M.Ed., MSW (Eds.). Howard University School of Social Work & the E. Franklin Frazier Center for Social Work Research

Racism: Research and Writing from The Black Perspective (2018) Robert Cosby and Rachel Grant, (Eds.) Washington, DC: Howard University School of Social Work

Howard University's legacy has promoted social justice and a sensitivity to the needs of the Black community in particular. While our focus has been on African Americans and those who are oppressed in the diaspora, we know all too well that when African Americans are well society as a whole does well. It is especially true at this time that our voices at the school of social work be heard and have an impact on our current situation. However, we do not intend just to talk as our history dictates that we also act – in the best interest of our communities. So, this monograph is a living legacy that we will spread the word and act upon what will promote the mental and physical health in our communities and to reduce the disparities that we as a people experience.

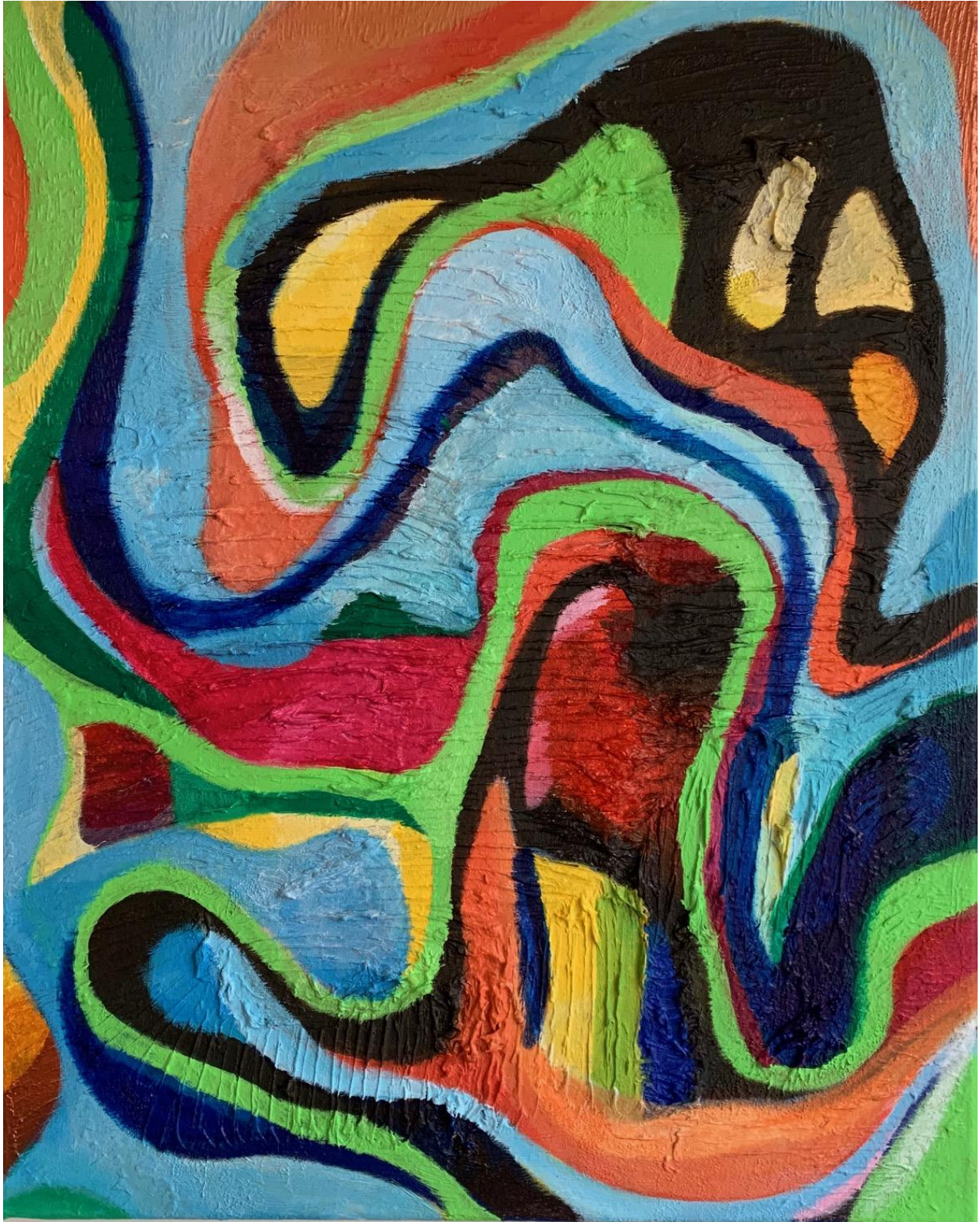
This monograph is a product of the E. Franklin Frazier Center. Howard University School of Social Works extends a special thanks to its international partners the University of the Western Cape. Also, we thank, Ms. Shavon Minter for her work in designing cover and divisions between the articles Ms. Shanell Kitt, MSW for her design which is included in the monograph after the table of contents, Ms. Layanne Abu-Bader whose artwork closes out this important publication,. and we acknowledge our editor Vivian Spencer, PhD. Further, Howard University School of Social Work's Dean Sandra E. Crewe creates opportunities for faculty and students and demonstrates this through her leadership, guidance and support for this monograph. The editors would like to thank the Howard University School of Social Work faculty, students, and staff as they certainly responded in earnest to make this monograph feasible.

References

Fowers, A. & Wen, W. (June 13, 2020). After Floyd's death, rates of depression spike for Blacks. *The Washington Post*.

Whitaker, T & Snell, C. (2016). Parenting while powerless: Consequences of the "the talk." *Journal of Human Behavior in the Social Environment*. DOI: 10.1080/10911359.2015.1127736

<p>This monograph is funded by SAMSHA. The views, opinions, and content expressed in this document do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).</p>



Shanell Kitt is a visual artist and licensed social worker from The Bronx, New York. She received her Master of Social Work degree and Master of Fine Arts degree in Studio Art - Painting from Howard University. Drawing inspiration from memories and intersectional experiences, her abstract paintings and installations communicate her thoughts on social justice, loss and consequent grief, womanhood, empowerment, love and spirituality. Shanell supports utilizing art as a tool to assist in the healing process and has facilitated several self-expression through art workshops in New York City, Washington, District of Columbia, and Maryland.

Table of Contents

Commentary

Ruby Gourdine

Why I Am Not Surprised: COVID-19 Impacts African American Disproportionately	10
--	----

Health and Mental Health

Jacqueline Smith

Meeting the Behavioral Health Needs of African American Extended Families During the COVID-19 Pandemic.....	13
---	----

Janice Berry Edwards, Angela Wilbon & Rachel Shelton

COVID-19 and Training of Future Social Work Providers of Care from the Lens of “The Black Perspective”	21
--	----

Gloria Cain, Tralisa Colby, & Denise Scott

The Impact of COVID-19 on Mental Health Disparities in the African American Community.....	25
--	----

Lennon N. Jackson

COVID-19 and Trauma in Our Communities.....	28
---	----

JaNeen Cross

Mental Health During COVID-19 Pandemic: Understanding the Physical & Mental Health Connection.....	34
--	----

Kadee D. Atkinson

COVID-19 in The Black Community: Exposing the Deep History of Health Care Disparities in the U.S.....	38
---	----

Cudore L. Snell & Stephanie Howard

COVID-19: One Disease Many Reverberations in the Black and Latino Community.....	41
--	----

Danica Nestor & Altaf Husain

It Takes a Village: Five Recommendations to Reduce Behavioral Health Misdiagnoses of African Americans.....	44
---	----

Devyn E. Brown

Underserved During a Global Pandemic: Impacts of Assessing Quality Health Care Among Black Americans.....	48
---	----

Janice M. Davis

The Impact of COVID 19 on the Loss and Grief Processes of African Americans.....	51
--	----

Special Populations

Sandra Edmonds Crewe

Black Lives Also Matter in Nursing Homes: Mental Health Concerns of the COVID-19 Pandemic's Disruption of Family Visitation for African American Nursing Homes Residents.....57

Karen Stapleton

Keeping the Elderly Safe During COVID-19.....63

Mewelau B. A. Hall

Observations of a Social Worker in Washington DC.....67

Karen M. Kolivoski & Esinam Berchie,

Black Youth in the Juvenile Justice System and COVID-19.....70

Amber Davis

COVID-19 Disparities and Black Despair: A Life Course Look at Black Adolescence and Black Adulthood.....75

Sandra Gammons

Pets and the Pandemic: An Underrated Source of Support for African Americans.....82

Ruby Gourdine

Are Our Children Safe During the Pandemics?.....85

Race and Social Justice

Annie Woodley Brown

The Character of America and the COVID-19 Pandemic.....90

Sibulelo Gwalayo & Marcel P. Londt

Health Disparities in Poor Black Communities Amid the COVID-19 Pandemic in the South African Context.....93

Robert Cosby

"When Enough Is Enough!".....96

Tracy Whitaker

Can We Just Breathe?.....101

Sandra E. Crewe

Epilogue: The Way Forward.....104

HEALTH & MENTAL HEALTH in Black Communities



**Why I Am Not Surprised:
COVID-19 Impacts
African American Disproportionately**

Ruby M. Gourdine, DSW, LICSW, LCSW

Commentary

The social determinants of health are evident in the Black Community. On almost all of the social determinants that impact health, rarely are Blacks on the positive side of the discussion. Nevertheless, when something like the pandemic occurs, and statistics indicate who is most affected, we learn how disproportionately adverse outcomes are attributed to the Black Community. Throughout US history, this has been true. Poor housing, education, health care, and employment are just a few systems that negatively impact the Black Community. This commentary will consider how being on the negative side of what is assumed to be American rights can affect mental health in the Black Community. Structural racism and systemic inequalities are evident in acknowledging these disparities.

As I considered how to approach the pandemic on the Black Community, I reacted to the news, both visual and print, and how they reported the effect it had on the African American/Black Community. Of course, the first thing they talked about was the vulnerability of the Black Community because of overall poor health, such as diabetes, high blood pressure, and other related illnesses. The news also sounded shocked about the outcome. I was stunned at their surprise because the circumstances experienced by the Black Community are not secret; they are published in health-related journals and other publications on a reasonably consistent basis.

Additionally, the advice was that people were to self-isolate or maintain a safe distance; and businesses, as well as schools, were to be closed. We were told to shut down, except for essential services/work. Vital workers, including medical personnel, were primarily Black workers who were in these crucial positions. They also included grocery store workers, bus drivers, and those working in the warehouses. Spike Lee, the movie mogul, stated in the news that during this pandemic, we found out who runs the country! Had it not been for these services, we would not be able to get food delivered, be able to eat, or have transportation.

In the beginning, the messages were inconsistent and puzzling. We were told about the virus later than expected. We were told that young people were not at risk, just the elderly. Further, we were instructed to sanitize and wash hands frequently as a precaution. Later we were told that we needed to wear face masks, but some people were also buying disposable gloves, which was contradicted in later instructions. We were advised not to wear the gloves, and Black men wearing masks were at risk due to being regarded as threatening.

Additionally, it was assumed that these items were readily available to all, but not necessarily if they were the impoverished and the working poor. The essential items were even scarce for people with resources due to being and overpriced. Grocery stores were practically empty of

necessities, let alone healthy foods. People lost jobs and had to wait for inadequate resource benefits to help pay for rent and other necessities.

Our lives changed dramatically within a short period of time. Additionally, there were concerns that medical care was elusive for many Blacks because insurance coverage was inadequate, or none was available. The testing for the virus was initially by the doctor's referral only. Even when some people showed up for treatment because they believed they had symptoms but did not have a fever, they were turned away, even when they had other severe symptoms such as deep coughs, aches, and pains. As time went on, the expanded symptoms included loss of smell and taste, as well as blisters on feet, among others. Imagine the confusion the community felt with these contradictory statements.

In the midst of this, we faced another enduring pandemic, and that is racism. This pandemic is so crucial that those protesting police violence against Blacks and participating with the Black Lives Matter movement joined mass protests, even when social distancing was recommended. Visual and printed evidence of this racial pandemic spread across the United States and reached all parts of the world just as the virus had.

We had two pandemics, and the protesters were so committed they placed themselves in peril because freedom and equality are as important as safety from illness. Protests about the stay at home directives were led mainly by Whites who wanted to return to work. And one wonders if the motivation for these protests was because Black and Latin communities were more at risk than other racial groups. Those who were afraid of losing businesses and jobs highlighted the looming problem of the collapsing economy. After witnessing the murder of Mr. George Floyd, a Black man who was murdered by a White policeman, there has been a multicultural response of protesters seeking racial justice for Black people. What is particularly noteworthy is that it is a youth movement. Some high school students are organizing massive marches as they view an America that they desire and see themselves as being able to craft.

So, one might ask, "What does this have to do with COVID-19 and mental health during a pandemic?" Well, a great deal. Who would imagine that in the space of a few months we are locked in our houses, unable to move around at will, have limited opportunity for worship in physical churches, be unable to visit family members, or carry out care-taking duties to assist elderly or ill relatives. We have seen people lose their jobs, hence take a loss of insurance/health coverage and camaraderie. They are isolated and may suffer from anxiety and depression. The uncertainty of the future can exacerbate these feelings. These situations cause concern for mental health providers.

Why am I not surprised? It makes sense that when we hear about the adverse conditions in the Black Community that we understand that there are so many structural and systemic barriers to not only equal access to health in particular, but also to life in general. The Black Community may resist access to mental health services, as it would be one more social determinant of health in which they are already overrepresented. There are insurmountable barriers to overcome, and this causes problems for many African Americans.

An example is provided in the statement below by Ella Baker (1964), a Civil Rights activist:

" Until the killing of Black men, Black mothers' sons, becomes as important to the rest of the of the country as the killing of a White mother's sons, we who believe in freedom cannot rest until this happens."

This quote from Ella Baker represents the reason that those in the Black Community resist mental health treatment . . . because they are treated less than Whites in America. The twin pandemics of health disparities and racist systems are so apparent. Why are we surprised?

Meeting the Behavioral Health Needs of African American Extended Families During the COVID-19 Pandemic

Jacqueline Smith, Ph.D., MSW. M.A.

Abstract

Scholars of the Black Family have long argued that the extended family has provided support for African Americans experiencing social injustice and discrimination in the larger society. Families, particularly extended families, play a critical role in linking individuals with broader social networks and communities. Given this vital role in African American communities, it is critical to identify the role that behavioral health interventions can play in coping with COVID-19 related trauma for African Americans living in extended families. This article will describe the impact of COVID-19 on African Americans, the prevalence of African American extended families, the advantages and disadvantages of membership in extended families in marginalized communities experiencing COVID-19, and the mental health tools (e.g. mindfulness) that behavioral health care providers can provide to African American families experiencing the traumas associated with the Pandemic.

~ ~ ~ ~

The Impact of COVID on African Americans

The number of deaths from COVID-19 is staggering, but particularly impactful, because the deaths have occurred in a relatively short period of time and across a wide geographical area. Social justice advocates in all spheres of political and social life need data to improve the well-being of Blacks and Browns in marginalized, medically underserved communities. Democratic lawmakers called on Health and Human Services Secretary, the CDC, and other federal agencies to release COVID-19 race/ethnicity data. Similarly, the American Medical Association, joined by six other professional organizations, called on Health and Human Services Secretary to release COVID-19 race/ethnicity data (American Medical Association, 2020). Additionally, in April, when the CDC began including race/ethnicity data in its Morbidity and Mortality Weekly Report (MMWR), the devastating effect of the virus on African American mortality was visible. Race/ethnicity data now appear in the CDC Morbidity and Mortality Weekly Report, but a considerable number of states are not reporting data. Thus, some data reports are likely to underestimate the Pandemic's tsunamic effects on African Americans.

Data reports show that racial disparities in COVID related deaths are visible. In Louisiana, 70% of deaths have occurred among Black persons, who represented 32% of the state's population (Yancy, 2020). A pattern of racial disparities in COVID -19 related deaths is evident in both state and city-level data. Sneed, Bailey, and Johnson-Lawrence (2018), in a review of Michigan's Department of Health and Human Services data, pointed out that despite making up only 13% of Michigan's population, African Americans accounted for 32% of confirmed COVID-19 cases and 41% of pandemic related-deaths. In Michigan's primarily African American communities,

more than 10% of COVID-19 cases ended in death (Sneed et al., 2018, Michigan Department of Health and Human Services, 2020). In Chicago, African Americans make up 30% of the population but 68% of the COVID-19 deaths (Reyes, Husain, Gutowski, Clai, & Pratt, 2020). In Louisiana, Mahajan and Larkins-Pettigrew found a positive correlation between the percentage of confirmed diagnoses of and mortality and race (Mahajan & Larkins-Pettigrew, 2020). Furthermore, for multiple states, the reported COVID-NET data show that when age is adjusted, the hospitalization rate per 100,000 persons in the population is 178.1 for non-Hispanic Blacks vs. 40.1 for non-Hispanic Whites.

Study investigators have enhanced the generalizability of findings of national COVID related deaths by examining data at the county level. While national data gives the big picture, healthcare services are provided at the state, county, and municipal levels. There can be a great deal of variability between counties and cities within the same state. A team of scientists from the Rollins School of Public Health at Emory, Johns Hopkins University Bloomberg School of Public Health, the University of Mississippi Medical Center and Georgetown University's O'Neill Institute for National and Global Health Law worked with amfAR, the AIDS research non-profit, and Seattle's Center for Vaccine Innovation and Access, PATH, to analyze COVID-19 cases and deaths using county-level comparisons. Black Americans represent 13.4% of the American population (U.S. Census). The team compared counties (N=3,100) with a disproportionate number of Black residents -- those with a population of 13% or more -- with those of lower numbers of African American residents ("Black communities account for a disproportionate number of Covi-19 deaths in the U.S.," 2020)

Study investigators ("Black communities account for a disproportionate number of COVID-19 deaths in the U.S.," 2020) compared counties with a disproportionate number of Black residents - those with a population of 13% or more those with lower numbers of African American residents. The African American populations ranged from 13% of the county total to over 87%. In this unpublished study, investigators reported that counties with higher populations of Black residents accounted for 52% of coronavirus diagnoses and 58% of COVID-19 deaths nationally.

Investigators reported, "COVID-19 deaths were higher in disproportionately Black rural and small metro counties," and that counties with higher Black populations account for more than half of all Covid-19 cases as well as almost 60% of deaths.

The team concluded, "Structural factors including health care access, the density of households, unemployment, pervasive discrimination, and others drive these disparities, not intrinsic characteristics of Black communities or individual-level factors" ("Black communities account for a disproportionate number of COVID -19 deaths in the U.S.," 2020)

Prevalence of Extended Families in African American Communities

The family is a critical structure that serves as a gateway to health and well-being. Scholars of the Black family have observed that the structure of the family is more complicated for many African Americans than the simple nuclear family (Hays & Mindel, 1973). African Americans

extend and maintain intensive contact and interaction with kin outside of the nuclear family. These intensive, extensive contacts are known as the extended family.

Extended families take many forms and are much more complex structurally than nuclear families. An extended family may take the form of multi-generational family members living in the same household with children present, or a combination of family members (married couple, single parent, aunts, cousins, uncles) residing together without children of any age. However, estimates of the prevalence of extended kinship families are inconsistent because of variations in measuring this complex family form (Manning, Brown, & Stykes, 2014).

Even though children do not have to be present for groups to be categorized as a family, frequently published estimates of the prevalence of the extended family are based on households' estimates with children. Some researchers look at multi-generational households or households with blended families with multiple marriages, and very few examine homes with fictive kin.

Stewart points out that what looks like a single parent from a Western European perspective may be a parent who has been incorporated without stigma into a kin network that is part of a larger extended family system (Stewart, 2007, p. 165). Minority and low-income children are more likely to be members of extended families. Cross (2018) using SIPP and PSID data for the 1988-2013 period, reports that African American children living in extended family households were quite common. Cross (2018) also estimated that 57% of African American children had "ever lived" in an extended family for that period. Furthermore, there were only slight differences in whether children had ever lived with a grandparent or an aunt/uncle (39% vs. 34%).

Advantages and Disadvantages of Extended Families for the Health of African Americans

Studies have demonstrated that the pooling of resources in extended families can be beneficial for family members (Pilkaskas, Garfinkel, & McLanahan, 2014). Studies have also reported the beneficial effects of kinship networks' instrumental and social support on mental health. For African Americans, ties with family members can serve as a form of protection *against* or *as a risk factor* for mental health outcomes (e.g., depression) (Taylor, Chae, Lincoln, & Chatters, 2015). The provision of social and emotional support provided by the extended family can serve as a form of protection against depressive symptoms and psychological distress (Taylor et al., 2015).

However, findings from Taylor et al. (2015) also demonstrate that negative family member interactions (e.g., excessive demands, criticisms, negative interaction with family) are associated with depressive symptoms and psychological distress (Taylor et al., 2015). The size of extended families can also pose risks for family members. Even though pooling resources for economic survival may be beneficial, increasing the numbers of family members beyond the nuclear family of two parents and two children may place extended families at risk for poor or substandard housing. For example, apartments with more than two bedrooms are relatively expensive. Not surprisingly, some extended families "crowd" into units too small for the family because they cannot afford the larger spaces. Sometimes, the affordable areas are affordable only because the housing unit is run down, of poor quality, or located in a relatively undesirable, geographically

desirable location. Poor, run-down housing can pose risks for the physical health of family members. Early studies found that overcrowding has also been associated with poor social relationships in the home and poor mental health (Gove, Hughes, & Galle, 1979)

Impact of COVID-19 on African Americans and African American Extended Families

Before the Pandemic when people who had the “privilege” of stable employment were absent from work, they were noticed. They were missed. Before the Pandemic when family and friends died, the passing or homecoming was marked by a wake, prayers and emotional displays by those who grieved. Without a funeral, without a repast, the beautiful visible strength offered by family and friends is less visible socially. Before the Pandemic, relationships with classmates occupied time and space in one’s everyday life. Now with persons no longer visible, because they must be socially distant or because they slipped away rather than have a homecoming, what will happen to African American families when they are no longer publicly visible at work, school, or even in some instances the church, because of social distancing, and the unexpected rates of death levels.

African Americans have been traumatized by COVID-19. Black and Hispanic adults are much more likely than White adults to express high levels of concern over whether they will get the Coronavirus or transmit it to others. Indeed, African Americans are more likely than Whites to be employed in service occupations rather than in jobs that allow them to safely quarantine by working at home. About a quarter of Black adults (27%) say they know someone who has been hospitalized or died due to having the Coronavirus. Still, about one-in-ten White (13%) and Hispanic (13%) adults say they know someone who has been severely affected by COVID-19 (PEW Research Center, 2020). Among Black Americans, nearly six-in-ten (59%) are at least “somewhat concerned” about this, including about a third (31%) who are concerned (PEW Research Center, 2020). By comparison, about half of White adults (51%) express some concern about the possibility of hospitalization as a result of COVID-19, with just 18% reporting being “very concerned” (PEW Research Center, 2020). There are similar racial and ethnic differences in concerns about the possibility of unknowingly being a vector for the Coronavirus (PEW Research Center, 2020).

Because of the epidemic levels of death resulting from COVID-19, many African Americans will likely experience grief and some degree of trauma associated with the losses that occur during the Pandemic. As millions of African Americans die because of the Coronavirus, families have experienced grief that accompanies the loss of a grandmother, a father, a sister, or a friend. The harmful impact of COVID-19 is particularly evident when infection, as well as death and fatality rates, are compared across racial and ethnic groups. In a study of 16 states, investigators found that African Americans are almost three times as likely to be infected than Whites (Anyane-Yeboah, Sato, & Sakuraba, 2020). In that same study, the death rate for African Americans was 45 per million for African Americans vs. 24 percent for Whites. Current thinking is that the social determinants that contribute to disparities in other health outcomes also determine the rates of infection and death for COVID 19 (Abrams & Szeffler, 2020).

For many African Americans, trauma is not only triggered by grief and loss because of COVID-19, but trauma is repeatedly triggered by discriminatory practices that occur across many spheres of social life (e.g. employment, criminal justice system, etc.). For example, a police officer's video of the murder of George Floyd went viral on social media and was shown repeatedly on national news shows. For some African Americans, each showing of Mr. Floyd's murder retriggered racial trauma and possibly enhanced mistrust of authorities.

When infectious illness is epidemic, death is not just a personal, private problem of individuals. When deaths reach epidemic levels, the trauma of death, dying and surviving grief and loss is also a family, community, and collective problem. At the time of the loss, the family taps into the community's resiliency via funerals, wakes, and homecoming ceremonies. When discriminatory practices are experienced by African Americans and vicariously experienced by other African Americans, individual African Americans tap into the community resiliency via public demonstrations that connect them with others who also protest the injustice.

Unfortunately, the comfort of social connectedness has been disrupted when there is heightened awareness of dying, ever-growing anxieties about surviving in every sphere of social life, and socially distancing from other people. Social distancing means that people cannot reaffirm who they are by connecting with others. I can see you, but I cannot touch you. If I touch you, I must negate the touch. If I come "too close," I must display a physical barrier, like a mask that protects you from me. Social distancing also means that I cannot reaffirm who I am by connecting to places. Schools are closed; churches are not allowed to congregate.

Mindfulness: A Response to COVID-19 Trauma

For African Americans, particularly those in marginalized medically underserved communities, historical and racial trauma, as well as discrimination in multiple social spheres, may enhance distrust and suspicion of health systems and behavioral health services (Sneed, Key, Bailey, & Johnson-Lawrence, 2020), for which there was only a weak connection before the Pandemic. The mistrust of existing systems blocks the engagement of residents of medically underserved communities with mental health services and the treatment of persons in those communities.

To meet the needs of African Americans, behavioral health care systems at the local and state levels may have to shift the overall strategies used to engage persons for treatment. COVID-19, via social distancing and quarantine procedures, has defined and isolated households and families within households. Sneed et al. (2020) suggest a multilevel community approach that acknowledges racial disparities and discrimination, led by culturally sensitive professionals skilled in helping people maneuver trauma, grief, and loss. Instead of targeting individuals on a case-by-case basis, health care providers might seek out family households to engage the members of the extended family in disseminating relevant disease-related information and coping with stress.

There are multiple models of trauma-informed therapy. For example, a trauma-informed cognitive model emphasizes patients/clients developing an understanding of self and past experiences by telling the story of the traumatizing event.

Even though traditional treatment might prove effective in reducing stress and anxiety in a medically underserved community, distrust and fear of health care providers may result in persons not accessing treatment available. Built on resiliency, mindfulness is a therapeutic intervention that may hold promise. The theoretical foundation for mindfulness can be found both in cognitive theory as well as in somatic theories.

The Trauma Resiliency Model (TRM) is a body-based therapy and relies on sensory awareness for emotional regulation. TRM is a bottom-down therapeutic technique that focuses on maximizing the patient's control and self-regulation through biologically based skills (Grabbe & Miller-Karas, 2018). This therapeutic practice theory is based on the premise that during a traumatic experience, when a fight or flight response to danger is not completed, the body's autonomic nervous system is dysregulated, and neutral physical sensations that underlie the traumatizing experience are not available or have awareness by their clients (Grabbe & Miller-Karas, 2018). The therapist helps the client recover a mindful awareness of a traumatizing event to complete defensive responses not completed at the time of the trauma. At each phase of recovery, the autonomic nervous system released energy.

Because of the isolating social experiences of extended families during the Pandemic, the therapist may best be able to engage families, rather than single persons. Some of the techniques are so popular that apps for cell phones and televisions can be used as aids. Mainly, extended families in overcrowded housing may find the techniques of mindfulness effective because the techniques emphasize being in the moment and regulation of self.

In conclusion the approaches and strategies used to respond to the needs of African American families may need to be customized to be fully responsive to sociocultural institutions and physical and social environments of African Americans. Therapeutic interventions like mindfulness may hold promise for being more appropriate for those African Americans families living in overcrowded conditions. Other strategies, traditionally used to conduct public health campaigns, also are likely to need “cultural customization” in order to educate African American families on how to translate preventive health behaviors like “safe distancing” in crowded conditions.

