

Racism Is a Public Health Crisis: Social Workers Leading the Charge



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“I am over this pandemic! I just want things to get back to the way they were!” This has been the sentiment of many who were inconvenienced by the pandemic that trapped us in our homes, away from family, friends, and colleagues. The pandemic that forced us to wear masks and engage in physical distancing. Is it over? Can we just get back to normal, back when the biggest challenge was deciding where to go for summer vacation? For many people, however, life has been a bit more complicated. COVID-19 underscored the stark reality of the inequities that have persisted throughout the history of our country—and those inequities were now staring us in the face and targeting our most vulnerable citizens. As a society, we were powerless to stop it.

Putting the Pandemic in Perspective

Nationwide, frontline social workers have collectively focused on advocating for, coordinating, and facilitating access to personal protective equipment (PPE), vaccines, food, and other valuable resources. The effectiveness of these efforts was overwhelmed by the significant demand and limited supply. Again, two very different scenarios played out. For some people, access to resources meant a slight departure from the norm; for others, it was an entire shift in household climate, which fundamental cause theory attributes to socioeconomic status (Gay et al., 2020). With increased access to material and social capital comes better access to critical