References

- Abrams, E. M., & Szeffler, S. J. (2020). COVID-19 and the impact of social determinants of health. *The Lancet. Respiratory medicine*, S2213-2600(2220)30234-30234. doi:10.1016/S2213-2600(20)30234-4
- Anyane-Yeboah, A., Sato, T., & Sakuraba, A. (2020). Racial disparities in COVID-19 deaths reveal harsh truths about structural inequality in America. *Journal of Internal Medicine*. doi:10.1111/joim.13117

- Association, A. M. (2020). *Top physician orgs urge COVID-19 mortality data by race, ethnicity*. Retrieved from <https://www.ama-assn.org/press-center/press-releases/top-physician-orgs-urge-covid-19-mortality-data-race-ethnicity>. Black communities account for disproportionate number of Covid-19 deaths in the U.S. (2020). In *CNN Health*. United States.
- Center, P. R. (2020). *Health Concerns From COVID-19 Much Higher Among Hispanics and Blacks Than Whites*. Retrieved from Center, P. R. (2020). Health Concerns from COVID 19 much higher among Hispanics and Blacks than Whites. In.
- Cross, C. J. (2018). Extended family households among children in the United States: Differences by race/ethnicity and socio-economic status. Cross, Christina, 72(2), 235-251. <https://doi.org/10.1080/00324728.2018.1468476> Gove, W. R., Hughes, M., & Galle, O. R. (1979). Overcrowding in the Home: An Empirical Investigation of Its Possible Pathological Consequences. *American Sociological Review*, 44(1), 59-80.
- Grabbe, L., & Miller-Karas, E. (2018). The Trauma Resiliency Model: A “Bottom-Up” Intervention for Trauma Psychotherapy. *Journal of the American Psychiatric Nurses Association*, 24(1), 76-84. doi:10.1177/1078390317745133
- Hays, W. C., & Mindel, C. H. (1973). Extended Kinship Relations in Black and White Families. *Journal of Marriage and the Family*, 35(1), 51-57.
- Mahajan, U. V., & Larkins-Pettigrew, M. (2020). Racial demographics and COVID-19 confirmed cases and deaths: a correlational analysis of 2886 US counties. *Journal of Public Health*. doi:10.1093/pubmed/fdaa070
- Manning, W. D., Brown, S. L., & Stykes, J. B. (2014). Family Complexity among Children in the United States. *The Annals of the American Academy of Political and Social Science*, 654, 48-65. Retrieved from www.jstor.org/stable/24541732
- Pilkaukas, N. V., Garfinkel, I., & McLanahan, S. S. (2014). The Prevalence and Economic Value of Doubling Up. *Demography*, 51(5), 1667-1676. doi:10.1007/s13524-014-0327-4
- Reyes, C., Husain, N., Gutowski, C., Clai, S. S., & Pratt, G. (2020). Chicago' coronavirus disparity: Black Chicagoans are dying at nearly six times the rate of white residents, data show. *Chicago Tribune*. Retrieved from <https://www.chicagotribune.com/coronavirus/ct-coronavirus-chicago-coronavirus-deaths-demographics-lightfoot-20200406-77nlylhiavgjzb2wa4ckivh7mu-story.html>
- Sneed, R. S., Key, K., Bailey, S., & Johnson-Lawrence, V. (2020). Social and psychological consequences of the COVID-19 Pandemic in African-American communities: Lessons from Michigan. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. doi:10.1037/tra0000881

Stewart, P. (2007). Who is Kin? Family Definition and African American Families. *Journal of Human Behavior in the Social Environment*, 15(2/3), 163-181.
doi:10.1300/J137v15n02_10

Taylor, R. J., Chae, D. H., Lincoln, K. D., & Chatters, L. M. (2015). Extended Family and Friendship Support Networks Are Both Protective and Risk Factors for Major Depressive Disorder and Depressive Symptoms Among African-Americans and Black Caribbeans. *The Journal of Nervous and Mental Disease*, 203(2), 132-140.
doi:10.1097/nmd.0000000000000249

Yancy, C. W. (2020). COVID-19 and African Americans. *JAMA*, 323(19), 1891.
doi:10.1001/jama.2020.6548

COVID-19 and Training of Future Social Work Providers of Care from the Lens of "The Black Perspective."

Janice Berry Edwards, Ph.D., Angela Wilbon, MSW,
and Rachel Shelton, MSW

Abstract

The coronavirus's global pandemic, COVID-19, has a substantial disruptive impact on society, posing significant challenges to the provision of physical and mental health services in a time of crisis. This crisis is carrying an increased burden on both physical and mental healthcare. The psychological reactions, as well as behavioral and mental health challenges, may translate into a spectrum of psychiatric symptomatology. The symptoms manifesting are noted in anxiety, depression, substance abuse, and the exacerbation of underlying psychiatric disorders that may have been dormant until triggered by the trauma associated with the crisis (Pfefferbaum, & North, 2020). This emerging psychological distress triggered by feelings of alarm, fear, loss (both personal and economic), social and emotional isolation, as well as insecurity manifests in individuals and communities. These psychological symptoms are well known risk factors for the emergence of psychiatric disorders.

~ ~ ~ ~

This pandemic has hit the African American and minority communities like a Tsunami. African Americans are at a particularly higher risk for contracting the COVID-19 virus. The medical risk factors that predispose them to this disease are diabetes, cardiovascular disease, asthma, HIV, morbid obesity, liver disease, and kidney disease (Yancy, 2020). They experience the highest adjusted rates of hospitalizations and death (Bibbins-Domingo, 2020). Taken by death daily, scores of African Americans experience profound grief and mental distress associated with the loss of family members and other significant personal relationships. Those living in marginalized communities experience a disproportionate impact. The virus magnifies inequality by disproportionately *affecting* the African American and other minority communities daily.

This viral event's toxicity has highlighted the anxiety African Americans are experiencing due to the increased likelihood of their exposure to the virus. Many are in public-facing jobs and are on the service industry's frontlines, magnifying the risk of exposure to the virus with increased susceptibility to severe consequences of the infection (Usher, Durkin, & Bhullar, 2020). In marginalized communities, they are more likely to be exposed to the virus, but there is also an issue of the lack of health care access. When attempts have been made for testing and evaluation, Blacks have been turned away and denied testing (Shamus, 2020; Eligion & Burch, 2020). Also, those in marginalized communities are living in urban environments where they live in crowded conditions. Some are physically and emotionally arrested, thereby not being able to function, eat or sleep. Irritability is on the rise. Depressive episodes present because of the response to social and physical distancing, as well as the uncertainty about their future well-being. Concerns manifest regarding their health, family, and community. For economic reasons, they may experience a deficiency in the distribution of medical necessities, such as face masks, hand sanitizers, etc. needed to exercise safety precautions to protect themselves from exposure to the

virus. There are myriad physical and behavioral health needs of African Americans and other communities of color.

These communities already live with a multitude of disparities, including economic crises. Many of these persons have lost their jobs, or their jobs have been closed or eliminated as a result of the pandemic with no evidence of prospects for returning to work. Individuals experience access barriers to resources for medical care, and many live in medically underserved communities where there are significant provider shortages challenging the ability to meet both the primary care and the behavioral health needs of individuals in these communities. Providing behavioral health and medical care for the underserved is a complex and long-standing problem in this country. More than 96 million people lived in Medically Underserved Areas (Health Resources & Service Administration, 2019). Medically underserved communities lack sufficient numbers of health care professionals or are areas where obtaining care is difficult because of economic circumstances (Bingham et al., 2018). There are a substantial number of underserved populations living in urban areas. These communities have a high percentage of medically indigent and minority patients.

More than ever, a behavioral health workforce is needed to respond to these communities' urgent needs. Behavioral and mental health are integral components of overall health; there is a continuum between wellness and illness. A complex set of biopsychosocial factors influences behavioral and mental health associated with the welfare and developmental process. The needs for mental and behavioral health services are not now adequately met nationally, and in the decade ahead will require an approximate doubling of the current level of behavioral health professionals (Karel, Gatz & Smyer, 2012). The impact of COVID-19 has only served to escalate this need. The needs for mental and behavioral health services are currently unmet and quite possibly, soon, will require a tripling of the current level of behavioral health providers who are culturally sensitive, attuned to the complexity of needs and are committed to stay in clinical practice in these communities. Life as a consumer in these communities is incongruent, given the scarcity and discontinuity in service provision. Nonetheless, consumers in need of behavioral health and psychiatric services are precluded from individual choice, which often prompts consumers to terminate services prematurely. Consumers must feel a sense of trust and understanding from service providers.

Our communities are faced with an urgency of now. We must respond to the multiple needs of our consumers/clients brought on by the pandemic virus. At the Howard University School of Social Work, the emphasis is placed on the development and preparation of African Americans service providers to better respond to their communities' needs by establishing and nurturing trust and partnerships within marginalized communities. The clinical training offered at the School of Social Work prepares students to practice in these communities, with particular sensitivity to oppressed and marginalized persons' experiences.

The students are trained to emphasize the greater importance of integrative practice that allows for the examination of both mental and primary health care. The Howard University School of Social Work utilizes six guiding principles of the Black Perspective: affirmation, strengths, diversity, vivification, social justice, and internationalization. Students are engaged in essential critical thinking from this lens when assessing and planning the process for clinical intervention.

The Principles of the Black Perspective are woven into the training and become the foundation to understanding the complexity of the intersection of the individual contextual lens and the biopsychosocial issues that present with the consumers/clients. These future clinicians are trained to support the consumer with understanding their concerns and challenges presented in the therapeutic encounter. It is the context of the client's vital personal experiences; herein lies the central importance of considering these principles. Students are sensitive to the need to address and support the client and examine how each of these principles intersects and can help their clients' lives and communities.

The Behavioral Health Workforce Education and Training program (BHWET) is a Howard University School of Social Work initiative funded by the Health Resources and Services Administration (HRSA) designed to train HUSW students to practice in medically underserved communities. The Black Perspective is grounded and integrated in the pedagogy of the BHWET curriculum that has taught approximately 80 MSW students for three years. These students have been prepared to practice from the lens of the Black perspective.

References

- Bibbins-Domingo, K. (2020). This time must be different: disparities during the COVID-19 pandemic.
- Bingham, A. J., Pane, J. F., Steiner, E. D., & Hamilton, L. S. (2018). Ahead of the curve: Implementation challenges in personalized learning school models. *Educational Policy*, 32(3), 454-489.
- Brooks, SK, Webster, RK, Smith, LE, Woodland, L, Wessely, S, Greenberg, N, et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*; 395:912–920.
- Eligion, J., & Burch, A. (2020). Questions of bias in COVID-19 treatment add to the mourning of Black families. *New York Times*. May 10, 2020.
- Fiorillo, A., & Gorwood, P. (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *European Psychiatry*, 63(1).
- Howard, S. (2018). The black perspective in clinical social work. *Clinical Social Work Journal*, 1-8.
- Karel, Gatz, & Synder, (2012). Karel, M. J., Gatz, M., & Smyer, M. A. (2012). Aging and mental health in the decade ahead: What psychologists need to know. *American Psychologist*, 67(3), 184.
- Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*.

Shamus, J.K. (2020). *Family ravaged by coronavirus begged for tests, hospital care but was repeatedly denied*. Detroit Free Press, April 20, 2020.

Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, 29(3), 315.

Yancy, C. W. (2020). COVID-19 and African Americans. *Jama*.

Yu, H., Feng, Z., Uyeki, T. M., Liao, Q., Zhou, L., Feng, L., ... & Jiang, H. (2011). Risk factors for severe illness with 2009 pandemic influenza A (H1N1) virus infection in China. *Clinical infectious diseases*, 52(4), 457-465.

The Impact of COVID-19 on Mental Health Disparities in the Black Community

Gloria Cain MSW, PhD, Tralisa Colby MPH,
Denise Scott, MS, PhD
College of Medicine, Howard University

Abstract

It has been well established that both historical and structural racism have served as the architect of health inequities among African American communities. The COVID-19 pandemic's impact demonstrates how low-income African American communities are excluded from technological innovations to address mental health and substance as a result of the digital divide. The ramifications of COVID-19 have increased the complexities of addressing and treating mental health and substance abuse disorders. Factors contributing to these ongoing disparities in mental health status and services and significantly exacerbated by the impact of COVID will be explored.

~ ~ ~ ~

The Impact of COVID-19 on Mental Health Disparities in the Black Community

It has been well established that historical and structural racism have served as the architect of health inequities among African American communities. The impact of the COVID-19 pandemic demonstrates how underserved African American communities lag far behind in resources and preparedness to reduce the spread of this unforeseen virus and meet the ongoing challenges of access to services and treatment for mental health disorders. The impact of COVID-19 in the African American community has added to the complexities of addressing and treating mental health disorders, highlighted awareness of the digital divide for telehealth care, and acts as a reminder of the structural barriers that impose limitations on access and equity for mental health services.

Before the onset of COVID-19, it was widely known that African Americans experienced inequities in mental health care and treatment access. These inequities are rooted in there being a lack of public support for health infrastructures that would allow African Americans to heal in place. African Americans have a higher risk of mental health and psychological distress due to challenges in obtaining affordable housing, high rates of unemployment, limited access to primary care and hospitals, and the shortage of available behavioral health services within communities.

According to Cigna, African Americans are 20% more likely to report psychological distress than White Americans (Cigna, 2016) but experience lower rates of outpatient mental health care and prescription medication services (American Psychiatry Association, 2017). These related stressors also lead to African Americans experiencing more severe and longer-lasting effects of mental health symptoms and diagnoses in comparison to those of White Americans, leading to higher

rates of inpatient and emergency room mental health treatment (American Psychiatry Association, 2017). Moreover, when African Americans receive mental health treatment, they are reported to experience marginalization and discrimination as a result of provider bias (American Psychiatric Association, 2017) further adding to their increased rates of psychological distress.

COVID-19 has dramatically exacerbated the pre-existing disparities and conditions in the African American community relating to mental health and psychological distress, and according to the CDC, deaths among Black Americans from COVID-19 (92.3 per 100,000) are substantially higher than those of White Americans (45.2 per 100,000) (2020) (CDC, 2020). Higher death rates are being attributed to more impoverished living conditions, underlying health conditions, and working conditions within essential jobs. Low-income African Americans are more prone to live in densely populated households and communities, making social distancing efforts difficult. Additionally, lower-income African Americans also tend to reside in areas that are prone to food and healthcare deserts, making it difficult to receive adequate healthcare treatment and human necessities without going far from home. Working conditions are equally challenging because African Americans are more likely to hold essential positions than White Americans and have less opportunity to work from home. Also, social distancing efforts are more difficult, and COVID-19 exposure risks higher as a result of being required to leave home and spend extended periods of time around others. Underlying health conditions and higher rates of chronic disease also make African Americans more susceptible to contracting and dying from COVID-19. This has increased the mental strain in an already psychologically burdened community. Unfortunately, because of the pre-existing gap in access to computer and internet services, accessing mental health care during COVID-19 has become an even more significant challenge than before.

As previously discussed, COVID-19 has placed an even more significant burden on African American communities' mental health disparities. The pandemic has uncovered the reality of the digital divide that sets limits on access to mental health services and communication needs. Three of the significant factors that contribute to the widening gap of the digital divide include education levels, income, and, of course, race (Digital Divide, ND). Additionally, those persons living in lower-income areas are less likely to have internet access, not only because of affordability but also because of lack of infrastructure. Technology companies are more likely to service higher-income communities because of higher investment incentives, further aggravating the disparity of the digital divide.

Since the Coronavirus pandemic and national quarantine mandates, mental health treatment facilities have been forced to convert their services from in-person to online and virtual platforms, consulting with their patients via telehealth visits. Considering the digital divide that affects lower income populations, more African American communities are strained in meeting the digital requirements necessary for continuum of care for mental health treatment during this pandemic. As a result, the Federal Communications Commission (FCC) has lifted certain telehealth regulations during the pandemic, allowing healthcare facilities to consult with their patients via phone (A Wide Net for COVID-19, 2020). However, patients with subsidized cell phones have restrictions on the use of these phones in terms of available minutes and wi-fi access.

The COVID-19 pandemic sheds light on and proves inequities in healthcare, underemployment, and the lack of opportunities to achieve self-sufficiency have long existed for decades and shaped

collective psychological distress and poor mental outcomes within the African American community. These challenges, rooted in structural racism through policies and practices, are the most difficult to change and will more than likely bring added challenges for social service and behavioral health providers in implementing best practices of care. It is recommended that healthcare and government leaders continue to adopt and implement new policies and procedures during the COVID-19 pandemic in order to insure positive, permanent changes in mental health outcomes within the African American community.

References

- American Psychiatric Association. (2020). Mental Health Disparities: Diverse Populations. Retrieved July 21, 2020, from <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>
- Cigna. (2016, April). African-American Health Disparities. Retrieved July 21, 2020, from <https://www.cigna.com/health-care-providers/resources/african-american-black-health-disparities>
- Cohout, M. (2020, May). How the pandemic is affecting mental health in diverse US communities. Retrieved July 21, 2020, from <https://www.medicalnewstoday.com/articles/covid-19-mental-health-impact-on-people-of-color-and-minority-groups>
- McGovern, C. (2019, February). Moving the Needle: Closing the Internet Access Gap Among African Americans. Retrieved July 21, 2020, from <https://connectednation.org/blog/2019/02/19/moving-the-needle-closing-the-internet-access-gap-among-african-americans/>
- MHealthIntelligence. (2020, May 01). FCC Casts a Wide Net for COVID-19 Telehealth Program Awards. Retrieved July 21, 2020, from <https://mhealthintelligence.com/news/fcc-casts-a-wide-net-for-covid-19-telehealth-program-grant-awards>
- Proctor, D. (2020, June 04). Caring for Mental Health in Communities of Color During COVID-19. Retrieved July 21, 2020, from <https://www.rwjf.org/en/blog/2020/05/caring-for-mental-health-in-communities-of-color-during-covid-19.html>
- Rafanelli, A. (2020, May 05). Covid-19 Exposes Digital Divide in Healthcare. Retrieved July 21, 2020, from <https://www.directrelief.org/2020/05/covid-19-exposes-digital-divide-in-healthcare/>
- University, S. (nd). Digital Divide. Retrieved July 21, 2020, from <https://cs.stanford.edu/people/eroberts/cs181/projects/digital-divide/start.html>
- Walker, D. M., Hefner, J. L., Fareed, N., Huerta, T. R., & Mclearney, A. S. (2020). Exploring the Digital Divide: Age and Race Disparities in Use of an Inpatient Portal. *Telemedicine and E-Health*, 26(5), 603-613. doi:10.1089/tmj.2019.0065
- Williams, D. (2020, May 13). Opinion | Stress was already killing black Americans. Covid-19 is making it worse. Retrieved July 21, 2020, from <https://www.washingtonpost.com/opinions/2020/05/13/stress-was-already-killing-black-americans-covid-19-is-making-it-worse/>

COVID-19 and Trauma in Our Communities

Lennon N. Jackson, M.Ed., MSW, PhD Student

Abstract

Being connected to others socially is a fundamental human need for safety, security, health and general well-being. Amid the National COVID 19 response, the socially acceptable behavior of engaging in social distancing, self-isolation and compliance with mandated stay at home orders and quarantines (even when justifiable and reasonable), have led to increased individual isolation resulting in emotional responses with varying intensities and clinical dimensions (Alarcon, 2020). Experiences such as loneliness, a normal reactive effect of mandated social isolation or a chronic condition reinforced by the pandemic response, appear to be impacting a significant portion of our population. As we consider strategies to return to normalcy post-pandemic, it is imperative that we do not solely focus on individualized treatment but that we critically examine the transgenerational trauma and structural inequalities present in our systems.

~ ~ ~ ~

Being connected to others socially is a fundamental human need. Unfortunately, the COVID-19 pandemic response has made engaging in social distancing, self-isolation, and compliance with stay at home orders socially acceptable behavior. Even when justifiable to protect those most vulnerable populations from the virus, these safety measures have led to increased individual isolation, and emotional responses with varying clinical dimensions and intensities (Alarcon, 2020; Meyers, 2020). Experiences such as loneliness, a normal reactive effect of social isolation, or as a chronic condition reinforced by the pandemic response, appear to be impacting a significant portion of our population more harshly than other influences. The effects of loneliness become more of a public health priority, as the uncertainty related to returning to a pre-pandemic state continues. Interventions aimed at normalizing the affected individual's mental health and identifying ways to advance social connections are being encouraged and becoming necessary (Novotney, 2019). But what happens when these strategies to provide mechanisms of positive and constructive support create traumatogenic effects and triggers?

The victims of loneliness who share physical reclusion in family systems are often encouraged to examine and verbalize their thoughts and emotions, recognize their strengths and limitations, as well as identify specific fears, concerns, threats, and opportunities (APA, 2008; Alarcon, 2020). Individualized interventions require the practice of new approaches to socialization and interpersonal transactions, in addition to devoting time to self-exploration, self-analysis, entertainment, and formal communication and the use of technology-based resources (Alarcon, 2020). However, for those who have experienced complex or historical trauma, these strategies to touch base with the outside world, communicate within the familial unit, and engage in self-exploration can trigger trauma responses or be re-traumatizing (APA, 2008; Alarcon, 2020). Vicarious communal trauma occurs as social media and news agencies flood us with coverage and images of innocent black and brown people dying, not only as a result of COVID-19, but also at the hands of the very systems meant to support, protect and provide justice. Reminiscent of past

eras of slavery, segregation, and Jim Crow, the federal and statutory responses to the virus give examples of historical maltreatment and stigmatization of racial and ethnic groups and communities (Palmer, 2020; Allen, 2020).

These unprecedented pandemic experiences require community-based mental health services and social workers to mobilize and identify innovative ways to reinforce valuable reserves of stamina, resilience, and authenticity in the face of adversity (Alarcon, 2020). Healthcare providers and community agencies need not only elucidate whether the psycho-emotional events related to the loneliness and isolation of COVID-19 are clinical; they must also do so with limited resources, within systems that are guided by “seemingly antiracist policies” that sustain racism, structural oppression and stigmatization across dimensions of identity. Phelan & Link (2015) note that a fundamental cause of racial health disparities may be racism itself rather than socio-economic status while others indicate that evaluation of a service provider as discriminatory, reduces satisfaction, future utilization, and adherence to treatment planning/medical advice (Cipollina and Sanchez, 2019). Furthermore, systemic discrimination in support services can reinforce stereotypes of racial and ethnic helplessness, pathology, and criminalization that often result in further marginalization and adverse health effects.

Our national and statutory response to the COVID-19 has highlighted institutionalized racism and classism related to access to healthcare, medicine, employment, educational resources, housing, fair adjudication, and protection under the law. Black, brown, and immigrant communities face additional socio-economic obstacles, marginalization, and suffering as the pandemic’s effects are disproportionately and negatively impacting its members (Allen, 2020). According to the Census Bureau, African Americans make up 13.4% of the US population, but as of April 2020, Black Americans accounted for 27% of the known Covid-19 deaths (Joseph, Kallingal & Hartfield, 2020; Harmeet, 2020). Several non-medical but essential, lower-wage jobs require employees to continue to work in conditions that heighten the risk of exposure; other occupations have been defunded or ceased to exist due to quarantine orders. Forty-four (44%) of African Americans and sixty-one (61%) of Hispanic Americans experienced (as a household) job or wage loss between March and April due to the COVID-19 outbreak, while only 38% of White adults reported the same (Harmeet, 2020). As many as 73% of Black Americans and 70% of Hispanic Americans report not having emergency funds to cover three months of expenses (Parker et al, 2020). These hardships can perpetuate a cycle of trauma in which urban communities not only have to experience the daily stressors associated with COVID-19; they also face heightened apprehension, mistrust, anger and a more profound sense of isolation and loneliness due to past and current experiences of discrimination and racism (Palmer, 2020; Meyers, 2020).

Furthermore, during the pandemic, disparities in judicial treatment and policing, especially of African Americans and those who perpetrate crimes against African Americans, continue to flood social media and the news, unaddressed, normalized, and at times condoned. For example, in April 2020, 80% of the summonses issued in Brooklyn, NY, for social distancing violations were to African American and Latino individuals (Joseph, Kallingal & Hartfield, 2020). In addition, several armed individuals were allowed to protest “stay at home” orders and enter government facilities with no heightened engagement with police while unarmed demonstrators demanding the end of police brutality and abuse of power within the Black community were bombarded with rubber bullets and tear gas. Often, news media perpetuate a traumatogenic narrative, showing

endless cycles of disparate treatment, injustice, and at times public murders of ordinary citizens such as Breonna Taylor, Ahmaud Arbery, and George Floyd, causing individual and communal trauma responses (Palmer, 2020; Crewe, 2020). So now not only do social workers and community advocates have to determine how to implement interventions to address COVID related illness and unemployment demands; they must also do so while attempting to create a physically and emotionally safe environment that addresses the survivor's lived experience and the effects of intergenerational trauma (Alarcon, 2020; SAMHSA, 2014).

Psychology has expanded, our current understanding of perceptions of racial discrimination, how discrimination is experienced, and how differences in coping with discrimination can contribute to health and well-being of individuals (Benner et al., 2018; Volpe et al. 2019). It has illustrated how systemic discrimination in support services, can reinforce stereotypes of racial/ethnic helplessness, pathology, and criminalization that often result in adverse health effects. Yet it is impossible to predict and irresponsible to assume that a particularly traumatic event, no matter how significant or insignificant, will affect individuals or cultural groups in the same way (Denham, 2008). However, where the "conspiracy of silence" is valid or when trauma survivors have difficulty communicating their trauma experience, provision of services that accommodate trauma survivors' needs based on the impact of the collective traumatic experience is critical for healing (Abrams, 1999; APA, 2008; Bent-Goodley, 2019).

Trauma-Informed Care (TIC) approaches provide an opportunity to respond to these complex issues of loneliness, isolation, adverse childhood experiences, and traumatic events, unearthed by the COVID 19 pandemic (Bailey et al. 2018). TIC models focus on understanding human coping mechanisms, how traumatic experiences are processed at the individual, organizational, and communal levels and tend to be strengths-based (APA, 2008; Bent-Goodley, 2019). Research shows that TIC interventions that acknowledge group differences and the unique obstacles faced because of one's diverse identity are more effective than colorblind strategies that suggest that each person will be treated equally regardless of group identity (Cipollina & Sanchez, 2019). Tebes, Champine, Matlin, and Strambler (2019) examined trauma and trauma-informed practice through the lens of a societal problem and found discreet ramifications that impacted communities and groups whose aggregate health status share historical or systemic trauma exposure. In addition to describing concepts related to population health and its disparities, these researchers identified four critical priorities and policy implications for programs and systems:

1. Adopting trauma-informed policies to prevent trauma exposure and to foster resilience in the aftermath of trauma
2. Infusing trauma-informed practice into everyday activities so it is a routine part of interpersonal transactions
3. Incorporating trauma-informed practices into existing service systems
4. Adapting existing treatments to integrate trauma-informed principles for population health impact (Tebes, Champine, Matlin and Strambler, 2019)

As we consider strategies to return to normalcy post-pandemic, it is imperative that these considerations are not solely focused on individualized treatment, pathology or dysfunction; they must include a critical examination of the transgenerational trauma and structural inequalities present in our systems and larger politico-economic environments (Bailey et al., 2017; Volpe et

al, 2019; Allen, 2020). Given the oppressive institutions, policies, and practices that persist, individuals from ethnic groups who have experienced historic and complex trauma remain in a traumatogenic environment due to the “COVID-19 shut down” of the United States. Their intergenerational resilience (adaptive habitual responses) for survival has led to the creation of unconventional communities of care, support, and advocacy, that are resourceful, innovative, and adaptive. However, within Black and brown communities, have these strategies to cope had the unintended consequence of further oppression, marginalization, and trauma exposure during the pandemic?

In preparation for post-pandemic life, medical providers, social workers, community health advocates, politicians, social service agencies, and police departments must shift current training, policies, and procedures to multidimensional, trauma-informed, community-based participatory frameworks that integrate the Black Perspective. We are offered an opportunity to address these structural, systemic, oppressive, and discriminatory institutions and policies to break the cycle of re-traumatization effectively. One can only hope that we, as a nation, have the fortitude, stamina, and courage to mobilize on all fronts to address the structural socio-economic inequities exposed, especially within the African American community. Knowing that we cannot allow simplistic explanations for complicated phenomena, we must come out stronger, more resilient, and united on the other side of this pandemic by preserving the dignity and worth of all persons (Crewe, 2020).

References

- Abrams, M. S. (1999). Intergenerational transmission of trauma: Recent contributions from the literature of family systems approaches to treatment. *American Journal of Psychotherapy*, 53(2), 225–231.
- Alarcon, R.D., (2020). Mental Health in a Pandemic State: The Route from Social Isolation to Loneliness. *Psychiatric Times* [eNewsletter] Retrieved from: <https://www.psychiatrictimes.com/coronavirus/mental-health-pandemic-state-route-social-isolation-loneliness>.
- Allen, B. (2020). “Fattening” the Curve: Funding Equitable Scientific Research After the Pandemic. Union of Concerned Scientists Network [BLOG] Retrieved from: <https://blog.ucsusa.org/science-blogger/funding-equitable-scientific-research-after-covid>
- American Psychological Association Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents. (2008). *Children and trauma: Update for mental health professionals*. Washington, DC: American Psychological Association. Retrieved from [http:// www.apa.org/pi/families/resources/update.pdf](http://www.apa.org/pi/families/resources/update.pdf)
- Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet (London, England)*, 389(10077), 1453–1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)

- Benner, A., Wang, Y., Shen, Y., Boyle, A., Polk, R. & Cheng, Y. (2018). Racial/Ethnic Discrimination and Well-Being During Adolescence: A Meta-Analytic Review. *American Psychologist*. 73. 10.1037/amp0000204.
- Bent-Goodley, T. B. (2019). The necessity of trauma-informed practice in contemporary social work. *Social Work*, 64(1), 5–7.
- Champine, R.B., Lang, J.M., Nelson, A.M., and Tebes, J.K. (2019). Systems Measures of a Trauma-Informed Approach: A Systematic Review. *American Journal of Community Psychology*. 64(3-4):418-437
- Cipollina, R. and Sanchez, D.T. (2019). Reducing Health Care Disparities Through Improving Trust: An Identity Safety Cues Intervention for Stigmatized Groups. *Translational Issues in Psychology Science* 5(4): 315-325.
- Crewe, S. E. (2020) A Message from Dean Crewe. Retrieved from: <https://mailchi.mp/29f56b3206bf/2020-husswaa-election-881705?e=e1b3aba244>
- Denham A. R. (2008). Rethinking historical trauma: narratives of resilience. *Transcultural psychiatry*, 45(3), 391–414. <https://doi.org/10.1177/1363461508094673>
- Duran, E., Duran, B., Yellow Horse Brave Heart, M., & Yellow Horse-Davis, S. (1998). Healing the American Indian soul wound. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 341–354). New York: Plenum Press.
- Harmeet, K. (2020). The coronavirus pandemic is hitting black and brown Americans especially hard on all fronts. CNN Retrieved from: <https://www.cnn.com/2020/05/08/us/coronavirus-pandemic-race-impact-trnd/index.html>
- Jackson, M. (2002). The politics of storytelling: Violence, transgression, and intersubjectivity. Copenhagen, Denmark: Museum Tusculanum Press. In Denham, A.R. (2008)
- Joseph, E., Kallingal, M. and Hartfield, E. (2020). 35 of the 40 people arrested for social distancing violations in Brooklyn were black. CNN Retrieved from: <https://www.cnn.com/2020/05/08/us/nypd-social-distancing-35-of-40-people-arrested-black-trnd/index.html>
- Meyer, D.S., (2020) Social Distance and Social Movements During COVID-19. Union of Concerned Scientists Network [BLOG] Retrieved from: <https://blog.ucsusa.org/science-blogger/social-movements-during-covid-19>
- National Council for Behavioral Health (2020) Trauma Informed Services. Website: <https://www.thenationalcouncil.org/consulting-services/trauma-informed-services/>

- Neimeyer, R. A., & Stewart, A. E. (1996). Trauma, healing, and the narrative emplotment of loss. *Families in Society: The Journal of Contemporary Human Services*, 77(6), 360–375.
- Novotney, A. (2019). The Risks of Social Isolation. American Psychological Association Monitor on Psychology 50(5):32 Retrieved from: <https://www.apa.org/monitor/2019/05/ce-corner-isolation>
- Palmer, R.T. (2020). Pushing for an Agenda for Real Change Against Policies, Practices and Laws Rooted in Structural Racism. Black Live Matter Blog. ACPA: Retrieved from: <https://www.myacpa.org/blogs/black-lives-matter-blog/pushing-agenda-real-change-against-policies-practices-and-laws-rooted>
- Parker, K., Horowitz, J.M., and Brown, A. (2020). About Half of Lower-Income Americans Report Household Job or Wage loss Due to COVID-19. Social & Demographic Trends. Pew Research Center. Retrieved from: <https://www.pewsocialtrends.org/2020/04/21/about-half-of-lower-income-americans-report-household-job-or-wage-loss-due-to-covid-19/>
- Phelan, J.C. and Link, B.G. (2015). Is Racism a Fundamental Cause of Inequalities in Health? *Annual Review of Sociology* 41(1): 311-330. <https://doi.org/10.1146/annurev-soc-073014-112305>
- Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. Retrieved from: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Tebes, J.K., Champine, R.B., Matlin, S.L., and Strambler, M.J. (2019). Population Health and Trauma-Informed Practice: Implications for Programs, Systems, and Policies. *American Journal of Community Psychology*. 64(3-4): 494-508.
- Tucker, C. M., Kang, S., Williams, J.L. (2019). Transitional Research Health Disparities and Promote Health Equity. *Translational Issues in Psychological Science* 5(4): 297-301.
- United States Census Bureau (2010). Quick Facts Population Census April 1, 2010: Race & Hispanic Origin. Retrieved from :<https://www.census.gov/quickfacts/fact/table/US>
- Volpe, V. V., Dawson, D. N., Rahal, D., Wiley, K. C., & Vesslee, S. (2019). Bringing psychological science to bear on racial health disparities: The promise of centering Black health through a critical race framework. *Translational Issues in Psychological Science*, 5(4), 302–314. <https://doi.org/10.1037/tps0000205>

Mental Health During COVID-19 Pandemic: Understanding the Physical & Mental Health Connection

JaNeen Cross, DSW, MSW, MBA LICSW, LCSW-C

Abstract

There is a strong alignment between medical and mental health. This article discusses the parallels between the two, arguing that the COVID-19 pandemic highlights the connections between medical and mental health. The patterns in symptoms and response to COVID-19 share similarities with those of mental health. Similarly, social determinants and disparities are common themes with both COVID-19 and mental health. This article will explore these connections from micro and macro perspectives. Overall, the guiding philosophy of the Black Perspective will be used to analyze these connections and develop implications for practice and policy.

~ ~ ~ ~

Medical & Mental Health

There is a strong connection between medical and mental health. People with diabetes are 2-3 times more likely to experience depression and 20% more likely to have anxiety (CDC, 2018). Similarly, 33%-50% of individuals experience “diabetes stress” in any given 18-month period. There is also significant association between mental health status and hypertension. Women who report poor mental health have higher odds of hypertension compared to women who report good/excellent mental health (Rozario & Masho, 2018). Also, women who report hypertension with poor mental health have increased chances of inpatient hospital visits compared to women with no mental health concerns. Furthermore, respiratory conditions specifically are associated with mental health concerns. There are increased rates of anxiety and depression among patients with respiratory disease (Goodwing et al., 2007). Strong links have also been made between asthma, anxiety, and mood disorders; respiratory disease and panic attacks (Goodwing et al., 2007). In addition, there is a relationship between asthma, anxiety, and panic attacks (Goodwing et al., 2007). Comparably, patients with anxiety disorders have demonstrated abnormalities in respiratory functioning.

Mental Health/Medical Hospitalizations

Between 2010-2014, there was an increase (38%-45%) of patients admitted to the hospital for co-occurring medical and mental health conditions (Owens et. al, 2018). In 2014, 84% of inpatient stays (1.8 million) were admitted for mental health/substance use disorder (MH/SUD) that involved a co-occurring medical health condition, and 42 % percent of inpatient stays (27.8 million) were for a medical health condition that involved a co-occurring MH/SUD (Owens et al., 2018). Among inpatient stays for MH/SUD, the co-occurring conditions ranged from adjustment disorders (72% of patients) and miscellaneous MH/SUD disorders (93% of patients). In terms of inpatient hospital stays for medical health conditions with co-occurring MH/SUD, more than half of stays are for respiratory conditions. Older adults admitted for MH/SUD more

commonly experience hypertension and fluid/electrolyte issues (Owens et al., 2018). In addition, those patients are more likely to be male, between the 45-64 years of age and have a history of MH and/or substance abuse.

COVID 19 Pandemic

There is tremendous evidence that supports the alignment of medical and mental health. The impact of COVID-19, similar to other health conditions, highlights the connection between mental and medical health. It can be argued that COVID-19, unlike other health conditions, has pervasively and systematically inundated the medical and mental health provider communities. COVID-19 has placed a spotlight on the reciprocity between medical and mental health.

People with pre-existing health conditions are more vulnerable and susceptible to COVID-19 infection. Similarly, people with prior or pre-existing mental health conditions are more vulnerable to resurgence of mental health symptoms triggers. Therefore, COVID 19 increases the rate of risk and adverse outcomes in areas of both medical and mental health, particularly for patients with co-occurring medical/MH diagnosis. Moreover, people with co-occurring medical and mental health conditions are the most vulnerable and fragile group during the COVID 19 pandemic.

In the U.S., COVID-19 deaths are compared to those of historic natural disasters, other pandemics, and wars. This is a devastating pandemic currently surpassed in death toll only by WWII with 405,500 deaths and the Spanish flu with a death toll of 675,00 deaths (Barabark, 2020). These losses are considered premature due to illness. In comparison, mental health also reduces life expectancy. There is a 10 to 25-year reduction in life expectancy for people with severe mental illness (Ilyas et al., 2017; WHO, n.d.), primarily attributable to cardiovascular disease (Ilyas et al., 2017). In 2018, suicide was the 10th leading cause of death in the U.S., accounting for 48,344 deaths and 1.4 million suicide attempts (AFSP, 2018). Premature loss of life is another feature shared by COVID-19 and mental health.

In the U.S., health disparities continue to be an on-going problem. COVID-19 has brought this issue to the forefront of health care discussions. The gaps in health and provider care, particularly for the unmet health care needs of people of color, result in disproportionate COVID-19 infections and deaths. Ironically, the lack of response and minimal progress with health disparities in the last 30 years has strengthened the impact, prevalence, and scope of COVID 19. Health disparities extend to mental health as well. There are gaps and unmet needs for mental health care: lack of access to providers, few providers of color, and insurance coverage barriers for people suffering from mental health challenges. An additional health disparity concern during COVID-19 is the lack of access to telehealth services and minimal technology competency for vulnerable populations.

The Black Perspective

The goal of social work during the COVID-19 pandemic is to help reduce the spread and improve the treatment and health care for COVID-19 with focus on vulnerable, fragile populations. The objectives of social work are to increase education and awareness about the medical health/MH connection; provide direct practice, health care services as essential workers; as well as influence and develop policies that improve access, quality, and costs of medical and mental health services.

Howard University's Black Perspective is the guiding philosophy that supports this goal. It can also be used to inform competent social work practice during challenging times such as the current pandemics. Howard University's Black Perspective includes affirmation, strengths, diversity, social justice, internationalization, and vivification. Social workers must be aware that combatting this pandemic requires awareness of the connections and co-occurring trends between medical and mental health. Equipped with this knowledge, social workers must *affirm* clients by resetting their agenda to include the medical and mental health needs of their clients developed uniquely from the client's perspective. More than ever, social workers must identify client, community and system *strengths*. These strengths are utilized to improve the medical and mental health outcomes through micro, mezzo, and macro practice. The principle of *diversity* means that the social worker understands the perspective of vulnerable, marginalized, populations and ensures that medical/mental health practices and policies incorporate elements of diversity and reduce health disparities, with emphasis on COVID-19 and mental health needs. The social worker establishes *social justice* through giving voice to the inequities in COVID-19 infection rates, deaths, and corresponding mental health challenges. Similarly, it is important to engage in health education/outreach activities that benefit marginalized populations, support social service activities that reduce barriers and impact social determinants of health. As COVID-19 is a pandemic, the principle of *internationalization* informs the social worker to extend policy/practice activities, education and outreach to our international partners who are dealing with similar or worse challenges in their medical/mental health systems. The principle of *vivification* informs the social worker to be that beacon of light on the front lines and through policy practice. Social workers are the positivity during these unprecedented times. Until there is a vaccine for COVID-19, reduction in infection/death rates, progress with medical/mental health disparities, and improved medical/mental health outcomes, social workers need to be the solution and facilitate wellness and healing.

References

- American Foundation for Suicide Prevention (2018). Suicide statistics. Retrieved June 20, 2020, from <https://afsp.org/suicide-statistics/>.
- Barabak, M. (2020). 100,000 deaths: How does the COVID-19 toll compare with other deadly events in U.S. history? Retrieved June 20, 2020, from <https://www.latimes.com/world-nation/story/2020-05-01/covid-19-death-toll-wars-disasters>
- CDC (2018). Mental health and diabetes. Retrieved June 20, 2020, from <https://www.cdc.gov/diabetes/managing/mental-health.html>
- Goodwin, R., Chuang, S., Simuro, N., Davies, M., & Pine, D. (2007). Association between lung function and mental health problems among adults in the United States: Findings from the First National Health and Nutrition Examination Survey. *American Journal of Epidemiology*, 165 (4)4, 383–388.
- Ilyas, A., Chesney, E. and Patel, R. (2017). Improving life expectancy in people with serious

- mental illness: Should we place more emphasis on primary prevention? *British Journal of Psychiatry*, 211(4), 194-197. doi: 10.1192/bjp.bp.117.203240
- Owens, P., Heslin, K., Fingar, K., Weiss, A. (2018). Co-occurrence of Physical Health Conditions and Mental Health and Substance Use Conditions Among Adult Inpatient Stays, 2010 Versus 2014. Retrieved June 20, 2020, from <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb240-Co-occurring-Physical-Mental-Substance-Conditions-Hospital-Stays.jsp>
- Rozario, S. & Masho, S. (2018). The associations between mental health status, hypertension, and hospital inpatient visits in women in the United States. *American Journal of Hypertension*, 31 (7), 804–810.
- World Health Organization (n.d.). Information Sheet. Retrieved June 20, 2020 from https://www.who.int/mental_health/management/info_sheet.pdf?ua=1

COVID-19 and the Black Community: Exposing the Deep History of Health Care Disparities in the U.S.

Kadee D. Atkinson, PhD, LGSW
Howard University School of Social Work

Abstract

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic of the coronavirus disease 2019. Similar to other “acute” respiratory illnesses, researchers have highlighted the following risk factors associated with worse outcomes: older age, obesity, diabetes, hypertension, cardiovascular diseases, and myocardial injury (Bonow et al., 2020; Grasselli et al., 2020; Shi et al., 2020). However, evolving evidence has revealed which individuals and groups experience the most severe complications; specifically, there are marked differences in both disease risk and fatality rates associated with the COVID-19. African Americans are more likely to contract and die from COVID-19. This paper will discuss how COVID-19 spotlights the existing historical health care disparities experienced within the Black community in the United States.

~ ~ ~ ~

Even though evidence reveals that COVID-19 will infect anyone in its path, regardless of gender, race, class, and country, it is important to note that it is not an equal opportunity killer (Bonow et al., 2020; Grasselli et al., 2020; Shi et al., 2020). Similar to many other diseases, many victims of COVID-19 come from the most vulnerable and/or oppressed populations within the United States. Preliminary data from the Johns Hopkins University and American Community Survey (ACS) indicate that the infection rate for predominantly Black counties is more than 3-fold higher, and the death rate for predominantly Black counties is roughly 6-fold higher than that of predominately White counties in the United States (Thebault et al., 2020; Yancy, 2020). Furthermore, when looking at fatality rates across states, data shows that COVID-19 is disproportionately impacting Black people. In Louisiana, 53.2% of deaths have occurred among Black individuals, who represent 32% of the state’s population (Louisiana Department of Health, 2020). In Chicago, roughly 70% of deaths have occurred among Black persons, who represent 30% of the population (Reyes et al., 2020). In Michigan, 41% of deaths have occurred among Black persons, who represent 14% of the state’s population (Thebault et al., 2020). In addition, data from spatial modeling in New York City indicates that Blacks are five times more likely to develop COVID-19 (DiMaggio et al., 2020). Ultimately, the pattern is evident; Black people have a higher chance of contracting and dying from COVID-19.

Historically, it has been documented that for several health conditions in the United States, the Black community bears a disproportionate burden of disease, injury, and death. In particular, Black Americans disproportionately suffer from higher rates of cardiovascular disease, hypertension, obesity, as well as poorer outcomes from breast cancer, increased risk of adverse pregnancy outcomes, and worse rates of maternal mortality (CDC, 2016; Richardson et al., 2016;

Yancy, 2020). A vast majority of such pre-existing conditions (e.g., cardiovascular disease, hypertension, obesity, cancer) have been directly linked to worse outcomes in regard to respiratory illnesses, including COVID-19 (Bonow et al., 2020; Grasselli et al., 2020; Shi et al., 2020); however, early findings appear to indicate that the presence of such comorbidity of pre-existing clinical conditions within the Black community does not fully explain the marked higher risk of contracting and dying from COVID-19 (DiMaggio et al., 2020). Thus, it is apparent that other drivers of disease related to the disproportionate adverse social determinates of health (e.g., low socioeconomic status, discrimination, high housing density, poor access to healthy foods, limited access to quality health care, and high crime rates) that have been linked to poor health outcomes may contribute to this documented health care disparity experienced by the Black community.

At this moment in time, the perception that COVID-19 is an “older persons,” “pre-existing condition”, or an “equal-opportunity” disease must be refuted. Instead, it must be recognized as a disease that disproportionately impacts the most vulnerable and oppressed populations. As COVID-19 sweeps across the United States, it is infecting and killing Black Americans at disproportionately higher rates. Health disparities in the Black community are rooted in systematic and structural inequities which existed prior to the COVID-19 pandemic; and unless necessary action is taken, such disparities in health will continue to linger on once COVID-19 comes to an end. Response efforts should be geared towards requiring “culturally appropriate public health care initiatives, community support, and equitable access to quality health care” (CDC, 2005, para. 1). COVID-19 has brought to the forefront the existing health disparities experienced by the Black community in the United States that are deeply woven within a system of oppression. The question is: will COVID-19 spark necessary actions required to make the overdue changes to combat the documented health disparities experienced by Black Americans? The issue is not that it cannot be done; it is whether there is a sincere will for it to be done.

References

- Bonow, R. O., Fonarow, G. C., O’Gara, P. T., & Yancy, C. W. (2020). Association of coronavirus disease 2019 (COVID-19) with myocardial injury and mortality. *JAMA cardiology*.
- Centers for Disease Control and Prevention. (2005). Health disparities experienced by black or African Americans--United States. *MMWR: Morbidity and mortality weekly report*, 54(1), 1-3.
- Centers for Disease Control and Prevention, National Center for Health Statistics. (2016). Population Reference Bureau, analysis of data from the Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Causes of Death Public Use Files for 2005-2016 CD-Rom and Births: VitalStats. Retrieved April 22, 2019, from <http://www.cdc.gov/nchs/vitalstats.htm>.
- DiMaggio, C., Klein, M., Berry, C., & Frangos, S. (2020). Blacks/African Americans are 5 Times More Likely to Develop COVID-19: Spatial Modeling of New York City ZIP Code-level Testing Results. *medRxiv*.

- Grasselli, G., Zangrillo, A., Zanella, A., Antonelli, M., Cabrini, L., Castelli, A., ... & Iotti, G. (2020). Baseline characteristics and outcomes of 1591 patients infected with SARS-CoV-2 admitted to ICUs of the Lombardy Region, Italy. *Jama*, 323(16), 1574-1581.
- Louisiana Department of Health. (2020, June 8). Louisiana Coronavirus COVID-19: Department of Health: State of Louisiana. Retrieved June 14, 2020, from <http://ldh.la.gov/coronavirus/>.
- Reyes, C., Husain, N., Gutowski, C., St Clair, S., & Pratt, G. (2020). Chicago's coronavirus disparity: Black Chicagoans are dying at nearly six times the rate of white residents, data show. *Chicago Tribune*.
- Richardson, L. C., Henley, S. J., Miller, J. W., Massetti, G., & Thomas, C. C. (2016). Patterns and trends in age-specific black-white differences in breast cancer incidence and mortality—United States, 1999–2014. *Morbidity and Mortality Weekly Report*, 65(40), 1093-1098.
- Shi, S., Qin, M., Shen, B., Cai, Y., Liu, T., Yang, F., ... & Huang, H. (2020). Association of cardiac injury with mortality in hospitalized patients with COVID-19 in Wuhan, China. *JAMA cardiology*.
- Thebault, R., Tran, A. B., & Williams, V. (2020). The coronavirus is infecting and killing black Americans at an alarmingly high rate. *Washington Post*, 2020.
- Yancy, C. W. (2020). COVID-19 and African Americans. *Jama*.

COVID-19: One Disease, Many Reverberations in Black and Latino Communities

Cudore L. Snell, DSW, LICSW & Stephanie Howard, PhD, LICSW
Howard University School of Social Work

Abstract

The COVID-19 pandemic has impacted countless people in the United States and around the globe. The virus does not discriminate. However, America's history of discrimination has created differential effects in Black and Latino communities that will likely have longer-term scenarios similar to HIV and influenza. The purpose of this article is to highlight and address the racial economic inequities in the spread and treatment of COVID-19 and demonstrate the social injustice perpetrated on vulnerable and stigmatized populations.

~ ~ ~ ~

According to the Centers for Disease Control (CDC, 2020a), as of May 27, 2020, the U.S. has 1,678,843 total cases of COVID-19, including 99,031 deaths (CDC, 2020b). Whites, at 77 percent of the U.S. population (U.S. Census Bureau, 2018), make up only 52 percent of the COVID-19 cases (CDC, 2020a). Blacks, who comprise 13 percent of the total U.S. population (U.S. Census Bureau, 2019), account for 26 percent of the cases (CDC, 2020a). (Hispanics were included in all racial categories.) Non-White Latinos, as an ethnic group, make up 18 percent of the population (U.S. Census Bureau, 2019) and account for 30 percent of the cases (CDC, 2020a). Of the cases in which race was specified, 23 percent of the COVID-19 deaths were non-Hispanic Blacks, and 17 percent were Hispanics or Latinos (CDC, 2020b). This means that two minority groups account for 40 percent of the COVID-19 deaths.

The existing research demonstrates that Blacks and Latinos are disproportionately infected and affected by COVID-19. However, it should not be implied that they are genetically predisposed to the virus. On the contrary, these discrepancies are the product of systemic issues in the social environment that put these minorities at increased risk for COVID-19. In terms of contracting COVID-19, Blacks and Latinos are more likely than other racial groups to live in poverty, which means they are less capable of social distancing. They are also more likely to live in multi-generational homes or residences in close proximity to one another. Additionally, they are more likely to work in service jobs that put them in close contact with others who might carry the virus (Scott, 2020). As such, these environmental factors, rooted in a long history of racism, put Blacks and Latinos at increased risk for contracting and spreading the virus within their communities.

Blacks and Latinos with mental health and substance use disorders are also more likely to be incarcerated or homeless than the general population, placing them at increased risk for COVID-19 (SAMSHA, 2020). Furthermore, the living conditions of the homeless make following CDC guidelines for physical distancing and hand washing impractical for this population. Finally, incarcerated individuals are more vulnerable to contract COVID-19 because of the high density

and transience of inmates. They may suffer more severe consequences because of inadequate treatment, services, and support available to formerly incarcerated persons.

Blacks and Latinos are also more likely to suffer severe and even fatal consequences from contracting COVID-19. Because of the persistent legacy of slavery and continued oppression, they are more likely to have chronic illnesses such as serious heart conditions, chronic lung disease, and diabetes. These medical conditions put them at elevated risk for COVID-19 because they weaken the immune system, making it much harder to fight the virus (CDC, 2010c). Racial bias is also at play in disparate health outcomes. Research shows that Blacks historically and to the present time continue to receive medical care that is inferior to that received by Whites (Dotinga, 2012). Thus, it is likely that doctors have significantly misinterpreted, ignored, or minimized coronavirus symptoms in Black and Latino patients. It can also be assumed that many Blacks and Latinos hesitated to go to the doctor when symptoms presented because of their history of biased and unethical treatment by medical professionals. Additionally, Blacks and Latinos are hindered in receiving needed medical care because of their inadequate access to medical services. They are twice as likely not to have health insurance compared with their white counterparts and more likely to live in medically underserved areas where they face health facility closures and caps on public health plans (Dotinga, 2012). Thus, they are unable to access the medical care they need when they contract serious illnesses such as COVID-19.

Implications

What clearly stands out is the need for adequate health care. Continued training on implicit bias and cultural competence for medical providers is needed to ensure that Blacks and Latinos receive quality care. African Americans and Hispanics can also be supported in accessing needed health services by providers extending health coverage to the uninsured and low income, in addition to increasing the availability of medical services in areas where there is a shortage. To further protect the health and livelihood of workers, offering sick leave so that employees can stay home when they are ill without losing pay, as well as providing livable wages so workers can support their families are self-evident

The pandemic is likely to have both long-term and short-term implications for mental health and substance use. Those with mental illness and substance use disorders pre-pandemic, as well as those newly affected, will likely require mental health and substance use services. Limited access to mental health care and substance use treatment is in part due to a current shortage of mental health professionals, which will likely be exacerbated by the COVID-19 pandemic. While some mental health providers are increasing their use of telemedicine in light of social distancing, not all are able to do so, and clients may not have the resources. Efforts should be taken to ensure that individuals can access the needed services that are in congruence with social distancing guidelines.

According to SAMSHA (n.d.), at the community level, there is a need for communication, health literacy, and public awareness. This entails timely and culturally appropriate messaging. These messages should be disseminated through information channels that reach Black and Latino communities. Black or Latino radio, websites similar to BlackDoctor.org, as well as trusted media

figures are important and reliable messengers in partnerships with dependable individuals such as faith and spiritual leaders.

References

- CDC. (2020a). *Cases in the U.S.* Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>
- CDC. (2020b). *COVID-19 Provisional Counts - Weekly Updates by Select Demographic and Geographic Characteristics*. (2020, May 20). Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm
- CDC. (2020c). *Groups at Higher Risk for Severe Illness*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>
- Dotinga, R. (2012, April 25). <https://medicalxpress.com/news/2012-04-health-common-black-neighborhoods.html>. *Medical Xpress*. Retrieved from <https://medicalxpress.com/>
- Eligon, J., & Burch, A. D. (2020, May 10). Questions of Bias in Covid-19 Treatment Add to the Mourning for Black Families. *The New York Times*. Retrieved from <https://www.nytimes.com>
- Kirzinger, A., Kearney, A., Hamel, L., & Brodie, M. (2020). *KFF Health Tracking Poll—Early April 2020: The Impact Of Coronavirus On Life In America*. Retrieved from Kaiser Family Foundation website: <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-early-april-2020/>
- Laurencin, C. T., & McClinton, A. (2020). The COVID-19 pandemic: a call to action to identify and address racial and ethnic disparities. *Journal of Racial and Ethnic Health Disparities*, 7(3), 398–402.
- SAMSHA. (n.d.). *Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.* Retrieved from <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>
- Scott, E. (2020, April 10). 4 reasons coronavirus is hitting black communities so hard. *The Washington Post*. Retrieved from <https://www.washingtonpost.com>
- U.S. Census Bureau. (2019). QuickFacts: United States. Retrieved from <https://www.census.gov/quickfacts/fact/table/US/RHI225218>

It Takes a Village: Five Recommendations to Reduce Behavioral Health Misdiagnoses of African Americans

Danica Nestor, MSW. PhD student
Altaf Husain, PhD
Howard University School of Social Work

Abstract

Racial bias is one of many leading causes of mental health misdiagnosis among African Americans. The COVID-19 pandemic has accentuated the health care disparities among minorities. Since 2010, Health and Human Services (HHS) in Washington, DC has convened to eliminate health disparities among underserved demographic groups. The onset of COVID-19 provides an opportunity for HHS to be even more intentional in examining these health disparities. African Americans are contracting this virus at rapid rates, and the toll on their mental health could be severe. This article presents recommendations for mental health practitioners to ensure accurate diagnoses of African Americans amid and post this nationwide pandemic.

~ ~ ~ ~

The COVID-19 pandemic has accentuated health care disparities among minorities. Researchers indicate that African Americans are contracting the virus at rapid rates and are disproportionately impacted (Couch, Farlie, & Xu, 2020; Shah, Sachdeva, & Dodiuk-Gad, 2020; Yancy 2020). Prior to COVID-19, African Americans struggled with overcoming the systemic inequities to which they are predisposed as a result of structural racism. In addition to underlying health comorbidities, many people of color are geographically exposed to overcrowding in urban neighborhoods, likely to face financial hardship due to unemployment, and deficiency in access to healthcare and nourishment (Couch, Farlie, & Xu, 2020; Hooper, Nápoles, & Pérez-Stable, 2020).

Since December 2010, The U.S. Department of Health and Human Services (DHHS) has convened to eliminate health disparities among underserved demographic groups. The initiative, titled *Healthy People 2020*, proposed that “health disparities are systematic, plausibly avoidable health differences adversely affecting socially disadvantaged groups; they may reflect social disadvantages, but causalities need not be established.” (Bravemen et al., 2011, p. 149). The onset of COVID-19 provides an opportunity for DHHS and all mental health providers to be intentional in examining disparities among, as well as assessing, the mental health diagnoses of people of color.

Racial bias and cultural incompetence are two of the leading causes of mental health misdiagnosis among African Americans. Bell, Jackson, & Bell (2015) conducted psychiatric evaluations of 330 patients, examining them based on four clinically identifiable variables. They found 220 patients were free of the four clinical variables, yet they still had a psychiatric diagnosis (Bell, Jackson, & Bell, 2015). Another study found that Black adolescents are least likely to be diagnosed with bulimia although they are 50% more likely than their White peers to display symptoms and signs of the illness (Gordon et al., 2010). The same study found that only

17% of practitioners recognized Black women eating disorder behaviors as problematic. Compared to the 44% of practitioners that were able to identify White women eating disorders as a problem.

Dr. William Lawson has written many publications on schizophrenia diagnoses which are largely assigned to Black people. In a 2012 *JAMA Psychiatry* study, Lawson and colleagues wanted to examine whether or not African Americans would present with higher rates of schizophrenia diagnosis after controlling for age, sex, income, site, and education, as well as the presence or absence of serious affective disorder (Gara et al., 2012). The findings confirmed that African Americans had significantly higher rates of clinical diagnoses of schizophrenia in comparison to their White counterparts, despite controlling for covariates such as serious affective disorder (Gara et al., 2012). Lawson also tackled racial differences in antipsychotic drugs. In a cohort study among Medicaid patients, it was found that more White patients received second-generation antipsychotics, whereas Black patients were likely to be prescribed first-generation antipsychotics, which are associated with higher risk of neurological side effects (Lawson et al., 2015).

During a White House press conference on COVID-19, Dr. Anthony S. Fauci, Director of the National Institute of Allergy and Infectious Disease, attested to the prevalence of health disparities in the African American community when he expressed the following sentiments:

“I could not help sitting here reflecting about sometimes when you’re in the middle of a crisis like we are in now with Coronavirus, but it really does ultimately shine a bright light on some of the weaknesses that in foils in our society . . . Health disparities have always existed for the African American community, but here again with the crisis how it's shining a bright light on how unacceptable that is . . . when you have a situation like the Coronavirus they are suffering disproportionately.”

Although Dr. Fauci affirmed that there are inequalities and will continue to be even after COVID-19, this is not the first time a U.S. crisis “shined a bright light” on mental health disparities. After Hurricane Katrina, Black people in New Orleans have become more susceptible to PTSD. According to Alexander et. al (2017), communities of color grapple with pre-existing vulnerabilities that unconsciously impact how they respond to traumatic events, thus increasing their risk for PTSD diagnosis. One year post-Katrina, Sastry & VanLandingham (2009), found major disparities in mental illness by race, education, and income; they concluded that residents of New Orleans continued to have high rates of mental illness in the year following Hurricane Katrina due to displacement, destruction of their homes, and economic losses (Sastry & VanLandingham, 2009). An astute practitioner would press further to discern the root causes of the higher rates of mental illness by asking more questions. Were the higher rates perhaps due to the tremendous losses of life and property and a sense of profound betrayal experienced because of the delayed assistance from the government?

The overarching goal of eliminating disparities is no small feat. Mental health disparities among Black people will continue to persist, continue to be discussed, and continue to be tackled. Mental health practitioners play a vital role in ensuring the well-being of Black people who are directly and or indirectly impacted by COVID-19. While we are still matriculating through the occurrences of this pandemic, and the influx in utilization of mental health services, we call attention to the importance of accurate mental health diagnoses and treatments of African

Americans. Before imprinting a psychiatric diagnosis, we challenge mental health practitioners to utilize the Black Perspective and to do the following:

- **Advocate on patients' behalf if you suspect racial bias or discrimination.** For example, White counterparts supporting the nationwide protests following the death of George Floyd, Breonna Taylor and Ahmaud Arbery. Facilitate a one-on-one conversation with a colleague or other associates within your professional setting if you suspect the presence of racial bias or discrimination towards African American clients.
- **Do not take cautionary or reluctant behavior personally.** Due to the longstanding history of healthcare abuse against African Americans, mistrust is a leading barrier to utilizing mental health services.
- **Be willing to explore beyond the classification of diseases via the DSM.** Much of U.S. history has been shaped by Western European ideologies. Western medicine has influenced how mental health professionals interact with patients, but it excludes the Black experience.
- **Acknowledge and accept that you will not always be right.** Be willing to be educated by your Black client or patient, as they are the primary resource in providing you with the necessary information you need to improve their mental health.
- **Dismantle the notion that Black people are strong and without trauma.** Although African Americans survived a number of traumatic experiences throughout history, it is imperative that mental health practitioners also focus on weaknesses so that they can be treated effectively.

References

- Alexander, A. C., Ali, J., McDevitt-Murphy, M. E., Forde, D. R., Stockton, M., Read, M., & Ward, K. D. (2017). Racial differences in posttraumatic stress disorder vulnerability following Hurricane Katrina among a sample of adult cigarette smokers from New Orleans. *Journal of racial and ethnic health disparities*, 4(1), 94-103.
- Bell, C. C., Jackson, W. M., & Bell, B. H. (2015). Misdiagnosis of African-Americans with psychiatric issues—part I. *Journal of the National Medical Association*, 107(3), 25-34.
- Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. *American journal of public health*, 101(S1), S149-S155.
- Couch, K. A., Fairlie, R. W., & Xu, H. (2020). The Impacts of COVID-19 on Minority Unemployment: First Evidence from April 2020 CPS Microdata. *Available at SSRN* 3604814.
- Gara, M. A., Vega, W. A., Arndt, S., Escamilla, M., Fleck, D. E., Lawson, W. B., ... & Strakowski, S. M. (2012). Influence of patient race and ethnicity on clinical assessment in patients with affective disorders. *Archives of General Psychiatry*, 69(6), 593-600.

- Gordon, K. H., Castro, Y., Sitnikov, L., & Holm-Denoma, J. M. (2010). Cultural body shape ideals and eating disorder symptoms among White, Latina, and Black college women. *Cultural Diversity and Ethnic Minority Psychology*, 16(2), 135–143.
- Hooper, M. W., Nápoles, A. M., & Pérez-Stable, E. J. (2020). COVID-19 and racial/ethnic disparities. *Jama*. Retrieved from
<<https://jamanetwork.com/journals/jama/fullarticle/2766098>>
- Lawson, W., Johnston, S., Karson, C., Offord, S., Docherty, J., Eramo, A., ... & Nasrallah, H. A. (2015). Racial differences in antipsychotic use: claims database analysis of Medicaid-insured patients with schizophrenia. *Annals of Clinical Psychiatry*, 27(4), 242-252.
- Sastry, N., & VanLandingham, M. (2009). One year later: Mental illness prevalence and disparities among New Orleans residents displaced by Hurricane Katrina. *American Journal of Public Health*, 99(S3), S725-S731.
- Shah, M., Sachdeva, M., & Dodiuk-Gad, R. P. (2020). COVID-19 and racial disparities. *Journal of the American Academy of Dermatology*. Retrieved from
<[https://www.jaad.org/article/S0190-9622\(20\)30659-9/fulltext](https://www.jaad.org/article/S0190-9622(20)30659-9/fulltext)>
- United States. Public Health Service. Office of the Surgeon General, Center for Mental Health Services (US), National Institute of Mental Health (US), United States. Substance Abuse, & Mental Health Services Administration. (2001). *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General* (Vol. 2). Department of Health and Human Services, US Public Health Service. Retrieved from
<<https://drum.lib.umd.edu/bitstream/handle/1903/22834/sma-01-3613.pdf?sequence=1>>
- Yancy, C. W. (2020). COVID-19 and African Americans. *Jama*. Retrieved from
<<https://jamanetwork.com/journals/jama/fullarticle/2764789>>

Underserved During a Global Pandemic: Impacts of Accessing Quality Health Care Among Black Americans

Devyn E. Brown, MSW, PhD Student
Howard University School of Social Work

Abstract

In the midst of one of the deadliest pandemics the United States has ever experienced, COVID-19 has disproportionately affected African American communities and families. In cities across the world, African Americans account for 70% of COVID related deaths, despite making up a smaller percent of the national populations (Golden, 2020; World Health Organization, 2020; Baptiste et al, 2020). Researchers suggest that inequalities exist as a result of systemic racism and the mistrust that African Americans have of the U.S. healthcare system (Hardeman, Medina, & Kozhimannil, 2016). As it pertains to COVID-19, socioeconomic disadvantages, social and living conditions pose as potential risk factors for people of color (Golden, 2020; Baptiste et al, 2020). While it is recognized that health disparities are multifaceted, to thoroughly comprehend the health of African Americans today, one must be reminded of the historical exploitation of African Americans among healthcare systems in the past.

~ ~ ~ ~

Although the U.S. has some of the most advanced medical technologies in the world, the overall health of African Americans does not reflect this. Out of the 15 leading causes of death in the U.S., people of color have higher mortality rates than any other ethnic group (Williams, 2012). African Americans are more vulnerable to contracting heart disease, cancer, stroke, diabetes, kidney disease, hypertension and liver cirrhosis (Williams, 2012; Baptiste et al, 2020). Prather et al., (2018) concluded that the exacerbation of negative health care outcomes was linked to institutionalized and interpersonal racism, as well as poverty and residential segregation. Black women have reported higher instances of infant mortality deaths, low birth rates, and pelvic inflammatory disease compared to their White peers (Prather et al, 2018). In addition to health comorbidity, lack of insurance coverage limits African Americans' access to healthcare services. Prior to the provisions of the Affordable Care Act in 2014, 25.8% of African Americans were uninsured, compared to 14.8% of white people (Buchmueller, Levinson, Levy, & Wolfe, 2016).

Social distancing was one of the first recommendations by the Center of Disease Control to minimize exposure of COVID-19. While maintaining solace inside one's home may appear easily achievable, for African Americans who live in crowded homes, social distancing is not attainable. Robert Hill (1998) presented a descriptive account of the Black family structure in his seminal article, in which he highlights the presence of multigenerational family members under one roof. Hill (1998) further addresses the supportive role of church networks in African American communities. The Black church has historically provided African Americans with safety networks, allowing for an outlet in coping with external circumstances. The communion that the Black church offers provides African Americans opportunities to fellowship, worship and network in a Black centered space. Furthermore, many African American families used faith-based resources for mental health services, which include domestic violence counseling, marriage counseling and even substance abuse counseling. With COVID-19 forcing many churches to use virtual platforms,

African Americans have lost their direct support once provided by the Black church. This presents mental health challenges for African Americans during the pandemic.

Lastly, social determinants make people of color more vulnerable to COVID-19 related death. Many African Americans work in essential roles such as food services, hospitality, gas stations and grocery stores, all of which require them to be frontline workers, heightening their risk to exposure. Furthermore, African Americans are overrepresented in low income areas, many of which have limited access to essential stores, forcing residents to travel long distances for essential needs and supplies.

To ensure African Americans receive effective treatment and protection from COVID-19 exposure, a responsive shift in preventative methods is vital. Governments and healthcare agencies should apply the Black Perspective to deterrent methods related to COVID-19. To achieve such a goal, social service providers need to make the strengths of African American communities and families the forefront of their agendas. Implementing proactive measures can include challenging institutional culture surrounding the care and treatment of people of color. Further, governments, lobbyists and policy makers need to understand the historical mistreatment of African Americans is an international social justice concern. Until African Americans around the world are liberated from all forms of oppression, Black lives will continue to be devalued and underserved, especially during times of economic and environmental plight. Social workers and others alike are being called upon to ensure dialogue surrounding social justice issues does not remain stagnant conversations but becomes measurable action items on all governments' agendas.

References

- Baptiste, D. L., Commodore-Mensah, Y., Alexander, K. A., Jacques, K., Wilson, P. R., Akomah, J., ... & Cooper, L. A. (2020). COVID-19: Shedding light on racial and health inequities in the United States. *Journal of Clinical Nursing*.
- Buchmueller, T. C., Levinson, Z. M., Levy, H. G., & Wolfe, B. L. (2016). Effect of the Affordable Care Act on racial and ethnic disparities in health insurance coverage. *American journal of public health, 106*(8), 1416-1421.
- COVID-19 in Racial and Ethnic Minority Groups. (2020, June 04). Retrieved June 6, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.
- Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the USA. *The Lancet, 389*(10077), 1431-1441.
- Golden, S. H. (2020). Coronavirus in African Americans and other people of color. *Johns Hopkins Medicine*.
- Hardeman, R. R., Medina, E. M., & Kozhimannil, K. B. (2016). Dismantling structural racism, supporting Black lives and achieving health equity: Our role. *The New England*

- Journal of medicine*, 375(22), 2113.
- Hill, R. B. (1998). Understanding black family functioning: A holistic perspective. *Journal of Comparative Family Studies*, 29(1), 15-25.
- Prather, C., Fuller, T. R., Jeffries IV, W. L., Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American women, and their sexual and Reproductive health: a review of historical and contemporary evidence and implications for health equity. *Health Equity*, 2(1), 249-259.
- Williams, D. R. 2012. Miles to go before we sleep: Racial inequities in health. *Journal of Health and Social Behavior*, 53(3), 279–295.
- Yearby, R. (2016). Exploitation in medical research: the enduring legacy of the Tuskegee syphilis study. *Case W. Res. L. Rev.*, 67, 1171.

The Impact of COVID 19 on the Loss and Grief Processes of African Americans

Janice M. Davis, PhD, MSW, LCSW-C
Howard University School of Social Work

Abstract

The COVID 19 pandemic has altered our world in ways we could not have imagined. We are all aware of the monumental impact it has had on the economic status and health of African Americans. However, we have not closely considered the disenfranchised loss and grief associated with these changes. Disenfranchised grief is a loss that is not necessarily socially sanctioned, openly acknowledged, or publicly mourned. Individuals are made to feel that they have “no right” to acknowledge the loss (Doka, 2002). Vast numbers of African Americans lost family members; jobs; connection with family, fictive kin and friends; rituals; and trust in the security of their everyday life. This article will explore some of the areas of loss and grief that have impacted our cultural traditions, generalized well-being and forward mobility since the advent of COVID-19.

~ ~ ~ ~

The year 2020 ushered in a global pandemic that no one expected. The world was transformed by COVID 19 in ways that had not been seen previously. It began as a health crisis in another country – China, and then it moved to the west coast of the United States. Little consideration was given to the impact it would have on the entire United States and the world. America watched in disbelief as the number of individuals infected with the virus rose; as hospitals became overwhelmed and incapable of meeting the health care needs in their areas; as the death tolls rose in astronomic proportions throughout the world; as school systems and universities closed; and work and employment slowly ground to a sluggish stop!

For many, this would be the first time they would see “life as they know it” cancelled! They could not celebrate the good times – graduations, weddings, childbirths, etc. They could not seek solace during the sad times – funerals, illness, social isolation, etc. America’s entire manner of life changed. It halted seemingly overnight. People were no longer allowed to gather in large groups; most states enacted stay at home orders. Individuals could not visit their loved ones; check on elderly family members; travel; eat at restaurants; enjoy sporting events; go to plays or movie theatres. Many parents became “teachers,” as they had to provide educational instruction for their children since the schools were closed and the children were being taught remotely. Parents were engaged in this task while actively adapting to their new work environment – working from home or being “essential personnel,” potentially at the cost of their health or the health of their loved ones. Everyone was functioning in a state of chaos.

As people adapted to their “new normal”, many felt ‘out of sorts’ and somewhat discombobulated. They longed for the “normal routine” – go to work, come home, attend activities, etc. For some, this longing had greater impacts on their wellbeing. Some began experiencing problems with sleeping, changes in eating patterns, changes in emotional states,

and feelings of isolation (James, 2020). These feelings combined with the overwhelming feeling of helplessness, as they lost their sense of consistency, security, and assumptions that “life would be just fine” provoked grief without understanding a loss had occurred. Many did not understand why they were having these feelings or mood changes. Unbeknownst to them, they were grieving that which was normal and expected: the losses of income, freedom, innocence, and life. This is when they began to experience disenfranchised grief.

Disenfranchised grief is a loss that is not necessarily socially sanctioned, openly acknowledged, or publicly mourned. Individuals are made to feel that they have “no right” to acknowledge the loss (Doka, 2002). African Americans have long been acquainted with disenfranchised grief; however, this pandemic has magnified the losses. During this season of pandemic, communities have disproportionately been ravished by COVID 19 deaths, thus illustrating the racial health disparities in this country and being stymied by the lack of economic resources available, housing issues and the impact of poverty in our communities (CDC, 2020; Latinovic, Fluck and Husni, 2020) .

As a community, Black Americans have experienced numerous intrinsic losses, many of which they barely recognize yet feel the impact. Due to poverty, disproportionately African Americans work in low wage, service industry jobs (Cooper, 2020). Many of these jobs ceased to exist during this pandemic, thrusting many who were living paycheck to paycheck into abject poverty. If individuals were fortunate enough to remain employed, they were usually placed in positions of extreme risk, e.g. grocery store workers, hospital housekeeping staff, etc. These positions placed them in open public settings, usually without protective gear. Yet if they did not go to work, they would not get paid, which would open them and their families to another set of risks – homelessness, food insecurity to name a few (CDC, 2020). Other positions that may pay better but still involve risks are public transit employees, licensed practical nurses, and support staff at nursing homes. Many of these positions do not offer paid leave (Cooper, 2020). Where does that leave an individual as head of the household?

Many employees had to make the difficult decision to remain on the job, no matter the potential cost. Here they mourned the loss of job security, health and safety. Others may say, “At least they have a job”. Although that may be true, it does not remove the fear and concern that the individuals could bring home the virus to those they care about and care for (Doka, 2008). It does not decrease their level of concern about “what if” their family member gets sick, who will be the caretaker? They mourn the loss of feeling everything and everyone will be “okay” because the news and social media constantly reminds them that things are bad - - - really, really bad!

They try to explain to their children what this pandemic means – yet they are at a loss for words. They want to let the children know the seriousness of the country’s current state, but they do not want to frighten or instill fear in those they love. Initially, students were excited to be out of school for an extended spring break. Then the reality began to sink in – no school, no real school, no visits with friends, no prom, no graduation, NO FUN! For many, doing schoolwork at home was a challenge for a number of reasons: lack of resources, parents who could not assist with assignments, sharing computers with other family members, etc. This changed the perspective entirely. Younger children were more dependent on their parents who were trying to juggle work and the new role of teacher. Middle school and high school students missed the socialization with their peers; despite being quite adept at Facebook, Instagram, Snapchat, and Twitter, they

missed the face-to-face interactions. This also included several major disappointments – no varsity sports tryouts, prom, senior class trip or graduation. These losses seem palatable, yet if adults remember the planning and excitement that went into the anticipation of these events, they will see that this is a monumental loss – one only graduates from elementary, middle and high school ONCE! This is a lost moment!

Parents need to understand that this is monumental, and they should be careful about dismissing and diminishing the feelings of loss. This loss is real and tangible. Therefore, as they look at disenfranchised loss – key phrases such as “get over it,” “at least you didn’t die from COVID 19,” or “you will have other graduations” diminish the youths right to feel and experience the loss (Zoll, 2020; Mitchell, 2018; Doka, 2008). Even as communities come together to attempt to mitigate the losses by having drive-by parades, Zoom ceremonies and other alternative activities, people must acknowledge that it is still a significant loss. Humans have established rituals in their families and communities to celebrate these rites of passage, and children have been socialized to look forward to and expect the socialized rituals (Zoll, 2020; Doka, 2008). COVID 19 has denied them the opportunity to participate in these rituals. Validating how the youth feel will help them process the loss. Please note that this does not just apply to youth; it includes young adults and adults who were to graduate from college or graduate school, both of which are highly regarded in African American families and communities. They too are grieving.

How individuals care for their families has been significantly impacted by social distancing. Many African American families have socialization rituals, e.g. dinner with grandma on Sunday, Friday night card games, cookouts, etc. Unfortunately, most of these ceased! This change caused some elderly family members to be placed in situations of social isolation because family members refused to visit for fear of making “the most vulnerable” sick. Families also did not include elders when new babies were born, “graduations” occurred, or other family based celebratory rituals were observed. Also, elders were not allowed to attend funerals of loved ones. For some, this caused feelings of loss and isolation because although they knew about the virus, they did not expect it to exclude them from family, friends and loved ones. For other elders, they were hypervigilant and did not want to take the chance of getting the virus, so they self-isolated. However, many who remained in their homes had difficult times with caregivers due to the fear of the helpers bringing the virus to them.

Of those elders who were in assisted living or nursing homes, most were denied visitation completely. This was very disconcerting for those elders with dementia because they were not always cognizant as to why they were not having visitors and would sometimes be agitated with their family members when they spoke to them on the phone (Doka & Georgopoulos, 2020). The disenfranchisement is evidenced in their loss of family community and rituals. How does one welcome the next generation if one is not allowed to see or hold the newborn? How does one say goodbye to a sibling, friends or neighbors when one is not allowed to attend the funeral? These losses are significant, yet social distancing does not allow people to acknowledge their joy or their mourning. Many will feel cheated because they could not participate in an appropriate funeral, not a Zoom event. New rituals will need to be established that console the need for closure. It is helpful to include elders in this process so they can contribute and assume some ownership of the changes.

So how do individuals enfranchise these losses. First and foremost, they acknowledge the importance and value of the losses. Letting individuals know that they are heard, and their

feelings are valid gives them a sense of comfort. It is the role of social workers to help people voice and name the loss. Social workers can provide a nonjudgmental listening ear and compassion as they try to make sense of others' reality. This validation provides solace during times of grief and loss. Social workers need to offer suggestions on self-care during these times of distress. Many are simply too overwhelmed to consider the toll this time is having on their relationships, work productivity and parenting skills. Simply taking a moment to BREATHE may be a good start. If one is able to talk to his/her client about relaxation techniques, breathing exercises and mindfulness techniques, this dialogue may open new venues that have yet to be considered, such as taking a walk, taking a bath, sitting quietly in the morning before the household awakens or adopting other soothing activities. Social workers often need permission to take care of themselves because they are so busy taking care of others.

This is especially important for social workers. They, too, are experiencing the same losses and state of chaos with COVID 19. It is important that they look at themselves and their profession to ensure that they are taking care of themselves, so they are better able to serve others. In the social work field, self-care is not highly practiced among social workers. They need to be reminded to breathe, exercise, treat themselves with compassion and kindness and stay spiritually centered (Cook-Cottone, 2015). Just as this is not a one size fits all for their clients, it is not one size fits all for social workers. Each one of them needs to find and embrace those activities that bring them peace and joy during times of distress.

References

- Center for Disease Control and Prevention (2020). COVID 19 in Racial and Ethnic Minority Groups. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>
- Cook-Cottone, C. (2015). *Mindfulness and Yoga for Self-Regulation: A Primer for Mental Health Professionals*. New York: Springer Publishing Company.
- Cooper, L. (2020). The Johns Hopkins University & Medicine. Coronavirus Resource Center. Retrieved from: coronavirus.jhu.edu/data/racial-data-transparency. June 14, 2020.
- Doka, K. (2008). "Disenfranchised Grief in Historical and Cultural Perspective." In *Handbook of Bereavement Research and Practice*, edited by Margaret S. Stroebe, Robert O. Hansson, Henk Schut, and Wolfgang Stroebe, 223–240. Washington, DC: American Psychological Association.
- Doka, K. (Eds.). (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champaign, IL: Research Press.
- Doka, K. & Georgopoulos, M. (2020). *Disenfranchised Grief and Covid 19*. The Hospice

- Foundation. <https://hospicefoundation.org/Education/Disenfranchised-Grief-and-Covid-19>. April 29, 2020.
- James, A. (2020). You Might Be Grieving How Coronavirus Changed Your Life and That's Okay. Retrieved from: <https://www.griefrecoverymethod.com/blog/2020/03/you-might-be-grieving-how-coronavirus-changed-your-life-and-thats-okay>
- Latinovic, L., Fluck, V., & Husni, H. (2020). Risk Communication and Community Engagement COVID 19: How to Include Marginalized and Vulnerable People in Risk Communications and Community Engagement. Retrieve from: <http://www.socialserviceworkforce.org/system/files/resource/files/Risk-Communication-and-Community-Engagement.pdf>
- Lawson, E. (2014). Disenfranchised grief and social inequality: bereaved African Canadians and oppositional narratives about the violent deaths of friends and family members. *Ethnic & Racial Studies*, 37(11), 2092–2109. <https://doi.org/10.1080/01419870.2013.800569>
- Mitchell, M. B. (2018). “No One Acknowledged My Loss and Hurt”: Non-death Loss, Grief, and Trauma in Foster Care. *Child & Adolescent Social Work Journal*, 35(1), 1–9. <https://doi.org/10.1007/s10560-017-0502-8>
- Zoll, L. (2020). Disenfranchised Grief: When Grief and Grievors are Unrecognized. *Social Work Today*. Retrieved from: <https://www.socialworker.com/feature-articles/practice/disenfranchised-grief-when-grief-and-grievors-are-unrecogniz/>

SPECIAL POPULATIONS



**Black Lives Also Matter in Nursing Homes:
Mental Health Concerns of the COVID-19 Pandemic's
Disruption of Family Visitation for African American
Nursing Homes Residents**

Sandra Edmonds Crewe, Ph.D., MSW, ACSW

Abstract

The COVID-19 pandemic has been particularly harmful to nursing home residents and their families. The forced ban on visitation poses added stress during this challenging time. Additionally, it disrupts support that is needed for quality of life and maintenance of important family and emotional ties. For African American elders, this represents double jeopardy. Not only are they at greater risk for the coronavirus, they are simultaneously at greater risk for social isolation and its harmful effects.

~ ~ ~ ~

Double Jeopardy: The Older Negro in America Today, the 1964 National Urban League seminal report on the state of older African Americans, documented the hardships of African Americans as they aged in a society that blatantly discriminated against them. Sadly, the COVID-19 pandemic unveils the inadequate progress made in closing the gap for many of our most revered and vulnerable citizens. Fifty-six years later, older African Americans, whether in private homes or care centers, are again the victims of double jeopardy. For each 100,000 Americans (of their respective group), 42.8 Blacks have died, along with about 18.4 Asians, 19.1 Latinos and 16.6 Whites. Black Americans' COVID-19 mortality rate across the United States has never fallen below twice that of all other groups, revealing a durable and undeniable pattern of disproportionality (APM Research Lab Staff, 2020) and social determinants of health. And among the most heinous finding is the impact on residents in nursing homes.

A recent New York Times article states:

Covid-19 has been particularly virulent toward African-Americans and Latinos: Nursing homes where those groups make up a significant portion of the residents — no matter their location, no matter their size, no matter their government rating — have been twice as likely to get hit by the coronavirus as those where the population is overwhelmingly white. (New York Times, 2020, p. 1)

In the District of Columbia, upward toward 40% of the COVID-19 deaths are residents of nursing homes (persons with underlying conditions) . . . and nursing home data show that African American and Latino patients are more likely to be in overcrowded facilities with more beds (Hohman, 2020). Of importance is even highly rated nursing homes with predominantly Black and Latino residents were more affected with the coronavirus than White nursing homes with low ratings (New York Times, 2020). These data are alarming and underscore the impact of the virus on the African American community, including the vulnerable health care workforce in nursing homes without proper personal protection equipment.

There is yet another tragedy unfolding. The coronavirus has prevented loved ones from visiting their older relatives in nursing homes. This is a mental health crisis in the Black community because of the value placed on family, faith and social connectedness. Social distancing has led to social isolation that has documented harmful effects to well-being (Luben, et al., 2018). Anderson (2020) states in her article on the heavy toll the pandemic is taking on African Americans that

the primary strengths that Black communities have, such as communalism, role sharing and familialism, are hampered by efforts to distance and keep the most vulnerable safe. All these stressors interplay with the chronosystem, meaning that they can be short- or long-term issues, but certainly the longer we need to remain isolated, the more each of these problems will compound. (p.1)

The COVID-19 pandemic's disproportionate impact on African Americans is inextricably linked to the Black Perspective, "a lens through which Black life and experiences can be viewed and understood" (Gourdine & Brown, 2016, p. 76). For many, placing an older relative in a nursing or care home was extremely stressful because of the generational community belief that the older person is best cared for in the home and not *disposed of*. Despite the well documented burden of caregiving, African Americans report higher levels of positive benefits and less stress than Whites (Roff, et al., 2004; Dilworth-Anderson, Goodwin, & Williams, 2004). In fact, many report their caregiving experience as a blessing. Additionally, African Americans take longer than Whites to make decisions about placing loved one in care residences (Stevens, et al., 2004). Lichtenberg (2006, p. 68) states that "nursing home placement, while difficult for all caregivers, may be even more taxing for African American caregivers." Furthermore, research confirms the importance of culturally determined attitudes, values, and expectations about caregiving affect decisions about nursing home placement (Fink & Picot, 1995). This contributes to the lower level of African American utilization of nursing homes. Families facing this difficult decision to place a loved one in a nursing home often experience personal pain and the stigma of communal shame. In summary, African Americans tend to care for loved one in their homes as long as possible; and when the decision is made for placement outside of the home, primary caregivers often experience depression related to their inability to care for their loved ones. Some adult children feel that they are letting their parents down because of the broken *cultural* promise not to place them in a nursing home. The same feeling holds for other close family members including spouses, siblings, and grandchildren. For many, the state of mental well-being and guilt alleviation was achieved through their regular visits.

Research provides unequivocal evidence of the positive benefits of family support for residents of nursing homes (Crewe & Gadling-Cole, 2014). For African Americans this is especially true because of culturally transmitted spirituality and filial piety. The COVID-19 pandemic's sudden disruption of the highly valued visitation responsibility has serious mental health consequences. The nursing home-imposed visitation restrictions are harsh and lack cultural sensitivity given the high number of African Americans who are residents. While the need to protect residents is the stated rationale, often inadequate attention is given to making the visits safe and restoring the quality of life for both caregiver and care receiver. The use of technology is certainly a strategy that helps some; however, it is not adequate for others who may not be able to access technology and anguish about the loss of contact. Furthermore, the 2020 Census Household Pulse Survey of Americans, in conjunction with

the 2019 Centers for Disease Control comparison data, shows rates of depression and anxiety have more than tripled since the pandemic started—and for African Americans the rate has been higher than any other racial and ethnic groups (Fowers & Wan, 2020). They also reported the week after George Floyd’s death, the rate of Black Americans showing significant signs of anxiety or depressive disorders jumped from 36 to 41%. For relatives and nursing home residents, the numbers are possibly higher because of the high uncertainty surrounding the well-being of their relatives in nursing homes.

One of my colleagues equated this abrupt loss of visitation with that of fractured families during the enslaved period. One morning you wake up and your family member is gone. Another described it as mental torment. And when the denial of visitation privileges coincides with the death of the loved ones during the pandemic, the grief is compounded. This is yet another trauma for an already overly traumatized community. Snatching the caregiver’s *right to visit* is likely to have long-term negative effects on the mental health of both the care recipient and the caregiver (Boss & Yeats, 2014). And if the death of the relative occurs during the banning of visitations, the loss is exacerbated. The inability to visit results in grief and ambiguous loss (Boss & Yeats, 2014), as well as disenfranchised grief (Simpson, 2013). This can lead to complicated grief and other mental health problems that may go untreated, given the distrust many African Americans have with the mental health care system (Steiner, 2018). This denial of visitation is not an individual problem, rather a community problem that requires advocacy for nursing homes to reexamine this damaging practice and pose solutions that address the anxiety of residents and family members. There are other solutions such as creating safe spaces in the homes for visitation, providing or requiring PPE for family members, and more. For financial reasons, alternatives may not be available to nursing homes with high concentrations of lower income African Americans. “Some geriatricians have called on nursing homes to designate a relative or friend to undergo regular testing and learn the proper use of protective equipment, then be allowed access” (Span, 2020). Credible evidence points to the pandemic lasting for years because of the absence of a vaccine and the vulnerability of nursing home residents. AARP (Markowitz, 2020) states that it is likely to be months before resuming visits because of general guidance that the home be free of a COVID-19 case for 28 days, along with other criteria such as decline in cases in the community. These rules will prolong the absence of relatives in homes until there is a decline in cases in the surrounding community. In June 2020, the Centers of Medicare and Medicaid Services (CMS) guidelines continue to call for barring of visits. This is not good news for the Black community and their mental health.

The National Association of Social Work (NASW) Standards for Social Work Practice with Family Caregivers of Older Adults (2010, p. 15) states that “. . . social workers can support family caregivers not only in making informed decisions and fulfilling caregiver roles, but also in identifying and addressing stress related to caregiving responsibilities.” The National Association of Black Social Workers (NABSW) asserts, “Afrocentricity requires the placement of African ideals at the center of any analysis of African behavior, granting the community members control or ‘agency’ over their own experiences and destiny” (Reid-Merritt, 2010, p. 186). These standards and ideals align with the Black Perspective and call for urgent attention to advocacy surrounding family visitations during the COVID-19 pandemic. In closing, former Vice President/Senator Hubert H. Humphrey stated “that the

moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life—the sick, the needy and the handicapped [SIC] (Humphrey, 1977, p. 37287). I agree and fervently argue that we are failing our moral test as well as ethical responsibilities as social workers when we do not aggressively advocate for our vulnerable family members and caregivers during this pandemic that is ravaging the Black community. ***Black lives also matter in nursing homes.***

References

- Anderson, R. (2020, May 20). Surviving the Coronavirus while Black: Pandemic's Heavy Toll on African American Mental Health. Ann Arbor, Michigan. Retrieved June 10, 2020, from https://www.newswise.com/coronavirus/surviving-the-coronavirus-while-black-pandemic-s-heavy-toll-on-african-american-mental-health/?article_id=731918
- APM Research Lab Staff. (2020, June 10). The Color of Coronavirus:COVID-19 Deaths by Race and Ethnicity in the United States. Retrieved June 13, 2020, from <https://www.apmresearchlab.org/covid/deaths-by-race>
- Boss, P., & Yeats, J. R. (2014). Ambiguous Loss: A complicated type of grief when loved ones disappear. *Journal of Bereavement Care*, 33(2), 63-69.
- Crewe, S. E., & Gadling-Cole, C. (2014). *African American Caregivers: Seasons of Care: Practice and Policy Perspectives for Social Workers and Human Service Professionals (Social Issues, Justice and Status)*. Hauppauge, New York : Nova Science Publishers, Inc., [2014]: Nova Science Publishers, Inc., [2014].
- Dilworth-Anderson, P., Goodwin, P., & Williams, W. (2004). Can culture help explain the physical health effects of caregiving over time among African American caregivers. *Journal of Gerontology: Social Sciences*, 59B, 138-145.
- Fink, S. V., & Picot, S. F. (1995). Nursing home placement decisions and post-placement experiences of African American and European-American Caregivers. *Journal of Gerontological Nursing*, 21(12), 35-42.
- Fowers, A., & Wan, W. (2020, June 12). Depression and anxiety spiked among black Americans after George Floyd's death. Washington, DC: Washington Post. Retrieved June 13, 2020, from <https://www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/?arc404=true>
- Gourdine, R. M., & Brown, A. W. (2016). *Social Action, Advocacy and Agents of Change: Howard University School of Social Work in the 1970s*. Baltimore, MD: Black Classic Press.
- Hohman, J. (2020, June 12). The Daily 202: D.C. Surpasses 500 Coronavirus deaths: Nearly 3 in 4 Have Been African American. Retrieved June 12, 2020, from <https://www.washingtonpost.com/news/powerpost/paloma/daily-202/2020/06/12/daily->

202-d-c-surpasses-500-coronavirus-deaths-nearly-3-in-4-have-been-african-american/5ee32855602ff12947e8b314/

- Humphrey, H. H. (1977). Congressional Record, November 4, 1977. 123, p. 37287. United States Government. Retrieved June 12, 2020
- Lichtenberg, P. A. (2006). Assisting Urban Caregivers After Nursing Home Placement. *Clinical Gerontologist*, 65-77.
- Luben, J. E., Tracy, E. M., Crewe, S. E., Sabbath, E. L., Gironda, M., Johnson, C., . . . Brown, S. (2018). Eradicate Social Isolation. In R. Fong, J. E. Lubben, & R. Barth (Eds.), *Grand Challenges for Social Work Society* (pp. 103-123). New York, New York: Oxford University Press.
- Markowitz, A. (2020, June 9). *When can visitors return to nursing homes?* Retrieved from AARP.org: <https://www.aarp.org/caregiving/health/info-2020/nursing-home-visits-after-coronavirus.html>
- National Association of Social Workers. (2010). Family Caregivers of Older Adults- NASW Standards of Practice. Washington,, DC. Retrieved from National Association of Social Workers :
<https://www.socialworkers.org/LinkClick.aspx?fileticket=aUwQL98exRM%3D&portalid=0#:~:text=Social%20workers%20treat%20family%20caregivers,with%20conflicting%20values%20and%20goals>.
- National Urban League. (1964). *Double Jeopardy: The Older Negro in America Today*. New York : National Urban League.
- New York Times. (2020, May 21). The Striking Racial Divide in How Covid-19 Has Hit Nursing Homes. New York, New York. Retrieved May 21, 2020, from <https://www.nytimes.com/article/coronavirus-nursing-homes-racial-disparity.html>
- Reid-Merritt, P. (2010). *Righteous Self Determination: The Black Social Work Movement in America*. Baltimore, MD, USA: Black Classic Press.
- Roff, L., Burgio, L., Gitlin, L., Nichols, L., Chaplin, .. W., & Hardin, J. (2004). Positive Aspects of Alzheimer's Caregiving: The Role of Race. *Journal of Gerontology: Psychological Services*, 59B, P185-P190.
- Simpson, J. (2013). Grief and Loss: A Social Work Perspective. *Journal of Loss and Trauma*, 18(1), 81-90.
- Span, P. (2020, May 22). How to Improve and Protect Nursing Homes From Outbreaks. New York, New York: New York Times. Retrieved June 10, 2020, from <https://www.nytimes.com/2020/05/22/health/coronavirus-nursing-homes.html>
- Steiner, A. (2018, November 5). Advocates address deep distrust of mental health care among African-Americans. Retrieved June 13, 2020, from <https://www.minnpost.com/mental-health-addiction/2018/11/advocates-address-deep-distrust-of-mental-health-care-among-african-americans/>

Stevens, A., Owen, J., Rush, D., Clay, O., Batolucci, A., & Haley, W. (2004). Predictors of Time to Nursing Home Placement in White and African American Individuals with Dementia. *Journal of Aging and Health, 16*(3), 375-397.

Keeping the Elderly Safe During COVID-19

Karen Stapleton, MSW, LCSW, Ph D student
Howard University

Abstract

The coronavirus disease 2019 (COVID-19) pandemic is a significant public health crisis that disproportionately impacts the social, emotional, and healthcare support services to elderly African Americans in the United States. As African Americans live longer and experience their aging process at home, they are caring for each other. Guidelines to ensure their safety from the virus have inherent barriers to social, emotional, and medical support that threaten these older adults' wellbeing. A holistic and comprehensive plan includes access to technology and risk mitigation evaluation to assess the level of risk involved in bringing much-needed support into the home. When considering the safety of the elderly, it is paramount that Social Work practitioners provide thoughtful, loved-one centered services that consider how the elderly interact with their environment.

~ ~ ~ ~

The coronavirus disease 2019 (COVID-19) pandemic is a significant public health crisis disproportionately impacting the social, emotional, and healthcare support services to elderly African Americans in the United States. According to Armstrong and Crowther (2002), African Americans live longer and choose to remain in their homes with assistance (Johnson, & Lian, 2018). Couples are aging together and caring for one another (Taylor, Chatters, & Taylor, 2019). Likewise, adult children over 65 years of age care for their parents (DeRigne, & Ferrante, 2012; Taylor et al., 2019). During the pandemic, the Centers for Disease Control and Prevention (CDC) (Centers for Disease Control, 2020) identified adults 65 and older as vulnerable to severe illness from COVID-19. Additionally, the CDC noted the added risk to those with chronic medical conditions such as heart and lung disease, asthma, diabetes, and hypertension. Apart from chronic illnesses, common age-related factors, and a decline in immunity (Lightfoot & Moone, 2020) contribute significantly to the vulnerability of older African Americans to COVID-19.

Caregivers anxiously instituted measures to keep their loved ones safe after the CDC noted that elderly individuals were dying of COVID-19 at a rate of 8 out of 10 in the U.S. In response, the CDC guidelines for social distancing, use of face coverings and frequent handwashing were enforced. The dire consequences to older adults contracting COVID-19 noted in a CDC report also led to caregivers adhering to the more restrictive shelter-in-place orders issued by state and local government. This report, while increasing awareness of the severity of the COVID-19 illness for older adults, inadvertently created blind-spots to other areas of vulnerability.

The shelter-in-place orders kept the elderly safe in their homes. However, these orders also restricted access to much-needed home support services for the elderly, aging in place (Johnson, & Lian, 2018). Many older adults have underlying chronic medical conditions such as heart disease, lung disease, hypertension, and diabetes (CDC, 2020; Millett, Jones, Benkeser, Baral, Mercer, Beyrer, & Sherwood, 2020). To some extent, these chronic medical conditions keep the elderly tethered to the medical community for support. If the appropriate professional attention

is not received, these comorbid conditions have the potential to adversely impact the quality of life of the elderly adversely. Unfortunately, physical distancing guidelines, and the more restrictive shelter-in-place measures while important in limiting the spread of the virus, unintentionally create barriers to outstanding quality social support (Nguyen, Chatters, Taylor, & Mouzon, 2016; Cho, 2019), as well as emotional and medical assistance (Morrow-Howell, Galucia, & Swinford, 2020).

The absence of home healthcare services eliminates an early detection tool to advise potential medical problems or changes in an individual's level of independence (Morrow-Howell, Galucia, & Swinford, 2020). For example, home skilled nursing care is essential for monitoring vital signs and medication management to expedite life-sustaining interventions (Guerrero, Avgar, Phillips, & Sterling, 2020). Interventions may warrant the addition of a nurse's aid to assist with living activities where functional deficits exist, or a social worker provides resources needed to improve quality of life (Guerrero et al., 2020). These services are crucial supplements to the caregiving services the elderly are now offering for each other. The absence of home care services may lead to a crisis in previously stable areas and a possible increase in new comorbidity.

Additionally, social and emotional connections to family and friends can sustain a good quality of life (Barnes, De Leon, Wilson, Bienias, & Evans, 2004; Cho, 2019). Some older African American adults embrace technology and are taking advantage of the opportunity to remain connected with family and friends during this pandemic. Others, however, view technology as a nemesis, perhaps due to disabling factors associated with their aging process. These include visual impairment, making navigating websites, or small smartphone keypads a challenge (Kuerbis, Mulliken, Muench, Moore, & Gardner, 2017). Therefore, the appreciation for features such as texting, facetime, zoom or skype, which are the prevailing means used to remain connected during the pandemic, are nonexistent (Mitzner, Savla, Boot, Sharit, Charness, Czaja, & Rogers, 2019).

Moreover, family members who recognize the communication gap often experience frustration when their crash tutorial sessions on a newly purchased computer or smartphone are met with resistance or indifference. According to Mitzner et al., "understanding the factors that influence older adults' computer adoption is critical..." (p. 42) and may prove beneficial. Therefore, the inability of older adults to connect with others and the inherent problems this presents should be viewed as a crisis that warrants immediate attention. If not, this level of isolation can be dangerous, particularly for those who require ongoing medical support and services due to comorbid conditions.

The CDC notes that the stress and fear surrounding a new disease can be overwhelming. Often, there are sometimes more questions than answers as guidelines change with the release of further information. However, to ensure the safety of the elderly, caregivers must adopt a holistic approach and be willing to assess the risks and benefits of allowing access to services and support. For example, an elderly individual caring for a spouse with diminished independence may warrant home support to maintain the caregiver's health and wellbeing. A homecare assessment may find that this elderly caregiver is experiencing dramatic changes to sleep patterns, eating habits, and concentration, which may warrant support. Saving loved ones from COVID-19 but allowing the degradation of their quality of life thereby compound the issues of coping with COVID-19. When considering the safety needs of elderly loved-ones, there are no

perfect plans, just thoughtful, loved one-centered projects that consider older adults' interaction with their environment.

Actions required to keep the elderly safe during this pandemic and maintain some quality of life have inherent risks. However, effectively managing these risks serve the greater good. Whereas, taking no action can be equally, if not more harmful. Therefore, safety measures must extend beyond isolation to incorporate measures appropriate for the delivery of supportive interventions by external sources such as home care nurses, occupational or physical therapists, social workers and nursing aids.

The introduction of external resources into the environment of an older adult requires assessment and preparation. A home assessment by a social worker will determine if the environment provides the elements needed to implement a plan that enhances the quality of life for the resident while ensuring appropriate safety precautions. Elements considered may include the ability to limit the footprint by those rendering services. The designation of entry and exit points and limiting care to a particular area in the home may meet the CDC's recommendations for six feet of physical distancing. In addition, paying attention to firm surfaces that are easy to wipe down and maintaining ample supplies for frequent handwashing is important. Furthermore, a social work assessment of the environment may determine the need for added technology such as an alert system to activate emergency medical or other devices which require minimal effort to connect with family members. Efforts to check-in frequently, whether through audio or video, is equally important to maintain valued connections thereby sustaining or improving quality of life for the elderly.

References

- Armstrong, T. D., & Crowther, M. R. (2002). Spirituality among older African Americans. *Journal of Adult Development*, 9(1), 3-12.
- Barnes, L. L., De Leon, C. M., Wilson, R. S., Bienias, J. L., & Evans, D. A. (2004). Social resources and cognitive decline in a population of older African Americans and whites. *Neurology*, 63(12), 2322-2326.
- Centers for Disease Control. (2020, April). Older adults: Coronavirus disease 2019 (COVID19). Atlanta: Centers for Disease Control. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- Cho, S. (2019). Power of social support against depressive symptoms of older African Americans. *Innovation in Aging*, 3(Suppl 1), S162.
- Coronavirus disease 2019 (COVID-19) Checklist: Older Persons. (2020, May 08). Retrieved June 20, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/checklist.html>
- DeRigne, L., & Ferrante, S. (2012). The sandwich generation: A review of the literature. *Florida Public Health Review*, 9(1), 12.

- Guerrero, L. R., Avgar, A. C., Phillips, E., & Sterling, M. R. (2020). They are Essential Workers Now and Should Continue to Be: Social Workers and Home Health Care Workers during COVID-19 and Beyond. *Journal of Gerontological Social Work*, 1-3.
- Johnson, Jr, J. H., & Lian, H. (2018). Vulnerable African American seniors: The challenges of aging in place. *Journal of Housing for the Elderly*, 32(2), 135-159.
- Kuerbis, A., Mulliken, A., Muench, F., Moore, A. A., & Gardner, D. (2017). Older adults and mobile technology: Factors that enhance and inhibit utilization in the context of behavioral health, Open Access Text, 2(2), 1-11.
- Lightfoot, E., & Moone, R. P. (2020). Caregiving in Times of Uncertainty: Helping Adult Children of Aging Parents Find Support during the COVID-19 Outbreak. *Journal of Gerontological Social Work*, 1-11.
- Martinez, R., Lloyd-Sherlock, P., Ebrahim, S., & McKee, M. (2020). COVID-19 mortality calculator - #COVID19. Retrieved June 20, 2020, from https://public.tableau.com/views/COVID-19mortalitycalculator/COVID-19mortalitycalc?:display_count=y&:showVizHome=no
- Mental Health and Coping During COVID-19. (2020, June 12). Retrieved June 20, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
- Millett, G. A., Jones, A. T., Benkeser, D., Baral, S., Mercer, L., Beyrer, C., & Sherwood, J. (2020). Assessing differential impacts of COVID-19 on Black communities. *Annals of Epidemiology*, 47, 37-44.
- Mitzner, T. L., Savla, J., Boot, W. R., Sharit, J., Charness, N., Czaja, S. J., & Rogers, W. A. (2019). Technology adoption by older adults: findings from the PRISM trial. *The Gerontologist*, 59(1), 34-44.
- Morrow-Howell, N., Galucia, N., & Swinford, E. (2020). Recovering from the COVID-19 pandemic: A focus on older adults. *Journal of Aging & Social Policy*, 1-9.
- Nguyen, A. W., Chatters, L. M., Taylor, R. J., & Mouzon, D. M. (2016). Social support from family and friends and subjective wellbeing of older African Americans. *Journal of Happiness Studies*, 17(3), 959-979.
- Older Adults. (2020, April 30). Retrieved June 20, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- Symptoms of Coronavirus. (2020, May 13). Retrieved June 20, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Taylor, R. J., Chatters, L. M., & Taylor, H. O. (2019). Race and Objective Social Isolation: Older African Americans, Black Caribbean's, and Non-Hispanic Whites. *The Journals of Gerontology: Series B*, 74(8), 1429-1440.

Reflections from a Social Worker Related to COVID-19 Pandemic Job Loss

Mewelau B. A. Hall, MSW, LCSW, LICSW, PHD Student

Abstract

Surveys and newspaper articles suggest that pandemic-era “stay at home” orders negatively affect the household's stability. Although differently, all members of the family suffer (US Bureau of Labor Statistic, 2020). The experience of employment takes a [articular toll of Black families. Using a first-hand experience, I share experiences gained while working in the low-income section of a large urban area located in Washington, DC, the nation’s capital.

~ ~ ~ ~

Reflections of a Social Worker in Washington DC

Typically, low-income Washingtonians utilize social services to survive. It's a lifeline for many families to keep themselves afloat (Gould & Wilson, 2020). Their access to services tells a story of the community's ability to effectively meet the needs of assigned communities. These same community-based agencies are challenged to meet the increased needs of a community during the pandemic (Gould & Wilson, 2020).

As a social worker in a non-profit agency, I address the mental health needs of residents in all parts of the city. For many families that I have worked with either one or all of the adult members were furloughed from their full-time jobs, part-time, or a combination of multiple part-time jobs (SE DC clients, personal communication, 2020). These family members typically earned below \$15 per hour s (SE DC clients, personal communication, 2020). Many worked jobs such as security work, within the food industry, within retail, and seasonal work in the tourism industry (SE DC clients, personal communication, 2020). During the time I worked with the se extremely vulnerable families, none of those furloughed from their jobs had received their unemployment disbursements, although the applications were submitted months ago (SE DC clients, personal communication, 2020).

.

For individuals with families who were able to maintain employment during the COVID-19, the added stress of being the only financially responsible member within the household was burdensome (SE DC clients, personal communication, 2020). Unfortunately for these individuals in SE DC, they did not accrue paid sick leave, have a living wage, or have the resources to support themselves or their families if they become infected. In other words, they cannot afford to be sick.

When working with adult family members who were furloughed, additional consideration must also be given to the children who are equally vulnerable (SE DC clients, personal communication, 2020; Stack & Meredith, 2018). I observed that with staying at home, there was an increased need for food. This created a problem because it reduced their funds for food. This

is especially the case in areas where there are food deserts (Stack & Meredith, 2018; Swenson, 2020). With children now in the homes full time, food costs increased because more meals served in the home and higher food costs (Capital Area Food Bank, 2020; SE DC clients, personal communication, 2020). The cost of food has increased so much that food insecurity has increased because of the inadequacy of SNAP/food stamps to absorb the grocery costs. For many low-income families, the cost of food is offset through the school system in the form of either reduced or free lunches (SE DC clients, personal communication, 2020; Swenson, 2020). As a social worker, I also recognize that the social service agencies serving these families are challenged to meet the needs of the growing number of families requesting aid.

Mental Health Implications and Observations

While working with these families as the pandemic continued, I observed the following changes; (1) the rising concerns of the families about contracting the virus when navigating the outside world to complete daily errands such as going to the postal office or going to work, (2) increased levels of stress, anxiety, depression, and (3) feelings of isolation while in forced quarantine (Nirappil & Moyer, 2020).

While already pressed with the increased likelihood of experiencing socioeconomic disparities such as exclusion from health, educational, social, and economic resources, the quarantine's additional stressors add to the worsening of mental health symptoms (US Bureau of Labor Statistic, 2020). In my observations, these mental stresses were exacerbated by the typical barriers to treatment that unfairly prevented or delayed members of low-income neighborhoods and their citizens access before the pandemic.

Summary

The families that inhabit low income /socio-economic areas are in a crisis due to ongoing concerns of economic viability, access to services and stresses that they feel are beyond their control. Services that were inadequate before the COVID-19 are now being stretched beyond their capacity to perform. Many families have experienced prolonged unemployment and increased social isolation. For those who are considered essential to provide services to the public do so at their own peril, as benefits such as sick leave are elusive. Through the lens of an essential worker for these families, I understand the long-term effects that persistent poverty and limited access to services and benefits will place these families at peril for a long period of time. We as providers of services both tangible and intangible must use our voices to advocate for both policy changes and services to support families made vulnerable because of job loss and the added pressures of the COVID-19 pandemic.

References

Capital Area Food Bank. (2020, March). Capital Area Food Bank Mobilizes to Keep Feeding Children and Families as Area Schools Close Due to COVID-19. Retrieved from <https://www.capitalareafoodbank.org/newsroom/press-releases/capital-area-food-bank-mobilizes-to-keep-feeding-children-and-families-as-area-schools-close-due-to-covid-19/>

Gould, E., & Wilson, V. (2020). Black workers face two of the most lethal preexisting conditions

for coronavirus-racism and economic inequality. Retrieved from <https://www.epi.org/publication/black-workers-covid/>

Nirappil, F., & Moyer, J. (2020). D.C. Children from Low-Income Families Disproportionately Test Positive for Coronavirus, Study says. Retrieved from https://www.washingtonpost.com/local/coronavirus-dc-maryland-virginia/2020/08/10/398fd5ba-db0c-11ea-809e-b8be57ba616e_story.html

SE DC clients (2020). Personal communication [Verbal].

Stack, R. J., & Meredith, A. (2018). The impact of financial hardship on single parents: An exploration of the journey from social distress to seeking help. *Journal of Family and Economic Issues*, 39(2), 233-242.

Swenson, K. (2020). Coronavirus could push 250,000 into hunger in D.C. region, report says. Retrieved from https://www.washingtonpost.com/local/social-issues/dc-coronavirus-hunger-report/2020/07/22/ad6f33b0-cad4-11ea-b0e3-d55bda07d66a_story.html

U.S. Bureau of Labor Statistics. (2020). Effects of COVID-19 on the Current Employment Statistics Survey. Retrieved from <https://www.bls.gov/covid19/effects-of-covid-19-pandemic-on-employment-and-unemployment-statistics.htm>

Black Youth in the Juvenile Justice System, Mental Health, and COVID-19

Karen M. Kolivoski, PhD, MSW
Esinam Berchie, MSW Student

Abstract

Youth in the juvenile justice system, specifically those in juvenile justice facilities such as detention centers, residential treatment centers, and secure facilities, are hidden from the general public. However, they should not be forgotten during this critical time, given the COVID-19 global pandemic. Additionally, the current climate of increased attention to racial injustice and police brutality must heighten awareness of the well-being of incarcerated youth. Given the pandemic and attention to police violence against Black people, youth in juvenile facilities are an especially vulnerable population; specifically, the mental health of young people in juvenile justice, who are disproportionately Black, is at risk.

~ ~ ~ ~

Black Youth in Juvenile Facilities

Across the United States, there are roughly 43,000 young people being held in residential juvenile justice placement facilities (Sawyer, 2019). Black youth are disproportionately represented in the juvenile justice system, despite not exhibiting greater delinquency than youth of other races/ethnicities. They are more likely than white youth to be arrested as juveniles (Rovner, 2016) and are five times more likely than white youth to be incarcerated in juvenile facilities (Equal Justice Initiative, 2017).

Data collection and availability is limited and dependent on the transparency of jurisdictions. What we do know is that at least 1,677 youth in juvenile facilities have tested positive for COVID-19 (Rovner, 2020). Staff who work in juvenile facilities are vulnerable to the coronavirus as well, and there are 2,243 known cases of staff members testing positive (Rovner, 2020). These numbers have been on an overall steady growth since data tracking began.

COVID-19 and Its Impact in Juvenile Justice

Research shows that out-of-home and facility placements are more harmful to rehabilitation and correcting maladaptive behavior (Annie E. Casey Foundation, 2020). We must reshape our thinking and consideration of this population in order to acknowledge, as well as properly address, the public health risks and deflate the emphasis of public safety risk. However, racial inequities persist in the juvenile justice system, and impact short- and long-term outcomes of youth (Trent et al, 2019). Although youth incarceration has been declining, Black and other youth of color remain overrepresented (Kruger & De Loney, 2009). Thus, due to structural inequities and systemic racism that affect Black people, Black youth in the juvenile justice system are more likely to contract COVID-19 than white youth (Green, 2020).

Mental Health Needs

Racism is a key contributor to health inequities (Gee & Ford, 2011; Gee et al., 2012; Gee et al., 2016) and many youths in the juvenile justice system have mental health needs (Keys, 2009). Thinking broadly about this issue, research supports that when Black parents experience discrimination, there is an adverse effect on their children's mental health (Anderson et al., 2014). Among young people receiving mental health services, youth of color are more likely to receive referrals to the juvenile justice system than their white counterparts (e.g., Cauffman, Lexcen, Goldweber, Shulman, & Grisso, 2007). However, upon entry into the juvenile justice system, youth of color are less likely to receive mental health treatment (e.g., Herz, 2001), and ongoing involvement with the juvenile justice system may be related to lack of receiving adequate services (Schubert & Mulvey, 2014).

When incarcerated in the juvenile justice system, youth may experience additional detrimental experiences, such as solitary confinement, that contribute to negative long-term outcomes (Lambie & Randell, 2013). Being in a juvenile facility can be an isolating experience, and with daily life activities scheduled, there is a sense of a loss of control while incarcerated. With disruptions in accessing education and meaningful programming, and no physical contact with family members or visits from professionals who are their advocates due to the COVID-19 pandemic, it can be lonely. For many youths, experiencing these unstable times all alone is heart-wrenching.

Further, the COVID-19 pandemic may only make mental health issues and other issues, such as those related to sleep and behavior, worse (Schondelmayer, 2020). Due to the overrepresentation of Black youth in the juvenile justice system and the disproportionate impact the COVID-19 pandemic is having on many Black communities, such issues are likely exacerbated (Schondelmayer, 2020). Moreover, family visits have been halted at nearly every facility (Stop Solitary for Kids, n.d.). This limited or terminated communication between youth and their families further perpetuates distress and anxiety among incarcerated youth.

The Howard University School of Social Work (HUSSW) Black Perspective

Social justice, one of the six Black Perspective principles, is a driving force behind this article. In a time of a renewed sense of activism, a modern civil rights era, social workers must help to lead the charge against social injustice. Reardon (2019) highlights that campaigning for reform is key. Beyond the micro level work that must be done, social workers must help to advocate and influence policy that establishes major structural changes that require greater measures of jurisdictional transparency and funding for diversion and supportive services. This is true also of advocacy for racially-conscious juvenile justice system reform and increasing access to mental health services for Black youth.

Strength is another guiding principle found in the HUSSW Black Perspective. Social work operates from a strengths-based approach. It is important during this time for the strength of interpersonal relationships to be called upon. The family unit must be resourced as a strength to youth in facilities. Also, in these days of social distancing, there is a need for micro and mezzo level social work to evolve. This pandemic has given rise to the use of tele-mental health. Unfortunately, many youths have limited or no access to technology. In the same way efforts are being made to provide tele-mental health through behavior health support in schools, the same strides must be made in the juvenile justice system. Social workers must endeavor to find ways

to offset the technological disparities because even if youth have access from the facilities, the same may not be true for their family members.

Conclusion

Young people who are involved in the juvenile justice system, particularly those who are living outside of their home of origin and are being held in facilities, are a hidden population that are particularly vulnerable during the COVID-19 pandemic. Given the increased awareness of racial injustice, it is important to draw attention to the specific needs of Black youth; especially, in regard to their mental health. The principles of the HUSSW Black Perspective, particularly social justice and strengths, can be utilized to provide analysis and direction for addressing disparities experience by this population

References

- Anderson, R. E., Hussain, S. B., Wilson, M. N., Shaw, D. S., Dishion, T. J., & Williams, J. L. (2015). Pathways to pain: Racial discrimination and relations between parental functioning and child psychosocial well-being. *Journal of Black Psychology*, 41(6), 491-512. <https://doi.org/10.1177/0095798414548511>
- Annie E. Casey Foundation (2020). Leading with Race to Reimagine Youth Justice: JDAI's Deep-End Initiative. Available online: <https://www.aecf.org/resources/leading-with-race-to-reimagine-youth-justice/#key-takeaway>
- Cauffman, E., Lexcen, F. J., Goldweber, A., Shulman, E. P., & Grisso, T. (2007). Gender differences in mental health symptoms among delinquent and community youth. *Youth Violence and Juvenile Justice*, 5, 287-307. <https://doi.org/10.1177/1541204007301292>
- Equal Justice Initiative. (2017). Black Children Five Times More Likely Than White Youth to be Incarcerated. Available online: <https://eji.org/news/black-children-five-times-more-likely-than-whites-to-be-incarcerated/>
- Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequities: old issues, new directions. *DuBois review: social science research on race*, 8(1), 115-132. <https://doi.org/10.1017/S1742058X11000130>
- Gee, G. C., Walsemann, K. M., & Brondolo, E. (2012). A life course perspective on how racism may be related to health inequities. *American Journal of Public Health*, 102(5), 967-974. <https://doi.org/10.2105/AJPH.2012.300666>
- Gee, G. C., Walsemann, K. M., Hernandez, D., Suglia, S., Hamilton, D., & Darity Jr, W. (2016). *Leveraging the social determinants to build a culture of health*. CommonHealth ACTION. https://healthequity.globalpolicysolutions.org/wp-content/uploads/2016/12/RWJF_SDOH_Final_Report-002.pdf

- Green, E. L. (2020, April 14). ‘Pacing and Praying’: Jailed Youths Seek Release as Virus Spreads. *New York Times*.
- Herz, D. C. (2001). Improving police encounters with juveniles: Does training make a difference?. *Justice Research and Policy*, 3, 57-77. doi:10.3818/JRP.3.2.2001.57
- Keys, J. M. (2009). When they need us most: The unaddressed crisis of mentally ill African American children in the juvenile justice system. *DePaul Journal for Social Justice*, 2, 289-319.
- Kruger, D. J., & De Loney, E. H. (2009). The association of incarceration with community health and racial health disparities. *Progress in community health partnerships: research, education, and action*, 3(2), 113-121. <https://doi.org/10.1353/cpr.0.0066>
- Lambie, I., & Randell, I. (2013). The impact of incarceration on juvenile offenders. *Clinical Psychology Review*, 33(3), 448–459. <https://doi.org/10.1016/j.cpr.2013.01.007>
- Reardon, C. (2019). Juvenile justice journey: Social work role returns in new era of reform. *Social Work Today*, 19(5), p,12. <https://www.socialworktoday.com/archive/SO19p12.shtml>
- Rovner, J. (2016, April 1). Racial disparities in youth commitments and arrests. The Sentencing Project. <https://www.sentencingproject.org/publications/racial-disparities-in-youth-commitments-and-arrests/>
- Rovner, J. [@JoshRovner]. (2020, August 31). There are at least 1,677 incarcerated youth who have tested positive for #covid19, a three-person increase since Friday. Two new cases were revealed in South Carolina, and one was revealed in California. [Tweet; graph of youth covid-19 cases in juvenile facilities]. <https://twitter.com/JoshRovner/status/1300436108568920065>
- Rovner, J. [@JoshRovner]. (2020, August 31). At least 2,243 staff members working in juvenile facilities have tested positive for #covid19, a 13-person increase from Friday. New cases were revealed in California, Iowa, New Jersey, Ohio, and Texas. [Tweet; graph of staff covid-19 cases in juvenile facilities].
- Sawyer, Wendy. (2019, December 19). *Youth confinement: The whole pie 2019*. Prison Policy Initiative. <https://www.prisonpolicy.org/reports/youth2019.html>
- Schondelmayer, L. (2020, June 3). *How COVID-19 is impacting kids involved in the criminal justice system*. Michigan state university college of social sciences news. <https://socialscience.msu.edu/news-events/news/2020-06-03-1.html>
- Schubert, C. A., & Mulvey, E. P. (2014, June). Behavioral health problems, treatment, and outcomes in serious youthful offenders. Office of Juvenile Justice and Delinquency Prevention (OJJDP) Juvenile Justice Bulletin. <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/242440.pdf>

Stop Solitary for Kids. (n.d.). *COVID-19 resources*. Stop Solitary for Kids.
<https://www.stopsolitaryforkids.org/covid-19-resources/>

Trent, M., Dooley, D. G., & Dougé, J. (2019). The impact of racism on child and adolescent health. *Pediatrics*, *144*(2), e20191765. <https://doi.org/10.1542/peds.2019-1765>

COVID-19 Disparities and Black Despair: A Life Course Look at Black Adolescence and Black Adulthood

Amber Davis, MSW, LICSW, PhD

University of California, Davis

Abstract

There is a saying, “*When White America catches a cold, Black America catches pneumonia.*” This scholarly analysis will delve into the current COVID-19 pandemic and negative mental outcomes for Black Americans at different ages and stages. This article will describe the impact of COVID -19 on African Americans’ mental health vulnerabilities in a life course frame of adolescence, adulthood, and late adulthood. The expressions of these vulnerabilities link directly to mental health concerns, including exacerbated senses of despair, helplessness and hopelessness that, if left untreated, can morph into clinical depression, anxiety, suicide and PTSD, if not worsened symptomology for Blacks already living with these chronic mental health challenges. The resolution of increasing the availability of culturally-sensitive mental health providers for edification and fortification during stormy times will be highlighted.

~ ~ ~ ~

Black America is diverse (i.e. based on class, neighborhood contexts, cultural identities within the Diaspora associations, political ideologies, etc.); for each being seen in society is a complex racialized experience that is linked and an undisputed common denominator. As the COVID -19 pandemic is running rampant, in exaggerated and at times unforgiving ways, African Americans are being reported as having the highest number of cases of the disease and mortalities compared to other races. Lived experiences of being Black in America can result in despair along a continuum often beginning to take deep roots with symptom manifestation in adolescence. Patterns of impairment in adulthood and in later life, due to cumulative racial stress impact, is also recognized by many scholars (Barber et al., 2016; Myers et al., 2015). The racialized experience of being Black intersecting with the Covid-19 pandemic has created a staggering “double jeopardy” (Kirby & Kaneda, 2013; Lynch, 2008) .

Early adverse experiences can brew and morph into serious mental health challenges compounded by real time life traumas (e.g. vicarious racial trauma, trauma of poverty, trauma of unexpected COVID -19 losses, etc.) that give rise to mental health crises due to allostatic overload. Allostatic load, which is ‘wear and tear’ on the body/physiological systems, has been higher for Black Americans historically due to accumulated exposures to chronic stress moderated by race (Rodriguez et al., 2019; Tomfohr, Pung, & Dimsdale, 2016; Wiley, Bei, Bower, & Stanton, 2017). Some African Americans have been socialized to have by tools/strategies for coping with a callous and prejudicial world - to a degree. At this time, however, a large majority of African Americans have been pushed to the max, as an uncomfortable demand has been put on them to draw from internal reservoirs to protect and

promote their mental health resiliency in the face of two pandemics: racism and COVID -19. This raises concern for the dual pandemic effects mapping to an increase in “deaths of despair” of Black Americans.

The focus of “Deaths of Despair” has largely been on middle class White males while Black scholars have had concerns and raised the issue of the nexus of early mortalities of African Americans and mental health despair such as “suicide by cop” for some time, (Jones-Eversley, Rice, Adedoyin, & James-Townes, 2020; Plunk, Grucza, & Peglow, 2018; Scutchfield & Keck, 2017). The overlapping psychological impact on Black America at this time implicates a need for a strong arsenal of mental health providers that can demonstrate person-centered sensitivity to promote health, emotional resiliency, sense of safety, as well as affirmation of worth and value of Blacks in America.

Adolescence

Black youth are particularly vulnerable during COVID -19. Concerns mount regarding those who are well as the ensuing consequences of chronic and lasting episodes of feeling distressed upset the developing adolescent brain. Mental health incidents during the developmental window of adolescence can awaken mental illnesses such as adolescent-onset schizophrenia and Bipolar that remain maps to chronic struggles over the life spectrum (Jalbrzikowski et al., 2019). The rate of Black youth suicides has been rising within the recent decade in comparison to rate of White youth suicides (Price & Khubchandani, 2019). The flood of vicarious racism trauma combined with pandemic isolation/disconnection during an already challenging developmental phase of life raises deepened concerns for the mental health trajectory of an entire sector of the adolescent population.

“Deaths of Despair” are a striking concern for Black youth, as studies are revealing a heightened risk for fatal mental health- associated outcomes for recent adolescent cohorts (Jones & Neblett, 2017; Shain, 2019; Walker et al., 2019). Vicarious racism/trauma is being cited as a contributing factor to Black youths’ maladjusted states in the present, as continuous rebroadcasting of police victimizations of persons of color on social media and major broadcasting networks serve to be a constant reminder of a predisposition to injustice landing at one’s own proverbial front door. Found in the minority youth study by Barzilary et al. (2019), high stress load was associated with increased psychopathology in all clinical areas (i.e. internalizing/externalizing behaviors and psychosis spectrum), as well as intensified suicidal ideation and cannabis use. Black youth fragility is a serious concern, with an increasing focus being placed on interventions to help minority youth cope with racial sufferings that are no fault of their own (Anderson et al. 2018; Graves et al., 2017; Robinson, Seaman, Montgomery & Winfrey, 2018). A paramount imperative should be the protection of the developing adolescent brain of all youth across the nation.

Adulthood

An exorbitant amount of chronic stress for African American adults has ensued with the onset of the COVID -19 crisis. It must be situated that African Americans in the mainstream workforce are at increased financial risk due to the legacy of racial discrimination. African Americans are disproportionately in lower occupational positions and with less power in society. As a result,

when the economy stagnates, as with the case of the COVID -19 pandemic, African Americans are vulnerable. African Americans, as an aggregate, face greater changes of experiencing layoffs and reduced hours when the economy takes a dive. The weight of financial stress added to previous unresolved stressors, elevated racial injustice-related stress, the ongoing stress of having to navigate virtual learning at home with children, for some, and the increased likelihood of being personally impacted by someone testing positive for Covid-19 are all myriad sources of feeling in a ‘perpetual storm’ and at a potential breaking point during a globally unprecedented time.

The burden of caregiving is also expected to be exacerbated for many African Americans during the pandemic. Many African Americans are dutiful caregivers, sometimes across multiple generations, with the caregiving tradition as a sacred cultural practice across the African diaspora (Burton, 1996; Nkongho & Archbold, 1995; Sheridan, Burley, Hendricks & Rose, 2014; Willert & Minnotte, 2019). Feelings of despair and helplessness, associated with separation from loved ones, is heightened for African Americans not being able to see loved one’s in nursing homes or in correctional institutions to ensure that the health and safety of loved ones are being maintained in historical institutions of mistrust. While African Americans may cast an image of being able to always hold it together as a symbol of strength, cultural coping styles can be a risk factor for depression and suicide, particularly with African American women (Green, 2019).

Late adulthood

The golden years for African Americans often diverge from being as ‘golden’ in comparison to those of their White counterparts due to cumulative factorial threats (i.e. allostatic overload, the toll of chronic discriminatory experiences, the strain of social isolation, etc.) that all come to a head with the development of chronic conditions, whether physical or mental comorbidities. Black Americans may have worked just as hard as their non-Black counterparts while blunted from wealth-building opportunities and the assurance of financial security into their adulthoods. Undue hardships and negative prejudicial treatments can overshadow the lives of African Americans over a span of decades in their adult years. Internalization of racial assumptions also has intertwined relationships with self-determination, self-esteem, and decision-making in adult years. The consequences of ill-informed decisions can have lasting effects as Blacks age and are forced to examine existential questions such as “*Did my life matter?*” In the midst of COVID - 19, older African Americans are taxed with staying safe while knowing they have been pitted as being at risk for serious Covid-19 complications that can result in death.

Promising Intervention

The integration of culturally tailored cognitive behavioral therapy is a strong recommendation to address the mental health needs of African Americans during this dual pandemic time point (Jonassaint et al., 2017; Kelly, 2019; Wilson & Cottone, 2013). Meditation and mindfulness practices amongst persons of color have traction in many therapeutic and non-therapeutic persons of color spaces and should be introduced to service providers that serve large African American populations. In addition, it is sage practice to explore and esteem practices, such as faith traditions that have healing components, which are organic to persons of color. There is mounting research evidence that faith practices are integral to reducing cortisol level (Shattuck &

Muehlenbein, 2018; Tartaro, Luecken, & Gunn, 2005). Lastly, targeted interventions for minority youth have been given increased focus in recent decades with acknowledgement that not enough time, resources and research have been put into curbing the time of chronic mental health disturbances. Promising interventions for therapists that embody being Therapist that want to feel more confident in offering developmentally-oriented and culturally sensitive therapies to consider utilizing at their discretion can consider the following interventions as guides for practice in addressing to address the pressing needs of the minority youth at this time include: AAKOMA Family Leadership over Adolescent Depression (AAKOMA FLOA) intervention (Belgrave & Berry, 2016; Breland-Noble, 2012); EMBRace intervention (Anderson et al., 2018); Learning to BREATHE (L2B) intervention (Fung et al., 2019) and The Project Loss and Survival Team (LAST) intervention (Salloum, 2006; Belgrave & Berry, 2016).

References

- Anderson, R. E., Jones, S. C., Navarro, C. C., McKenny, M. C., Mehta, T. J., & Stevenson, H. C. (2018). Addressing the mental health needs of Black American youth and families: A case study from the EMBRace intervention. *International journal of environmental research and public health*, 15(5), 898.
- Barber, S., Hickson, D. A., Kawachi, I., Subramanian, S. V., & Earls, F. (2016). Double-jeopardy: The joint impact of neighborhood disadvantage and low social cohesion on cumulative risk of disease among African American men and women in the Jackson Heart Study. *Social Science & Medicine*, 153, 107-115.
- Barzilay, R., Calkins, M. E., Moore, T. M., Wolf, D. H., Satterthwaite, T. D., Scott, J. C., ... & Gur, R. E. (2019). Association between traumatic stress load, psychopathology, and cognition in the Philadelphia Neurodevelopmental Cohort. *Psychological medicine*, 49(2), 325-334.
- Belgrave, F. Z., & Berry, B. M. (2016). Community Approaches to Promoting Positive Mental Health and Psychosocial Well-Being. In *Handbook of Mental Health in African American Youth* (pp. 121-140). Springer, Cham.
- Breland-Noble, A. M., & AAKOMA Project Adult Advisory Board. (2012). Community and treatment engagement for depressed African American youth: The AAKOMA FLOA pilot. *Journal of Clinical Psychology in Medical Settings*, 19(1), 41-48.
- Burton, L. M. (1996). Age norms, the timing of family role transitions, and intergenerational caregiving among aging African American women. *The Gerontologist*, 36(2), 199-208.
- Fung, J., Kim, J. J., Jin, J., Chen, G., Bear, L., & Lau, A. S. (2019). A randomized trial evaluating school-based mindfulness intervention for ethnic minority youth: exploring mediators and moderators of intervention effects. *Journal of abnormal child psychology*, 47(1), 1-19.

- Graves Jr, S. L., Herndon-Sobalvarro, A., Nichols, K., Aston, C., Ryan, A., Blefari, A., ... & Prier, D. (2017). Examining the effectiveness of a culturally adapted social-emotional intervention for African American males in an urban setting. *School Psychology Quarterly*, 32(1), 62.
- Green, B. N. (2019). Strong Like My Mama: The Legacy of “Strength,” Depression, and Suicidality in African American Women. *Women & Therapy*, 42(3-4), 265-288.
- Jalbrzikowski, M., Freedman, D., Hegarty, C. E., Mennigen, E., Karlsgodt, K. H., Loohuis, L. M. O., ... & Bearden, C. E. (2019). Structural brain alterations in youth with psychosis and bipolar spectrum symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(11), 1079-1091.
- Joe, S., Scott, M. L., & Banks, A. (2018). What works for adolescent black males at risk of suicide: a review. *Research on social work practice*, 28(3), 340-345.
- Jonassaint, C. R., Gibbs, P., Belnap, B. H., Karp, J. F., Abebe, K. Z., & Rollman, B. L. (2017). Engagement and outcomes for a computerized cognitive-behavioral therapy intervention for anxiety and depression in African Americans. *BJPsych open*, 3(1), 1-5.
- Jones, E., Huey, S. J., & Rubenson, M. (2018). Cultural competence in therapy with African Americans. In *Cultural Competence in Applied Psychology* (pp. 557-573). Springer, Cham.
- Jones, S. C., & Neblett, E. W. (2017). Future directions in research on racism-related stress and racial-ethnic protective factors for Black youth. *Journal of Clinical Child & Adolescent Psychology*, 46(5), 754-766.
- Jones-Eversley, S. D., Rice, J., Adedoyin, A. C., & James-Townes, L. (2020). Premature deaths of young Black males in the United States. *Journal of Black Studies*, 51(3), 251-272.
- Kelly, S. (2019). Cognitive behavior therapy with African Americans. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.872.2997&rep=rep1&type=pdf>
- Kirby, J. B., & Kaneda, T. (2013). ‘Double jeopardy’ measure suggests Blacks and Hispanics face more severe disparities than previously indicated. *Health Affairs*, 32(10), 1766-1772
- Lynch, S. M. (2008). Race, socioeconomic status, and health in life-course perspective: introduction to the special issue. *Research on Aging*, 30(2), 127-136.
- Mikhail, J. N., Nemeth, L. S., Mueller, M., Pope, C., & NeSmith, E. G. (2018). The social determinants of trauma: a trauma disparities scoping review and framework. *Journal of Trauma Nursing/ JTN*, 25(5), 266-281.
- Myers, H. F., Wyatt, G. E., Ullman, J. B., Loeb, T. B., Chin, D., Prause, N., ... & Liu, H. (2015). Cumulative burden of lifetime adversities: Trauma and mental health in low-SES African

- Americans and Latino/as. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(3), 243.
- Nkongho, N. O., & Archbold, P. G. (1995). Reasons for caregiving in African American families. *Journal of Cultural Diversity*, 2(4), 116-123.
- Plunk, A. D., Grucza, R. A., & Peglow, S. L. (2018). It is past time to think more inclusively about “deaths of despair”. *The American Journal of Bioethics*, 18(10), 29-31.
- Price, J. H., & Khubchandani, J. (2019). The changing characteristics of African-American adolescent suicides, 2001–2017. *Journal of community health*, 44(4), 756-763.
- Robinson, C., Seaman, E. L., Montgomery, L., & Winfrey, A. (2018). A review of hip hop-based interventions for health literacy, health behaviors, and mental health. *Journal of racial and ethnic health disparities*, 5(3), 468-484.
- Rodriguez, J. M., Karlamangla, A. S., Gruenewald, T. L., Miller-Martinez, D., Merkin, S. S., & Seeman, T. E. (2019). Social stratification and allostatic load: Shapes of health differences in the MIDUS study in the United States. *J. Biosoc. Sci*, 51, 627-644.
- Salloum, A. (2006). The Project LAST (Loss and Survival Team): Elementary age grief and trauma intervention manual. *University of South Florida School of Social Work*.
- Scutchfield, F. D., & Keck, C. W. (2017). Deaths of despair: Why? what to do?. *American journal of public health*, 107(10), 1564.
- Shattuck, E. C., & Muehlenbein, M. P. (2018). Religiosity/spirituality and physiological markers of health. *Journal of religion and health*, 1-20.
- Shain, B. N. (2019). Increases in rates of suicide and suicide attempts among black adolescents. *Pediatrics*, 144(5).
- Sheridan, M. J., Burley, J., Hendricks, D. E., & Rose, T. (2014). “Caring for One's Own”: Variation in the Lived Experience of African-American Caregivers of Elders. *Journal of Ethnic and Cultural Diversity in Social Work*, 23(1), 1-19.
- Tartaro, J., Luecken, L. J., & Gunn, H. E. (2005). Exploring heart and soul: Effects of religiosity/spirituality and gender on blood pressure and cortisol stress responses. *Journal of Health Psychology*, 10(6), 753-766.
- Tomfohr, L. M., Pung, M. A., & Dimsdale, J. E. (2016). Mediators of the relationship between race and allostatic load in African and White Americans. *Health Psychology*, 35(4), 322.
- Walker, R., Francis, D., Brody, G., Simons, R., Cutrona, C., & Gibbons, F. (2017). A longitudinal study of racial discrimination and risk for death ideation in African American youth. *Suicide and Life-Threatening Behavior*, 47(1), 86-102.

- Wiley, J. F., Bei, B., Bower, J. E., & Stanton, A. L. (2017). Relationship of psychosocial resources with allostatic load: a systematic review. *Psychosomatic medicine*, 79(3), 283.
- Willert, B., & Minnotte, K. L. (2019). Informal Caregiving and Strains: Exploring the Impacts of Gender, Race, and Income. *Applied Research in Quality of Life*, 1-22.
- Wilson, C. J., & Cottone, R. R. (2013). Using cognitive behavior therapy in clinical work with African American children and adolescents: A review of the literature. *Journal of Multicultural Counseling and Development*, 41(3), 130-143.



An Underrated Source of Support for African Americans

Sandra A. Gammons, MSW, LGSW

Abstract

As an African American social worker with a special interest in Veterinary Social Work, I am interested in the mental health support that pets provide their human owners specifically within the African American community. This article will outline the substantive mental health benefits pets can provide for African Americans during a pandemic.

~ ~ ~ ~

Mental health in the Black community has always been fragile—individually and collectively. Yet African Americans’ mental health has adapted because the mental health DNA is fiercely protected and covered by the over extension of resiliency (Williams & Williams-Morris, 2000).

African Americans survived and thrived while enduring and managing the emotional, psychological, and psychosocial remnants of slavery. Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. Mental health is shaped by life experiences, biological make-up and family history. It is no wonder that research finds that many African Americans experience mental health issues (Graham, Chung & Grinstein-Weiss, 2020).

The Reconstruction period in American history, adverse childhood trauma, the criminalization of people of color, blatant prejudice and micro-aggressions, disproportionate rates of unemployment and poverty, and in general, being Black in America have all negatively impacted the mental health of African Americans. The unreasonable amount of daily stress experienced by African Americans often impedes their ability to cope. This overloading of stress can cause physical health issues such as high blood pressure, heart disease, obesity, diabetes and other health problems (Crewe & Gourdine, 2019).

When COVID-19 was added to this mix of conditions, the stress dynamic increased seven-fold. Business closings, furloughs and layoffs left many African Americans without a paycheck. Social isolation entered a different dimension. Daily, 24-hour “lockdowns” left both white and blue-collar African Americans home alone, unable to socialize with people at work or in social settings. Suddenly, nuclear, extended, and created families were all at home together which, for many,

created an increasingly stressful environment. Food insecurities became evident, sleeping arrangements, and physical safety concerns all contributed to the increased stress levels in households. Many African Americans were also essential service workers who were working double shifts and risking contracting the virus and bringing it home to their families. The stress of media news reports and social media postings that validated the pandemic's disproportionate effects in African American communities, coupled with the lack of testing and symptoms being ignored, added more dimensions to an already overstressed population.

Fortunately, African Americans are achieving some stress relief by taking care of their pets. A pet is defined as an animal that resides with a human, with no expectation to work or to generate goods to be sold for money that contributes to their household income. In 2018, Branding Research found that 44% of African Americans owned pets (Miles, 2018). Pets provide companionship and support, reduce stress and provide a sense of purpose to their human companions (Robinson, 2019). Research has also discovered that interacting with animals has been shown to decrease levels of cortisol (a stress-related hormone) and to lower blood pressure. Other studies have observed that animals can reduce loneliness, increase feelings of social support, and boost a person's mood (NIH, 2018).

During the stressful time of the pandemic, pets provided stress relief by offering comfort, support, and companionship. As normal time constraints became a nonissue, and days and weeks blurred together, pets provided the stability of a daily routine. Caring for pets requires a routine that usually involves meal preparation and feeding, daily outings to relieve themselves, and some level of exercise. These activities allowed pet owners the opportunity to go outside and breathe fresh air, whereas non-pet owners often confined themselves to their dwellings. *The Handbook of Animal Assisted Therapies* states, "People use the language of relationships to describe their perceptions of pet ownership: a good friend, company, just like a member of the family, stops me feeling lonely, he loves me, someone to talk to, and so on" (Fine, 2010, p. 73).

Pets are a living presence in the home, providing unconditional love and serving as a sounding board and confidant. There is something special about a pet owner who tangibly extends a kindness to the world around them by caring for and feeding pets. Americans are so dedicated to the well-being of their pets that spending on household animals has continued to rise every single year since 1994, and now is expected to hit almost \$100 billion by the end of 2020 (Zoomroom.com, 2019).

An entire industry has been created to watch pets from afar, to offer/give treats remotely, dress them up in coats and boots, and offer supplements for aging pets. Anyone who owns a pet will likely say that his/her pet is a part of the family. Be it a bird, iguana, Guinea pig, donkey, alpaca, horse, dog or cat, a pet provides a sense of completeness, love, balance, and comfort to their household. Pets teach people valuable lessons about responsibility, caring for the living, the aging process, separation, pain and death. They also provide unconditional love through sickness and health, good times and bad, personal crisis or global pandemic. As a pet integrates into the family, the human-animal bond is formed. The American Veterinary Medical Association defines the human-animal bond as a mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors considered essential to the health and well-being of both (Donlin, 2020).

In conclusion, during the COVID-19 pandemic, pets have provided substantive mental health support for African Americans. During this time of self-isolation, mandated quarantines, and loss

of routines that provide human interaction, pets have decreased isolation, increased purpose, and motivated people in this circumstance to maintain a general routine which interrupts the thought process that ignites depression. Pets are crucial in providing companionship and positively influencing health traits.

References

- Graham, C.A., Chung, Y. and Grinstein-Weiss, M. (2020). *Well-being and mental health amid COVID-19: Differences in resilience across minorities and whites*. [online] Brookings. Available at: <https://www.brookings.edu/research/well-being-and-mental-health-amid-covid-19-differences-in-resilience-across-minorities-and-whites/>
- Crewe, S. and Gourdine, R. (2019). Race and social policy: Confronting our discomfort. *Social Work in Public Health*, 34(1), pp.1-11.
- Donlin, D. (2020). *The human-animal interaction and human-animal bond*. [online] American Veterinary Medical Association. Available at: <https://www.avma.org/resources-tools/avma-policies/human-animal-interaction-and-human-animal-bond#:~:text=The%20human%20animal%20bond%20is,and%20well%20being%20of%20both>
- Fine, A., H. (Ed.). (2010). *Handbook on animal-assisted therapy: Foundations and guidelines for animal-assisted interventions* (3rd ed.). Elsevier Academic Press.
- Miles, K. (2018). *Man's best friend - Multicultural pet ownership trends*. [online] Branded Research Inc. Available at: <https://gobranded.com/branded-poll-multicultural-pet-ownership-trends>
- NIH News in Health. (2018). *The Power Of Pets*. [online] Available at: <https://newsinhealth.nih.gov/2018/02/power-pets#:~:text=Interacting%20with%20animals%20has%20been,support%2C%20and%20boost%20your%20mood>
- Williams, R.D. and Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & Health*, 5(3-4), pp.243-268.
- Robinson, L., 2019. *Mood-Boosting Power of Pets - Helpguide.Org*. [online] Helpguide.org. Available at: <https://www.helpguide.org/articles/mental-health/mood-boosting-power-of-dogs.htm#:~:text=Having%20the%20love%20and%20companionship,hyperactive%20or%20overly%20aggressive%20kids>.
- Zoomroom.com. (2019). *The Pet Industry in 2019*. [online] Available at: <https://zoomroom.com/franchise/pet-services-industry/>

Are Our Children Safe During the Pandemics?

Ruby M. Gourdine, MSW, DSW, LICSW, LCSW
Howard University School of Social Work

Abstract

Children are the most susceptible citizens of any country and they are especially vulnerable during pandemics of epic proportion. Children are currently exposed to COVID-19, racism at local and national levels and politics that are particularly antagonistic. Their well-being is a concern because they are witnessing a public health crisis and violence on a frequent basis. Furthermore, their families are overwhelmed and under stress which may pose risks to children in their homes. Of specific concern is the quality of protection that social workers can offer when they suspect neglect or abuse of children during a pandemic. There is concern that the virtual services offered to vulnerable families is not enough protect children at risk of harm. This essay will briefly discuss the concerns about child protection during our current crises.

~ ~ ~ ~

The Academy of Pediatrics reinforces the role of Child Welfare system as providing three distinct services and those are providing safety, permanency, and well- being (APA, 2020). Providing services under the pandemic has challenged child welfare system to innovate how they will serve children and families. The reporting of families who neglect and abuse children will be more difficult because the typical systems used to do reporting are working remotely or are quarantined. Being isolated during the pandemic can cause mental health concerns for children who might already be distanced from families of origin and now are not able to have visits with them. There are many concerns for both social workers and families during these times of uncertainty and fear. There is unreliable messaging to the public in general and one can assume that this inconsistency causes confusion among those responsible for helping children. Further, the systems that are supposed to be a safety net often have disparate policies and practices and families may be afraid of being unfairly targeted (Hager, 2020).

Unfortunately, the child welfare system is currently under increased scrutiny because of the pandemic. The child welfare system is already experiencing examination for inconsistent services to all children served (Wexler, 2020), particularly for children of color. For example, there is disproportionate entry and length of stay of African American children in the child welfare system (Chibnall, Dutch, Harden, Smith, Brown, Gourdine, Boone, & Snyder, 2003). The current pandemic (COVID-19) exacerbates the systemic and structural elements in the child welfare system that overregulate people of color who experience excessive poverty, lack of health care, and poor housing.

The families most impacted by COVID-19 are low income, have caregivers who are essential workers, and without resources and support needed to maintain family stability during a pandemic. These conditions frequently result in foster care placement for children of color. It is important to note that many child welfare reports made to child protective services are not substantiated because of a lack of cultural sensitivity for families (Wexler, June 15, 2020).

Additionally, Hager (2020) addresses the issue of focusing on low income children during the pandemic as being more vulnerable for neglect and abuse. All families, including middle and upper income families, are dealing with the same parenting challenge of having to provide child care, home schooling, and dealing with other family issues. As stated earlier, the perceptions about low income families make them more vulnerable to system inequalities and adverse outcomes with child welfare.

This author reviewed several articles expressing the concern that child welfare services (i.e. investigations into child neglect and abuse) are being compromised by the child welfare system as many child welfare providers are working remotely or working in the field without personal protective equipment when visiting homes (American Academy of Pediatrics, 2020; James-Brown, 2020; Child Welfare League of America, nd; & Wexler, 2020). The problem of providing a safety net for children during a pandemic system has to be concerned about the workers who serve the children and their families. All are at risk.

Child welfare concerns are not limited by those children who are in the system but includes concerns about child wellbeing. Child wellbeing includes how a child is adjusting to society and its expectations. These issues are evident in school and in other services families might partake in rearing their children.

Societal Issues Impacting Child Wellbeing and Mental Health

Parenting stress implies increased mental health problems and therefore places children at risk of mental health distress as well (Brown, S. M., Doom, J. R. , Lechuga-Pena, S., Enos Watamura, S., & Koppels, T. , 2020). Novoa and Morrissey (2020) recent surveys of families' experiences during the pandemic suggest parents affected by financial hardship are also experiencing greater distress, which in turn creates emotional difficulties among children (p.1.). They also indicate that there are wide racial disparities in exposure to adversity and that compared with young white children—of whom 7 percent experience multiple adversities—the percentage of children experiencing multiple adversities is approximately twice as high for Black and non-Hispanic other children, at 15 percent and 14 percent, respectively (p 3.). These disparities implicate structural racism and the racial divide is being played out publicly.

While dealing with the COVID-19 children are viewing and experiencing America's original sin-racism. They are not immune to marches, TV news and debates about police brutality as well hearing other unpleasant discussions. A statement by the American Academy of Pediatrics follows:

“The American Academy of Pediatrics condemns racism in all forms. And pediatricians are deeply concerned about the effects of racism on children. Even various racism- second hand racism witnessed through social media, conversations with friends or family, or media images-harms children's health.” (Heard – Garris & Douge'p.1, 2020)

This highlights not just the vulnerability of physical health issues caused by the COVID- 19 but the mental health challenges of dealing within our own society that promotes messages that some children are not worthy. It is not surprising that there is an increase in the suicide rate amongst

African American children ages 5-11 (SAMHSA, 2019). Recommendations for this trend include early identification, outreach, knowledge of family/community factors, and culturally responsive mental health services (SAMHSA, 2019). We must adhere to the following practices to help maintain child wellbeing during these perilous times.

- Check in with your child
- Observe child's behavior
- Limit child's media exposure
- Check your own emotions
- Use teachable moments (Heard-Garris & Douge', 6/1/2020).

Conclusion

Children are vulnerable to these pandemics and particularly children of color. They have a less protection for their health needs, and they suffer from racism both systemic and structural. The child welfare system is required to protect children but has been criticized about service provision to children of color in particular. Furthermore, we cannot ignore these dangerous times when children are exposed to unbridled racism and are questioning their own safety in society. Some children have express fear that they might live until adulthood. Adults must provide safe spaces regardless of whether, they are in child welfare systems or in their homes. This author has listed a few strategies for helping children deal with these circumstances. Hopefully, this will help them adjust and cope in a society that might not understand the dangers and full extent of disparate health services and the impact of racism. The time is now is to care for and protect our children in ways that promote health and welfare as they grow into productive citizens.

References

- American Academy of Pediatrics. Guidance for children and families involved with the Child Welfare System during the COVID-19 Pandemic.
- Brown, S. M.,Doom, J. R. , Lechuga-Pena,S., Enos Watamura, S., & Koppels, T. , (2020). Novoa and Morrissey (2020). Child Abuse & Neglect, <https://doi.org/10.1016/j.chiabu.2020.104699>
- Chibnall, S. Dutch, N Harden, B., Smith, J.M., Brown, A., Gourdine, R.M., Boone, A. & Snyder, S. (December 2003). Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and the Children's Bureau.
- James- Brown, C. In troubled times, advocating for children and young people who are vulnerable. Child Welfare League of America, Washington, DC.

- Hager, E. (6/15/2020). Is child abuse really rising during the pandemic? The Marshall Project. <https://www.themarshallproject.org/2020/06/15/is-child-abuse-really-rising-during-the-pandemic>.
- Heard- Garris, N. & Douge', J. (6/1/2020). Talking to children about racism: The time is now. Healthy children.org. <https://.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/Talking-to-Children-about-Racism.aspx>.
- Novoa, C. & Morrissey, T. (August 27, 2020) Adversity in early childhood: The role of policy in Creating and Addressing Adverse Childhood Experiences. Center for American Progress.
- James- Brown, C. In troubled times, advocating for children and young people who are vulnerable. Child Welfare League of America, Washington, DC.
- Hager, E. (6/15/2020). Is child abuse really rising during the pandemic? The Marshall Project. <https://www.themarshallproject.org/2020/06/15/is-child-abuse-really-rising-during-the-pandemic>.
- Heard- Garris, N. & Douge', J. (6/1/2020). Talking to children about racism: The time is now. Healthy children.org. <https://.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/Talking-to-Children-about-Racism.aspx>.
- Wexler, R. (June 15, 2020). Dismantle the racist child welfare system, too. New York Daily News. <http://www.nydailynews.com/opinion/ny-oped-dismantle-the-racist-child-welfare-system-too-20200615-gnk7erxjqna7tigxv47fu2rpjm-story.html>
- SAMHSA (2019). Alarming Suicide Trends in African American Children: An Urgent Issue. Retrieved from <https://blog.samhsa.gov/2019/07/23/alarming-suicide-trends-in-african-american-children-an-urgent-issue>

RACE & SOCIAL JUSTICE



The Character of America and the COVID-19 Pandemic

Annie Woodley Brown, MSW, DSW
Professor Emerita, Howard University

Abstract

Three dimensions of the American character have brought us to a pivotal and critical point in this moment of American history – racism, individualism, and anti-intellectualism. This article will explore how the pandemic that has overtaken us, exposes the fault lines in our society in relation to the response to and treatment of African Americans.

~ ~ ~ ~

A time of crisis reveals the character of people, organizations, and nations. And that character has consequences for how an entity perceives and responds to the crisis. In the case of the COVID-19 pandemic in the United States, three dimensions of the American character have brought us to a pivotal point – racism, individualism, and anti-intellectualism. The epidemic that has overtaken us exposes the fault lines and exacerbates the negative aspects of America's portrait. Like the picture of Dorian Gray, these character flaws have distorted the image we have of our country as the greatest nation on earth. The intersectionality of these dimensions of the American character in a time of crisis has placed our democracy in peril.

I speak of the American character's dimensions in broad generalities; I know that they do not give an absolute rendering of the American portrait. I am reminded of Paul Tillich's conviction:

“the character of the human condition, like the character of all life, is
'ambiguity': the inseparable mixture of good and evil, of true and false, of
creative and destructive forces—both individual and social (Tillich, 1963).

Nevertheless, at a time when the world faces a coronavirus pandemic, the United States with 5 per cent of the world's population has 29 percent of the deaths (Chambie, 2020) It is my belief that these aspects of the character of this nation singly and in interaction with each other contribute to the condition in which we find ourselves. These negative aspects of the American character, exacerbated by the crisis of a pandemic, have left us bereft of leadership at the executive level.

Take racism, resulting from the dehumanization of a people through slavery. It has been a part of this country since its infancy; and it manifests itself in the current pandemic through the disproportionate number of infectious deaths among African Americans. The descendants of those once enslaved have suffered through generations of unequal access to the “American Dream” because of discrimination in voting, employment, education, and housing, the fundamental rights of citizenship in a democracy. Being further traumatized by violence at the hands of police, mass incarceration, and a “War on Drugs” that amounted to a war on Black people in urban communities left many African Americans vulnerable, in the crosshairs of the

coronavirus epidemic. The economic inequity, health disparities, and historical trauma have all combined with increasing the risk for African Americans disproportionately to become victims of COVID-19.

Individualism, a prized aspect of the American character, has stressed the response to this pandemic. Individualism, as a concept in the extreme, is the self-affirmation of the individual self as the primary actor without regard to that self's participation in its world. But a prized trait can also become a weakness, an "Achilles heel" for a society in times of crisis when a more collective sense of being is needed. In the case of the coronavirus pandemic, when there is need for constraints on movement within the society, this strain of the American character manifests itself as assertions of an individual's right **not** to comply with requests to wear masks, to shelter in place for an extended time, avoid large gatherings etc. These requests have been interpreted as an attack on individual liberty. The states' attempt to govern for the welfare of the whole in some instances were met with a resolute individualism co-mingled with references to the Second Amendment (the right to bear arms) and supported by the ideological manipulation of a racist president.

Anti-intellectualism in the United States is a kind of historical undercurrent in the character of the nation. Richard Hofstadter, in his seminal work in 1964 on *Anti-intellectualism in American Life*, describes how the vast underlying foundations of anti-elite, anti-reason and anti-science has been infused into America's political and social fabric, and that there is a cyclical nature to its manifestation in American life at various times in history.

At this time in 2020, we are in a downward cycle and have been for at least a decade. Ascribed by some as a backlash to the election of an African American President in 2008, the anti-intellectual strain in the American character combined with racism to elect in 2016, a President with a disdain for science, for truth, for expertise, and who dabbles in conspiracy theories. Lacking the intellectual capacity to lead in this crisis of a COVID-19 pandemic, this President presides over a country that leads the world in the number of infections and the number of deaths from the coronavirus pandemic. Not only is the health of the nation at stake, but the very foundation of our democracy is at risk. We were placed at risk by an anti-intellectual revolt of the South and "rustbelt" against perceived "bi-coastal intellectual elites" who set a person in the White House unprepared to lead.

Summary

In recent weeks the conditions associated with the COVID-19 pandemic have been exacerbated by the naked racism of police brutality in killing unarmed Black people: men, and women. These incidents have sent tens of thousands of citizens into the streets (in this country and abroad) in protest against racism and police brutality. In some ways, the negative aspects of the American character are being challenged by the American character's actual dimensions – morality, equality, generosity, fairness, the desire to live up to the ideals we hold in common. We will need all these attributes and more if we are to move toward a more equitable, less racist, less violent American society.

As we rebuild the social fabric of this country, we will need to rebuild the mental health system (so long neglected) to address the grief, loss, anger, displacement, and disorientation left in the wake of the pandemic the unraveling of the social order.

References

Chambie, J. United States Leads the World in Covid-19 Deaths. In *Inter Press Service: News Agency*. <https://www.ipsnews.net/2020/05/america-leads-world-covid-19-deaths/> May 18, 2020.

Tillich, P. The Ambiguity of Perfection, *Time* (May 17, 1963).
<https://www.ipsnews.net/2020/05/america-leads-world-covid-19-deaths/>

**COVID-19- SOUTH AFRICA:
Subjugated by the Pandemic
and the Reality of Health Disparities
For Black Citizens**

Sibulelo Gawalayo & Marcel P. Londt
University of the Western Cape, Cape Town, South Africa

Abstract

Archbishop Emeritus, Desmond Tutu is credited with coining the phrase, *Rainbow Nation*, frequently used by the late Nelson Mandela. Both leaders willed South Africans to adopt this persona proudly and celebrate their diversity. Countries and citizens are often united during specific events or crises. Some events for South Africa include the Rugby World Cup victories, hosting the Soccer World Cup in 2010, and sadly, the passing of Nelson Mandela.

~ ~ ~ ~

COVID-19 is yet another such crisis that could, allegedly, *unite* South Africa in the fighting of this war. However, South Africa is different from other countries, as it claims to have achieved democracy, but remains divided. This discord is a constant reminder that the lived reality for disadvantaged communities, generally, and Black people, in particular, has not changed. Consequently, the *Rainbow Nation* does not exist for many.

In South Africa, advantaged individuals are able to manage the courtship with this silent enemy, COVID-19. They possess the resources, and an inherent capacity, outside the stretched provisions of the state. This implies that they are able to adhere to social distancing constraints, employ the sanitation requirements, self-isolate, and access healthcare intervention whenever they need to. In contrast, others are not as fortunate. Some do not have sufficient water supply to satisfy their thirst, let alone wash their hands. Clearly, this pandemic means different realities to the many peoples of South Africa.

During January 2020, the coronavirus disease (COVID-19) was declared a global pandemic, as well as a public health emergency, by the World Health Organisation (WHO, 2020). Following the rapid rise in the number of positive COVID-19 cases in South Africa, on 23 March 2020, the president declared a 21-day national lockdown aimed at reducing the exponential rise in the spread of the virus. The national lockdown introduced restrictive regulations, aimed at limiting social movement, by suspending some economic activities, with the proviso to only sell and purchase essential goods (Schröder et al., 2020). The restrictions affected all areas of life for South African citizens, including access to the judiciary and the loss of achieving justice; however, for this paper, the lens used is the investigation of health disparities that emerged since the imposition of the lockdown restrictions.

Generally, in countries like South Africa, infectious diseases have always highlighted the health disparities of poor black communities (Boutayeb, 2010; Pillay-van Wyk et al., 2016). The South

African historical policies, practiced under the Apartheid system, have a well-known, lasting legacy that reflects socioeconomic inequalities, which left the majority of black communities with a lack of essential resources (Pillay-van Wyk et al., 2016). In addition, Ataguba and Alaba (2012), as well as Benatar (2013) argue that there is a strong correlation between the lack of financial resources and ill health. The latter is further supported by Mukong, Van Walbeek, and Ross (2017), who confirm that people in underprivileged communities live in tragic health conditions, which exacerbates wellness and good health. Many factors, such as the lack of sanitation, or poor sanitation, absence of clean water, extremely overcrowded housing, as well as the proximity to waste fill areas, create unhealthy conditions, which provide a fertile breeding ground for disease. These circumstances remain in stark contrast to well resourced, privileged communities. Despite the intervention policies that have been implemented to reduce the inequalities and the distribution of economic resources, observable economic inequalities still persist in South Africa, reflecting the gap between the poor and the rich (Khaoya, Leibbrandt, & Woolard, 2015).

A recent study explored the influence of diseases (stroke) in underprivileged communities in South Africa (Gawulayo, 2019), and was guided by an explorative and descriptive design through the use of a qualitative research approach. The in-depth, semi-structured interview was employed as the data collection tool, which data were transcribed verbatim, thereafter. The findings of Gawulayo's (2019) research revealed that diseases have a severe impact on the financial wellbeing of the family, which subsequently affects the family's functioning patterns. Bradshaw et al. (2019) concur with this finding, as their research, conducted in South Africa, revealed uneven experiences to the aftermath of diseases because of unequal health resources. However, an interesting theme emerged from the data of Gawulayo's (2019) research, which illuminated the presence of health disparities in a society that remains unequal and divided. It revealed that the reality for black communities, regarding equal access to proper health care, has not changed, and poor, black people often experienced further humiliation, when attempting to access the meagre and stretched provision of health care services in South Africa. This current pandemic simply highlighted, again, that poor, rural communities experienced greater deprivation and an elevated rate of infection.

Therefore, an area of great concern, after the implementation of the lockdown restrictions, was the impact of health disparities on underprivileged black communities. Braveman (2014) explains that *health disparity* refers to the health differences observed through social, or environmental disadvantages, as well as economic resources. Health disparities affect those individuals who have experienced environmental or economic disadvantages in these social determinants of health, geographic location, socioeconomic status or power, mental health, race, ethnicity, religion, disability, age, and any other form of historical discrimination (Braveman, 2014).

This subjugation, experienced by the majority of South African citizens, poses a challenge to the government, who masquerade as the bastion of democracy, to pursue all avenues, in an effort to ensure that all citizens have equal access to good health care, while enjoying their right to dignity.

References

- Ataguba, J. E. O., & Alaba, O. (2012). Explaining health inequalities in South Africa: A political economy perspective. *Development Southern Africa*, 29(5), 756–764. <https://doi.org/10.1080/0376835X.2012.730962>.

- Benatar, S. (2013). The challenges of health disparities in South Africa. *South African Medical Journal*, 103(3), 154–155.
- Boutayeb, A. (2010) The impact of infectious diseases on the development of Africa. In V. R. Preedy & R. R. Watson (Eds), *Handbook of disease burdens and quality of life measures* (pp. 1171–1188). New York, NY., USA: Springer. [https://doi.org/ 10.1007/978-0-387-78665-0_66](https://doi.org/10.1007/978-0-387-78665-0_66)
- Bradshaw, D., Nannan, N. N., Pillay-van Wyk, V., Laubscher, R., Groenewald, P., & Dorrington, R. E. (2019). Burden of disease in South Africa: Protracted transitions driven by social pathologies. *South African Medical Journal*, 109(11b), 69–76.
- Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public health reports*, 129 (Suppl. 2), 5–8.
- Gawulayo, S. (2019). *Exploring the experiences and influence of stroke on family functioning* (Unpublished master's thesis). University of the Western Cape, Bellville, Cape Town, Western Cape, South Africa.
- Khaoya, D., Leibbrandt, M., & Woolard, I. (2015). *Income related health inequality in South Africa*. Retrieved from [2015.essa.org.za › fullpaper › essa_2970](http://2015.essa.org.za/fullpaper/essa_2970)
- Mukong, A. K., Van Walbeek, C., & Ross, H. (2017). Lifestyle and income-related inequality in health in South Africa. *International Journal for Equity in Health*, 16(1), 103.
- Pillay-van Wyk, V., Msemburi, W., Laubscher, R., Dorrington, R. E., Groenewald, P., Glass, T., & Nannan, N. (2016). Mortality trends and differentials in South Africa from 1997 to 2012: second National Burden of Disease Study. *The Lancet Global Health*, 4(9), e642–e653.
- Schröder, M., Bossert, A., Kersting, M., Aeffner, S., Coetzee, J., Timme, M., & Schlüter, J. (2020). *COVID-19 in Africa outbreak despite interventions?* Preprint made available under a CC-BY-ND 4.0 International license. <https://doi.org/10.1101/2020.04.24.20077891>
- World Health Organization. (2020). *Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)*. Retrieved from [https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)).

“When Enough Is Enough!”

Robert Cosby, MSW, PhD

Abstract

This article will explore race's idea as a factor in discussions about social justice and disparities of mental health, employment, housing, et.al. in the time of the COVID-19 Pandemic. Among the issues for discussion: ideas of color and race from the perspective of revisiting successes in Civil Rights policies, practices, and the impact on African Americans given the newer realities of Racism as seen from the Black Perspective. The following questions are posed with opportunities for reflection and review: When the past is prologue for the present and issues of race are at the forefront, what do social workers of color do? What happens when repeated events shake you to your core? The words ‘I can’t breathe’ takes on a new level of meaning that people of color cannot escape. What does it mean to see life drained from another human being and have to watch helplessly as help is ignored or pushed away by those who are supposed to protect and serve? We know when we cannot breathe, nothing else matters in this material world. To serve and protect takes on different meanings, depending on color and socio-economic status. When so many African Americans have lost their lives for reasons that do not comport with equality and equity, we must no longer accept that justice will be done sometime, if at all. For advocates of social justice, what do our responses tell us and what do the answers to the questions mean for Social Workers taught in the Black Perspective in these times of trial? And last, what could policy change look like?

~ ~ ~ ~

When Enough Is Enough: Justice or Just Us?

Discussion about race and Racism in the United States has become worthy of the front-page news (Kendi, 2017; Horowitz, Brown & Cox, 2019; Harmoni, 2020). Researchers, commentators, social media influencers, and every day Americans all are seeing the issues of race and Racism in the U.S; and depending on perspective, they abhor, condone, expect, denounce or cheer the events of police brutality. There is a madness in the air that has brought all of this to a fevered pitch and respiratory concern. Pleas of "I can't breathe" are no longer passé. The novel coronavirus called COVID-19 has accelerated the public's focus on the fear of illness and death. Yet, this pain associated with “I can’t breathe” makes ‘us’ want to holler. When one cannot breathe, nothing else matters; and African Americans have been struggling to breathe for far too long.

The case can be made that the struggle for African Americans began on ships in 1618 that arrived on the shores of North America in 1619, where slaves fettered and chained were welcomed to a new land (Hannah-Jones, & Elliott, 2019). They brought their physical and psychic pain which was passed down through epigenetic transmission and through their mitochondria over generations (Yehuda, et.al. 2016). The American Indian tribes could have told Black slaves of this pain brought by White men denying or taking all that was made possible by the Great Creator. White European Americans showed that they were eager to colonize and pillage their New World. The New World also provided opportunities for the escaped and freed

persons who made their homes and secured settlements. Despite many slaves that escaped and those that died trying to escape these new immigrants were among the first to accept their role, willful or not, as builders of the new America. White Americans talk about the White Fathers of our country as Forefathers of the country. Yet, African and African American slaves were freedom fighters well before it was in vogue. They would spend generations as African Americans fighting for their freedom (Raiford, 2011). They may individually have kissed the ground and thanked their God or gods; they survived and were not on the bottom of the ship's hold. Their fetid bodies were stacked like firewood, unable to bathe or toilet themselves. They were without so many things we think of as necessities. And when many expired, these martyrs were sacrificed and fed to the sharks, in as routine a way as a police officer can kneel on a man's neck until he expires. It is in this routine way of silence and seeming indifference that we look back on captains' writing about losing freight cargo on the perilous Middle Passage (Falola & Warnock, 2007).

These surviving slaves embraced the Black Perspective (Gourdine and Brown, 2016), in whole and in part, and worked to communicate with one another. Coming from many parts of Central and West Africa, secure communication was not given (Fabre, 1999). Their collective survival depended upon communication. These slaves, ancestors, and forefathers of this country shared several of the Black Perspective principles. They saw their strength to survive as a necessity and affirming their past, and they hoped for their future. They embraced vivification by bringing to life their experiences, their ability to persevere, cry in anger, and laugh at the irony and the small victories along the paths circling the mountains of oppression. These slaves and their offspring used what they knew and learned. They took what they could to enliven all that was important to them. They added to the beginnings of the Black Church; working as masons and ironworkers, they took and added what they could to their belief system, to their music, to their learning and endurance, and to their sharing of their stories (Clark-Pujara, 2016).

These African American slaves never gave up on social justice, whether in their lifetimes or in the generations that came after. They understood that survival meant embracing diversity and acceptance as children of a mighty God, but they accepted their struggle and provided sustenance in their walk towards freedom. They used whatever they could to embrace a new world that did not accept them as first-class citizens based on their skin color. They practiced internationalization just coming from the African Continent to the Caribbean, to South America, and North America. And they survived. Their slave and freed person legacy of pain and survival made way for a new world that they embraced in whole and in part, as architects and laborers of the United States of America.

For good or bad, African Americans have helped make the stew and eat what the oppressors do not want. We have been made to eat a bitter stew with burned ingredients and bitter herbs of Racism and sexism. Survival has brought terrible trauma from the 1600s until today, where one must still struggle to be accepted for the content of his or her character. At the same time, they are criticized as unimportant, as the oppressed, and killed too often for their skin color. And so, we come by these truths honestly that some people are treated more equally than others in the United States of America. Some would argue that the Supreme Court *Dred Scott v. Sanford*'s decision in 1857, where Mr. Scott, a slave, sued unsuccessfully for his freedom, and the *Plessy v. Ferguson* decision in 1896, which upheld the Separate and Unequal Doctrine have not left us.

This oppression lingers...in overt and nuanced ways. And so, now, when Mental Health needs to overpower our ability to meet the oppressors, we are told to be silent, as the slavers told slaves to be silent in the hold of the slave ships. We are told to live with our pain, sit with it before us, and let it kill us.

Now post-traumatic stress trauma has re-emerged in our DNA, in our telomeres, and in our levels of brain dysfunction, triggered by real and sometimes psychic pain shared in our amygdala, that reptilian part of the brain that held the memories of wild beasts and attackers so we remembered what to do. We often cannot talk about these terrors. We recognize from diagnosed symptoms in the DSM-5 Manual, such as depression and bipolar I and II, that many neuroses and sometimes psychoses continue to plague our communities. Some resort to self-medication. There is a pain in knowing that there is little or no relief from the onslaught of Racism and its related oppression. Endocrine hormones and chemicals trigger them, as well as Pain receptors also called nociceptors. These chemicals and genetic telomeres are directly and indirectly linked to the pain associated with generations of experiences (Hausmann & Heidinger, 2015, Yahuda, et.al. 2016).

And Still, We Rise

African Americans have shorter life expectancies than many other groups. Researchers are now finding some of the links to shorter life expectancy include extra amounts of cortisol in the bloodstream (Boucher, & Plusquellec, (2019), typically triggered by excessive worry and danger that result in fight or flight responses to experiences, such as those comparable to living in unsafe neighborhoods due to violence or environmental stresses. These stresses can trigger conditions such as asthma, which can lead to respiratory problems and chronic obstructive pulmonary disease (COPD), cardiac issues, depression, and other ailments (Jackson, et.al. 2010).

These disparities have not gone away. In 1998 a Presidential Initiative on Race and Health convened to discuss how to eliminate Health Disparities. In 2020 we ask how COVID-19 could uncover so many disparities in our country... the country that was supposed to have the best healthcare system in the world. Now we must qualify that the best healthcare for those with great health insurance, etc.

For Black and Brown people, and others without health insurance or who are not eligible for the Affordable Care Act (ACA), we see in detail as Social Workers, up close, that the disparities have not gone away. There is still a lack of access to healthcare, primary, and specialty care. As identified by Copeland (2005), there remains a need to address increased morbidity, mortality, and disability among African Americans. Many define a need for better diagnostic treatment and prevention strategies, as well as the need for rigorous population and epidemiology research. It is suggested that the disparities affecting African Americans are highly variable with unclear and complicated reasons for disparities across many settings and can be unveiled in many ways.

So, we have precise data and examples across the country. The equation looks like this: less healthcare and less measurement can result in poor health outcomes. The data associated with the COVID-19 Pandemic reveals that poor health care, inadequate housing and higher unemployment combine to make African Americans less safe and at risk in stressful jobs in

public settings where Blacks are more susceptible to illness and possible death. There are a race and wealth component (Oliver, Shapiro & Shapiro, 2006) that many do not want to discuss. When COVID-19 was ravaging China, leadership in the U.S. did not see a need to heed warnings from the World Health Organization (WHO) or the U.S. Centers for Disease Control (CDC) that the U.S. needed to check our geographic borders, set up better testing sites for rapid testing across all parts of the U.S. and strengthen our urgent care and emergent care settings. Yet, this Pandemic has been exposed to the U.S. in ways that make us respect death as the grim reaper. As African Americans, we find like others, that our grieving is individual and personal, and yet we cannot gather to be present for those transitioning and for those called home. We find we cannot assemble for funerals unless we social distance and meet with not more than 10 to 50 individuals at a time, depending on the location. We see ourselves in a strange place where saying goodbye is taken from us. Death is present yet distant, and we are like slaves with family and loved ones who are sold and taken from us in the night.

COVID-19 has affected older adults, and yes, many older African Americans. Illness and the resilience of healing are hoped and prayed for after healthcare providers have done their best. Death without a kiss goodbye or prayer and touch before our loved one's leave can be heart-wrenching. For those who cannot self-quarantine, we know not whether the time will be in their bedroom or living room, or in Nursing Homes and other Home and community-based care settings, or in the Hospital. We find that our lessons learned include better preparation for the possibility of next time; better testing sites throughout the country at airports, at urgent care centers, at pharmacies, and at places where African Americans can be tested, not just in hospitals. And we have learned that all must be able to afford the costs of care.

So, the disparities have not gone away. Discussions about social justice and differences in the time of the COVID 19 Pandemic must be more focused. African Americans have been suffering through the effects of hundreds of years of disparities. So, now African Americans have a threefold Pandemic (P_3) P-Cubed (Racism, Job Unemployment, and COVID-19 Pandemic/Healthcare Crisis). We have the Healthcare COVID-19 Pandemic, we have the Racism Pandemic, and we have the Unemployment Pandemic in the U.S. that is strangling us. Together we have been forced to revisit what Racism means for African Americans, not because we do not know, but because we have to explain why we know that there is an unwritten covenant for Whites and a separate one for Blacks (Serwer, 2020) where both are supposed to know that Whites can do many more things without repercussions than can Blacks.

So now we are in yet another crisis. It is a moral crisis where we are revisiting how Police Protect and Serve, how we have strayed from our U.S. Constitution and how our Civil Rights legislation can and should be beefed up to address the many atrocities that are occurring across the U.S. and primarily perpetrated upon African Americans. We are forced to revisit color and race from visiting successes in Civil Rights policies, practices, and the impact on African Americans in communities (Omi and Winant, 2014). We are asked to look dispassionately down the muzzle of guns pointed at us and not feel somehow that we have seen and know this feeling of being alone deep in our souls. We have been second class citizens for too long. Given the newer realities of Racism, we see oppression from a different lens than our forefathers and foremothers. We see it through the lens of the Black Perspective (Howard, 2018). We know that it is our strength, our resilience that will help to set us free.

African Americans have stood for liberty, “indivisible with liberty and justice for all” for a long time. We ask, “What do we have to do to get some respect?” We know, as social workers, that if we work together for change, it will come. From Harriet Tubman to Crispus Attucks to Doris Miller to Breonna Taylor to George Floyd and so many others who have shed their blood; our past is prologue for our future. The words “I can’t breathe” take on a new level of meaning that we see with our eyes and hear with our ears, both consciously and in our minds. For people of color, it is a message that we cannot escape. We cannot stand by idly while repeated events shake us to our core. The words “I can’t breathe” take on a new level of meaning that people of color cannot escape. Who expects to see life drained from another human being and must watch helplessly as help is ignored or pushed away by those who are supposed to protect and serve?

We know when we can breathe, nothing else matters in this material world. We continue to be reminded that serving and protecting takes on different meanings, depending on color and socioeconomic status. So, here we are...

When so many African Americans have lost their lives for reasons that do not comport with equality and equity, we must no longer accept that justice will be done sometime, if at all. For advocates of the Black Perspective, now is the time for social justice, for policy change, for practice change, for standing up. We are Social workers who stand for change, for social justice for diversity, for internationalization, for vivification, affirmation and strength. For Social Workers taught in the Black Perspective in these times of trial, we are asked to do more. We can begin again on a new journey remembering the Middle Passage and the Building of our nation and standing for justice...for all.

Wexler, R. (June 15, 2020). Dismantle the racist child welfare system, too. New York Daily News. <http://www.nydailynews.com/opinion/ny-oped-dismantle-the-racist-child-welfare-system-too-20200615-gnk7erxjqna7tigxv47fu2rpjm-story.html>

SAMHSA (2019). Alarming Suicide Trends in African American Children: An Urgent Issue. Retrieved from <https://blog.samhsa.gov/2019/07/23/alarming-suicide-trends-in-african-american-children-an-urgent-issue>

Can We Just Breathe?

Tracy Robinson Whitaker
Howard University School of Social Work
Commentary

Abstract

In the Spring of 2020, two public health pandemics raged across the United States—COVID-19 and racism. Both pandemics disproportionately affected members of the African American community. Although the pandemics generated different responses, their convergence may result in lasting systemic change.

~ ~ ~ ~

In the spring of 2020, two public health pandemics raged across the United States, revealing layers of privilege and disparity. Thousands of victims of the flu-like novel coronavirus overwhelmed hospitals and morgues in the space of a few weeks. The COVID-19 virus attacked the respiratory system, making it difficult and sometimes ultimately impossible for patients to breathe. In fact, shortness of breath “is one of the hallmark symptoms of COVID-19” (Fraley, 2020). Cable news stations kept Americans up to date with local and national cases and death counts throughout the day. And, while the COVID-19 pandemic was occupying the minds, fears and conversations of many Americans, another pandemic was raging. This second pandemic was not initially a trending topic on network or cable news stations. Unlike the new coronavirus, the virus behind the second pandemic, racism, is a chronic infection in the United States (Whitaker, 2018). To respond to “state-sanctioned violence and anti-Black racism” the Black Lives Matter movement was founded in 2013 (Black Lives Matter, nd). In a surreal coincidence, one of the #BlackLivesMatter slogans used to protest police violence is “*I can’t breathe.*”

Both pandemics have taken a disproportionate toll on African American communities. In these communities, the coronavirus functioned opportunistically, taking advantage of a legacy of inequality and leaving devastation in its wake. African Americans’ collective immunity has been compromised by lower incomes, riskier jobs, chronic diseases, more shared and crowded living conditions, and their general status as undervalued members of the larger society. The impact of the virus on African Americans has been described as both “extraordinary and disproportionate” (Brooks, 2020). The disparate impact of the coronavirus on their community left many African Americans shaken, but not surprised (Crewe, 2020). Death by racism disproportionately affects those in the African American community too. Nationally, police kill Black Americans at a rate that is nearly twice that for white Americans (Tate, Jenkins & Rich, 2020).

Both pandemics have been costly in terms of lives. Those whose lives were lost to the COVID-19 virus are being acknowledged and memorialized. As the death toll resulting from that pandemic climbed towards 100,000, the *New York Times*, on its front page, posted the names of one percent (1,000) of the people whose lives were lost. The headline described the loss as

“incalculable.” The subheading read, “. . . they were not simply names on a list. They were us” (New York Times, 2020).

The lives lost to the second pandemic mattered less. During the weeks of coronavirus “lockdown,” African Americans, through social media, viewed hours of attacks on unarmed Black people. They watched Ahmaud Arbery’s videotaped murder while he jogged; Breonna Taylor’s murder by the police as she slept in her home; and George Floyd’s murder as he begged for the ability to breathe on a Minneapolis street. In addition, viewers witnessed whiteness weaponized as a woman threatened to call police on a black birdwatcher, Christian Cooper. These attacks were not aberrations, but long-standing sources of pain and injustice in the Black community. From Michael Brown to Eric Garner to Sandra Bland to George Floyd, the names of murdered African Americans guilty of the crime of blackness fill the collective memories of the Black community. Their names, and those of countless others, were not widely acknowledged, but often vilified. For most Americans, the victims of the second pandemic were not generally “us,” but more frequently, “them.”

As COVID-19 wreaked havoc on Americans’ lives and livelihoods, there was a slow, but steady response to halt the spread of this potentially deadly infection. Workplaces and schools closed; and for some, both employment and education moved from public domains into private homes. Restaurants, gyms and retail businesses closed. Citizens were required to stay at home except for essential trips outdoors; plexiglass was installed in front of cashiers’ stands at the grocery stores; and dots on the floors of businesses marked six-foot distancing. There was also clear guidance on how individuals could protect themselves from contracting the virus. People were instructed to wash their hands frequently, to sanitize surfaces, to wear masks in public places, and to maintain a “social distance” of six feet between themselves and others. It was important to the nation that steps were taken to minimize the randomness of death that this virus wrought.

Despite the threat that unbridled, racist violence poses to Black lives, there has been no unified and collective national response to the second virus. There are no guidelines to keep potential victims safe. Generations of African American parents have engaged in “the talk” to keep their children safe during encounters with the police (Whitaker & Snell, 2016). However, CNN’s political commentator, Van Jones, described this preventative, but impotent, measure as akin to “sprinkling fairy dust” (CNN Replay, 2020). No amount of protective gear will keep Black people safe in a society that repeatedly sanctions their murder.

As the coronavirus and its sequelae—fear, anxiety and death—spread, the national community acknowledged and embraced its frontline heroes. The medical community was quickly overwhelmed by the onslaught of illness and a lack of capacity; yet many physicians, nurses and hospital staff put themselves and their families in harm’s way to keep their commitment to save lives. With regards to the second pandemic, largely, African Americans have been left to fight this virus alone, without the power, guidance or resolve of national leadership. Time after time, they take to the streets in protest; and rather than being lauded as social justice heroes, they are instead villainized and attacked for promoting violence. Preservation of property is repeatedly deemed more important than the preservation of their lives.

This time, however, as the pandemics converged, there was a difference. Following the murder of George Floyd by police officers, the streets around the country (and the world) filled with protestors of all races. Although one pandemic called for people to stay at home and be socially distant with each other, the other pandemic demanded that people come outside and march closely together in their anger and pain. One pandemic urged individual action and responsibility to quell its power; the other required collective action and accountability to end its reign of terror. However, both pandemics require changes in our daily behaviors and attitudes if we are to survive as a society. Maybe, just maybe, we will emerge from these pandemics with our collective ability to breathe, assured.

References

- Black Lives Matter (n.d). <https://blacklivesmatter.com/>
- Brooks, R.A. (April 24, 2020). African Americans struggle with disproportionate COVID death toll. Retrieved from <https://www.nationalgeographic.com/history/2020/04/coronavirus-disproportionately-impacts-african-americans/#close>
- CNN Replay. (June 3, 2020). Van Jones grows emotional after seeing George Floyd's son at site of death. Retrieved from <https://www.facebook.com/CNNReplay/videos/596935324280019/?v=596935324280019>,
- Crewe, S.E. (April 22, 2020). African Americans disproportionately affected by COVID-19—Let's not let it become yesterday's news. *Washington Informer*. Retrieved from <https://www.washingtoninformer.com/crewe-african-americans-disproportionately-affected-by-covid-19-lets-not-let-it-become-yesterdays-news/>
- Fraley, L. (June 5, 2020). What to know about COVID-19 and shortness of breath. Retrieved from <https://www.healthline.com/health/coronavirus-shortness-of-breath>
- Tate, J., Jenkins, J. & Rich, S. (June 7, 2020). Fatal Force. Retrieved from <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>
- New York Times. (May 24, 2020). U.S. deaths near 100,000, an incalculable loss. Retrieved from <https://www.nytimes.com/2020/05/24/opinion/letters/coronavirus-100000-deaths.html>
- Whitaker, T. (2018). The fatigue of racism. In *Race and the Intersection of Abuse, Power and Control: Research & Reflections from the Black Perspective*. (Cosby, R. & Grant, R., eds). Washington, DC Howard University School of Social Work and the Multidisciplinary Gerontology Center.
- Whitaker, T & Snell, C. (2016). Parenting while powerless: Consequences of the “the talk.” *Journal of Human Behavior in the Social Environment*. DOI: 10.1080/10911359.2015.1127736

EPILOGUE: THE WAY FORWARD

Sandra Edmonds Crewe, Dean and Professor

If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say that you are neutral, the mouse will not appreciate your neutrality. Desmond Tutu

As we closed the 2020 academic year, our faculty agreed that our summer Black Perspective monograph would focus on COVID-19 pandemic and mental health in the African American community. Sadly, the death and infection rate has increased dramatically since our authors submitted their entries. Between May 2020 and August 2020, almost 100,000 additional lives in the United States were lost. And as of this writing, in many communities this number is still on the rise. This devastating continuous loss is an important imperative for this monograph. It leads the way forward and presents a culturally informed response to the deadly intersecting pandemics of health disparities, racism, and poverty.

Because the casualties of the pandemics are in our communities, in our families, and in our hearts, we pause to recognize the families, the individuals who are behind our numbers. Their lives matter, and we hope that this monograph helps to better understand the irreversible impact of their loss. Ashay.

The world is struggling to find a vaccine for the coronavirus. One might simplistically state that there is a “race for a cure.” Resources have been assembled to support the medical scientists in their quest. We are all rooting them on so that we can escape the confines of home, physical distancing, and barring visits to friends and loved ones. Our articles do not focus as much on the science associated with the vaccine, but more the absence of the same resourced effort to address the fallout from the pandemic and the deep seated causes that place African Americans, Latinx and other minorities in extreme vulnerability.

Despite the myriad of inconsistent messages, there has been one constant. African Americans are on the frontline of the pain of COVID-19. This does not diminish the grief and loss of other families who experienced losses of loved ones, financial stability, school, or more. They too are suffering. But the numbers, for African Americans are chilling. While not surprising, they trigger a myriad of emotions ranging from racism fatigue (Whitaker, 2016) to rage. Here is a disturbing data snapshot of the painful inequalities reported in terms of deaths by the APM Research Lab on August 18, 2020. The report (p.2) states:

that compared to Whites, the mortality rate for

- **Blacks is 3.6 as high**
- Indigenous people is 3.4 times as high
- Latinos is 3.2 times as high
- Pacific Islanders is 3.0 times as high, and
- Asians is 1.3 times as high.

If they had died of COVID-19 at the same actual rate as White Americans, about 19,500 Black, 8,400 Latino, 600 Indigenous, and 70 Pacific Islander Americans would still be alive.

Had the illusive equity and social justice been in place, almost 30,000 persons would be here to celebrate milestones and cherish memories. To address these disparities, we call for radical social justice that insists

that America own its history of neglect and abuse of African Americans and other at-risk minority groups. The Black Perspective provides a framework for resistance of the status quo and embracing practice that engages the disenfranchised and marginalized groups into solutions that demonstrate *authentic trust*. It rejects approaches that blame or patronize individuals who are being hurt by systems that are more focused on control than elevation of individuals and families served. Radical social justice in combination with the Black Perspective calls for disruptive leadership and in the words of the late Congressman John Lewis, making good trouble, necessary trouble.

Like other scholars, the contributors discuss social determinants, inequities, co-morbidities, racial inequality, poverty, economic insecurity, risk factors and other terms that cover the raw emotions of the tragedy that we have written about. Reading through each one and sitting with the discomfort is unsettling to say the least. Here are some of the words that authors use in their narratives.

Slipped away without a homecoming. Trauma. Toxicity. Urgency of now. Psychological distress. Vicarious communal training. Vulnerable and fragile. Burden. Persistent. Crisis. Historical exploitation. Out of sorts. Cheated. Tragedy. Fractured. Degradation. Exacerbated. Allostatic overload. Deaths of Despair. Lockdown. Psychosocial remnants of slavery. Food desert. Incalculable loss. Anti-intellectualism. Subjugation. Stretched to capacity. Say their names. Black lives matter. I can't breathe. Enough is enough.

These words convey the strong *emotions* that are embedded in the authors' scholarship. Additionally, the feelings are captured by the art "overcoming" by Shanell Kitt and "Say Their Names and Black is Beautiful" by Ms. Lyanne Abu-Bader. Dr. Kadie Atkinson, a May 2020 Ph.D. graduate states, "The issue is not that it cannot be done, it is whether there is a sincere will for it to be done." And a seasoned scholar-activist, Dr. Annie Brown states "A time of crisis reveals the character of people, organizations, and nations. And that character has consequences for how an entity perceives and responds to the crisis." Despite their approximate 50-year age difference, their sentiments are the same--- both say that the way forward is related to will that is determined by character.

Consistent with the principles of the Black Perspective, each of the authors has offered some specific recommendations that will help to navigate the troubled waters and perhaps build a bridge that will lead to an end to the underlying conditions that have claimed the lives of over 170,000 American lives and over 13,000 South Africans through August 2020.

The impact of COVID-19 on the mental health and well-being of African Americans has been discussed from both a life course and programmatic lens. Authors have discussed the impact on children and adolescents as well as adults and older adults. Throughout the articles there are implications for practice and advocacy that will shape a better world. Our authors from the University of the Western Cape join in the important processing of what we are experiencing.

I am ending with some of the recommendations that can be incorporated in our teaching and social work practice.

- Use our voice to provide tangible supports to families
- Explore the Trauma Resiliency Model (TRM) as a therapeutic intervention
- Expand behavioral health workforce trained with cultural intelligence
- Expand access to technology for telemedicine in marginalized communities
- Incorporate trauma-informed practices into existing service systems
- Avoid simplistic explanations to complicated phenomena
- Facilitate wellness and well-being during the pandemic period

- Refute the false perceptions that COVID-19 is an equal opportunity disease
- Form coalitions with other affected and infected minority groups to ensure reliable messages
- Be willing to explore diagnoses beyond the classification of diseases via DSM
- Make sure that social justice conversations do not remain stagnant—they should become action item agendas
- Avoid one-size-fits-all approaches to grief and loss
- Challenge policies that prevent nursing home visits- foster ways to connect
- Find ways to address the technological disparities in juvenile justice system
- Integrate faith practices in the healing process
- Expand the human-animal bond in addressing mental health challenges
- Expand dialogues with allies to change behaviors and attitudes
- Rebuild the social fabric of our country, then rebuild the neglected mental health system
- Challenge governmental policies that masquerade as the bastion of democracy
- Begin again on a new change. to promote social justice that builds upon historical milestones
- Call their names
- Say Enough is enough

These recommendations emerge from the pain of the pandemic coupled with an appreciation of what has gone wrong and the possibility of doing better. In their opening essay, Dr. Gourdine and Dr. Cross remind us that “we do not intend to just talk as our history dictates that we will also act-in the best interest of our communities.” It is hoped that the monograph and these recommendations stimulate such action—someone’s life may depend upon it.

When you see something that is not right, not fair, not just, you have to speak up. You have to say something; you have to do something.

John Lewis

The master's tools will never dismantle the master's house.

Audre Lorde

References

- APM Research Lab (2020). The Color of Coronavirus: COVID-19 deaths by race and ethnicity in the U.S. Retrieved August 25, 2020: <https://www.apmresearchlab.org/covid/deaths-by-race>
- Whitaker, T. (2016). **Poverty: Research & Reflections from the Black Perspective**, Tracy R. Whitaker, DSW and Jeanni N. Simpson, M.Ed., MSW (Eds.). Howard University School of Social Work & the E. Franklin Frazier Center for Social Work Research.

Author Biographies

Kadee D. Atkinson, PhD, MSW, LGSW is a Drug Abuse Treatment Specialist with the Department of Justice. She is a graduate of The Florida State University with a B.S. in Family and Child Sciences and earned her MSW and PhD in Social Work from Howard University. Her research interests include trauma, mental health, adverse childhood experiences (ACEs), and women's issues.

Esinam Berchie, BSW is a second semester graduate student in the Community, Administration, and Policy (CAP) Practice concentration at the Howard University School of Social Work. In her graduate study, she is focused in the Mental Health field of practice. She received her undergraduate degree in Psychology with a concentration in Crisis Counseling. Her desire is to grow and obtain tools in her graduate study that will allow her to serve a diverse number of populations.

Annie Brown, MSW, DSW is Professor Emerita from Howard University School of Social Work having joined the faculty in 1993. Dr. Brown. earned her B.A. Dillard University in New Orleans, her MSW from the George Warren Brown School of Social Work at Washington University in St. Louis and her DSW from Howard University School of Social Work. Dr. Brown has published in the areas of child welfare, social welfare history, mental health, and African American adolescent girls.

Devyn Brown, MSW is a second-year doctoral student at Howard University. She currently lives in Washington, D.C. and serves as the Director of Programs at an anti-human trafficking agency. Ms. Brown received her BSW and MSW in Social Work from San Diego State University. She advocates for incarcerated Black men stems and has experiences working with the criminal justice system.

Gloria Cain, MSW, PhD as an Adjunct Professor with the Howard University School of Social Work. She serves as the Director of Training for the Howard University Hospital Screening, Brief Intervention, and Referral to Treatment (SBIRT) Community Expansion program, and Co-Chairs the Howard University Department of Psychiatry's Community Engagement Project. She received her Master of Social Work from the University of Pennsylvania School of Social Policy and Practice and a PhD in Social Work from The Catholic University of America.

Tralisa Colby, B.S, MPH is a graduate of The University of Maryland School of Public Health, and The George Washington University Milken Institute of Public Health. She holds a Bachelor of Science in Behavioral and Community Health and a Master's in Public Health. Currently, Tralisa works for Howard University Hospital and Howard University College of Medicine, Department of Pharmacology as a Health Educator for the SBIRT program.

Robert Cosby, PhD is Assistant Dean of Administration, an Associate Professor, and Director of the Howard University School of Social Work Multidisciplinary Gerontology Center. Dr. Cosby is a gerontologist and a policy specialist. Currently, Dr. Cosby teaches Social Welfare Policy and Services; Community Organization; Human Services Administration; and Race, Class and Gender. He has interests in Social Isolation and Older Persons; Racism; HIV-AIDs, Spirituality and Health Care Disparities and Inequalities. He has worked in Health and Human

Services at the local, State and Federal levels with over twenty years of experience in health, public health, Medicaid, and long-term care initiatives.

JaNeen Cross, MSW, DSW, MBA, LICSW, LCSW-C is a clinical social worker in private practice. She is an Assistant Professor at Howard University School of Social Work. Dr. Cross holds an MSW and BSW from Temple University, an MBA from Rosemont College, and a DSW from the University of Pennsylvania. Dr. Cross is a former Health Education and Leadership Scholar (HEALS), health policy postdoctoral fellow with the NASW. Her research interests include maternal child health, health disparities, and medically fragile newborns.

Amber Davis, PhD, LCSW attained her B.S. from the University of Florida in 2010 and completed her MSW from Florida State University in 2013. She completed her PhD in Social Work from Howard University in 2019 where she focused on issues of disability policy and transition youth with disabilities. Dr. Davis is a Licensed Clinical Social Worker who has a keen interest in the intersectionality of disability, class/SES, race and other markers of difference that impact functioning and integration into society. She is a current postdoctoral fellow at UC Davis and part of a research team that conducts research on neurodevelopmental disabilities and transition into adulthood.

Janice Davis, PhD maintains a private practice in Prince George's County Maryland. She has 30 years of experience as a social worker in child welfare, health care, and substance abuse. Dr. Davis' research interests include nontraditional students, workforce development, first generation college students, health disparities, the impact of behavioral and mental health on social class and substance abuse. She has a PhD from Morgan State University, School of Social Work and MSW from Howard University.

Sandra Edmonds Crewe, Ph.D., MSW, ACSW is dean of the School of Social Work, Howard University, Washington, DC. She is also a professor and an expert in housing and caregiving—with an emphasis on quality of life across the life span Dr. Crewe is a board member of the National Association of Social Work Deans and Directors (NADD), Maryland Affordable Housing Trust, American Association of Service Coordinators, and Home Care Partners. Dr. Crewe is a NASW Social Work Pioneer©. Dr. Crewe's current research interests related to caregiving in the African American community and social isolation. She is the principal investigator of the SAMHSA Mental Health Awareness grant.

Janice Edwards, PhD, LICSW, LCSW-C is a clinical social worker in private practice. Dr. Edwards serves as an Associate Professor in the School of Social Work at Howard University. She received her MSW degree from Howard University School of Social Work and her PhD from the National Catholic School of Social Work, Catholic University. She is the principal investigator of a Health Resources Services Administration (HRSA) grant training Social Work students in Behavioral Health and OUD/SUD disorders in medically underserved communities.

Mr Sibulelo Gawulayo is a Lecturer in the Social Work Department, University of the Western Cape (UWC), Cape Town, South Africa. He holds a Master's degree in Child and Family Studies coupled with a Bachelor's degree in Social Work both from UWC. His research interest is in public health with a specific focus in family functioning and stroke. Sibulelo has ongoing

publications in the following areas: social support to facilitate social justice for stroke survivors and their families, the introduction of technologies in higher education and two meta-analysis of youth in gangs and women abuse. His current research projects are in developing social dimensions of social inclusion in social work and supported education framework.

Ruby Gourdine, MSW, DSW, LICSW, LCSW is a full professor at Howard University and chairs the Direct Practice Sequence and Co-Chairs HBSE I. She is a two time graduate of Howard University and received her MSW from Atlanta University School of Social Work (now the Whitney M. Young Jr. School of Social Work at Clark Atlanta University). Since her tenure at Howard she has been principal investigator or co-principal investigator on grants examining school social work, welfare reform focusing on teen mothers/ child well-being; disproportionality in the child welfare system among African American children. She has edited two special issues journals focusing on parenting and race and social justice. Dr. Gourdine and Dr. Annie W. Brown published a book entitled “Social Action, Advocacy and Agents of Change: Howard University School of Social Work in the 1970’s. She is also an NASW Social Work Pioneer.

Stephenie Howard, PhD, LCSW is the founder and president of Communities in Power, a nonprofit organization committed to supporting and empowering Black communities through community outreach and development and cultural competence trainings and consultation. Her research area is trauma, particularly as related to family violence. She teaches in counseling and social work.

Altaf Husain, MSSA, PhD serves as an Associate Professor and chair of the Community, Administration and Policy Practice concentration in the Howard University School of Social Work, in Washington DC. He also serves as the Chair of the Curriculum Committee, with oversight for the Master of Social Work (MSW) program. He has primary teaching responsibilities for the Displaced Populations field of practice specialization, which includes social work practice with individuals and families experiencing homelessness and natural and human-caused disasters, as well as with immigrants and refugees. He serves on the editorial board and recently served as a guest editor of a double issue on “Islam in the 21st century,” for the Journal of Religion and Spirituality in Social Work. He also serves as Associate Editor for the journal, Mental Health, Religion & Culture.

Lennon N. Jackson, M.Ed., MSW has more than 20 years of experience working in Student Affairs. She earned an M.Ed. from the University of Delaware and an MSW from the Howard University School of Social Work. She has worked at Cornell University, University of Delaware, South Dakota State University, Montclair State University, Phillips School, and the Court Services and Offender Supervision Agency, Re-Entry and Sanctions Center in Washington, DC. She is a native of Trinidad and has served the Northeast Greek Leadership Association Board of Directors, the Interpersonal Violence Prevention Program Advisory Board and Women As Change Agents at Howard.

Karen M. Kolivoski, PhD, MSW is an Assistant Professor at the Howard University School of Social Work in the Community, Administration, and Policy (CAP) Practice concentration, where she teaches courses on social policy and services as well as criminal justice. She is also the Data

Consultant for the Crossover Youth Practice Model (CYPM) at the Center for Juvenile Justice Reform (CJJR) at the Georgetown University McCourt School of Public Policy. Dr. Kolivoski's area of research expertise involves improving the lives of youth in the child welfare, juvenile justice, and criminal justice systems. Specifically, her goal is to strengthen collaborations between child welfare and juvenile justice systems to improve outcomes for crossover youth who shift between them.

Marcel P Londt is the former head of the Department of Social Work at the University of the Western Cape UWC), Cape Town, South Africa. She holds an undergraduate degree from UWC, A Clinical MA from the University of Cape Town (UCT), postgraduate certificate from the University of Louisville, Kentucky (USA) in assessment and intervention with Juvenile Sex Offenders and a PHD from UWC. She is closely associated with intervention, assessment and program development for children, adolescents and adults who present with sexual behaviour challenges. Her current research and community engagement strongly focuses on Families in Crisis, refugee issues and gender based violence.

Danica Nestor, LMSW is a Licensed Graduate Social Worker and 2nd year doctoral student at Howard University. Danica's experience as a social worker includes foster care, case management, neurosurgery/neurosciences medical social work, and psychiatry. Her area of interest is focused on Black men and their mental well-being. She hopes to use her research to break stigmas and normalize the utilization of mental health services.

Denise Scott, PhD is an Assistant Professor in the Department of Pediatrics and Human Genetics. She is the Program Director of the Howard University Hospital Screening, Brief Intervention, and Referral to Treatment (SBIRT) Community Expansion program. Dr Scott received her Master's in Genetic Counseling and PhD in genetics from Howard University.

Rachel L. Shelton, MSW is a doctoral student in the social work program at Howard University. She completed a BA in communications at Notre Dame of Maryland University and an MSW degree at Howard University. Ms. Shelton is involved in projects targeted at providing services and resources for medically underserved communities. After doctoral degree completion, Ms. Shelton would like to continue teaching in a social work program and further advance her area of research

Jacqueline Smith, PhD is an associate professor in the School of Social Work at Howard University located in Washington, DC. She holds a BA from American University in Washington, DC, a MSW with a social policy specialization from Howard University, a MA in Sociology with a specialization in complex organizations from the University of Michigan, and a PhD in sociology and social work from the University of Michigan. Her published research focuses on the mental health of the African American elderly and the well-being of African American children in foster care.

Cudore L Snell, PhD is a Professor in the School of Social Work at Howard University and Assistant Provost for International Programs. He has conducted the School's International Service-Learning Course to Cape Town for the past ten years. He is an active Board member of the US International Council on Social Welfare. Dr. Snell is engaged as lead prevention

specialist in a long-term Fetal Alcohol Spectrum Disorders Prevention research project. He is also an NASW Social Work Pioneer.

Karen Stapleton, MSW, LCSW is a fourth-year doctoral student at the Howard University, School of Social Work. Her area of special interest is the impact of unresolved early childhood trauma on female, African American military service members and sworn federal law enforcement personnel. She holds an undergraduate degree from Virginia State University (VSU), an MSW from Virginia Commonwealth University (VCU), and a trauma certification from the NASW Virginia Chapter.

Tracy Whitaker, MSW, DSW is an associate professor and the associate dean for academic and student advancement at the Howard University School of Social Work. Prior to joining the faculty of Howard University, Dr. Whitaker directed the Center for Workforce Studies & Social Work Practice at the National Association of Social Workers (NASW) for over a decade and is a nationally recognized expert in the social work labor force. Dr. Whitaker's research focus is 21st century racism and its particular implications for African American parents. Dr. Whitaker received her MSW and a DSW from Howard University.

Angela Wilbon, MSW earned her BSW and MSW from the University of Iowa. Currently she is a doctoral student at Howard University School of Social Work. Ms. Wilbon has served as a medical Social Worker at Children's National Medical Center in the District of Columbia for the last 13 years. Angela is a therapist in a private practice in Maryland.



At Howard our program specifically focuses on culturally relevant mental health education. We offer the following professional development opportunities and referrals to resources.

Mental Health First Aid (MHFA)

Mental Health First Aid is a public education program that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact, and overviews common treatments. The course uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect persons to professional, peer and social supports as well as self-help resources.



Mental Health Awareness in the African American Community during the COVID-19 Pandemic

This 2-hour webinar focuses on understanding the pandemic in terms of the mental health impact on African Americans. It provides an overview of the pandemic and focuses on disparities that influence mental well-being and mental health.

For more information:

www.howard.edu

Sandra Edmonds Crewe, Ph.D., MSW, Principal Investigator

secrewe@howard.edu

Janeen Cross, DSW, MSW, Co-Principal Investigator

Janeen.cross@howard.edu





The School of Social Work offers PhD and MSW programs including dual degrees with Master of Business Administration, Master of Divinity and Master of Public Health based on our unique historical perspective and framework, emphasizing social justice, cultural competence, strengths, resiliency, transformation and empowerment for oppressed and underserved people domestically and globally.

Sandra Edmonds Crewe, Ph.D., ACSW

Dean and Professor

Inquire Today!

Sandra A. Gammons, Director of Admissions

Howard University School of Social Work

601 Howard Place, NW | Washington, DC 20059

Phone: 202-806-6450

[Email: socialworkadmissions@howard.edu](mailto:socialworkadmissions@howard.edu)

www.socialwork.howard.edu



The Black Perspective: Our Guiding Philosophy

The core values reflect the Black Perspective, the guiding philosophy of the School of Social Work. The Black Perspective has been a part of the inception of the school and later evolved to include a focus on health and well-being and socio-cultural dynamics to be addressed in practice. The formalization of the Black Perspective occurred in the 1970s. It reaffirms the richness, productivity and vigor of the lives of African Americans, Africans, and people of color and marginalized and oppressed people in other parts of the world and emphasizes the delineation of ways in which the strengths of African Americans can be used to respond to oppressive and discriminatory systems. Additionally, the Black Perspective calls for sensitivity to the experiences of all oppressed and underserved groups and embraces an international dimension with special emphasis on Africa and Caribbean. Thus, while our students are uniquely prepared to engage and work with diverse Black populations, they are equally readied to work with all other populations, particularly those that have experienced oppression and discrimination.

Six Principles of the Black Perspective

Affirmation-The Black Perspective is an affirming and profoundly liberating stance at both the individual and collective levels. It celebrates the richness, productivity and vigor of the lives of African Americans and Blacks in the U.S. and in other parts of the world. The School of Social Work is committed to imbuing social work practice and theory with this Perspective. This mission means a commitment on our part to use increasing levels of scholastic productivity and rigor, teaching effectiveness, and social work practice competence as tools to advance the contemporary Black agenda, as well as a commitment to public services, a service arena of importance to the Black community.

Strengths-Precisely because the Black Perspective is first of all an affirmation of strength, it insists on delineating ways in which that strength can be used to respond to the continuing oppression of Black people. The search for the causes, consequences and elimination of oppression is inherent in all areas of social work practice, research, and education.

Diversity-The Black Perspective is distinctive but not monolithic. Simplistic, global characterizations of Black individuals, families, groups and communities are intolerable. It is equally unacceptable to overlook the genuine cultural, economic, political and social bonds of distinctiveness that do exist. Producing social work practitioners, researchers and educators who are faithful both to the commonalities of interest and experience and to the rich and complex diversities within the Black population is a demanding educational task. Knowledge of commonalities and diversities is continually expanding. Keeping abreast of that knowledge, contributing to it, and shaping social work practice to it are prime elements of our mission.

Vivification-The Black Perspective is a positive and vivifying stance, not a negative or exclusionary one. This means that the School of Social Work has a special mission to educate Black social work practitioners, researchers and educators while at the same time providing quality professional education to all students regardless of race, creed, sex or national origin. The School's curriculum gives primacy to Black content and, in fact, the School is a national leader in the development of social work curriculum materials that are responsive to the Black population. At the same time, the curriculum provides all of our students with a broadly- based professional preparation which gives them career flexibility and the skills to work with the diverse elements of modern American society.

Social Justice-The Black Perspective means a special sensitivity to the experiences of all oppressed and underserved groups in American society. There is no contradiction between giving primacy to the Black experience and being responsive to the perspectives and experiences of other groups who have been subjected to oppressive forces. Howard University's heritage as a leader in the struggle for social justice places the School of Social Work in a uniquely advantageous position to work with all groups seeking equality and freedom from oppression.

Internationalization-An international dimension with a special emphasis on Africa and the Caribbean area is intrinsic to the School's Black Perspective. The School of Social Work has a mission to educate international students for positions of direct social work practice and leadership roles in social welfare administration and policy in their home countries. A second aspect of the international dimension is our School's commitment to developing that area of social work practice dealing with refugees and other displaced populations -- both those individuals displaced within their own countries and those displaced across national borders. A final aspect of the international dimension is the School's desire to foster in its graduates a sense of involvement and commitment to other parts of the world as an element of their professional identity. This is especially important for those areas where issues of social justice and social welfare for people of color are crucial.

<https://socialwork.howard.edu/about-us>



Art work by Layanne Abu-Bader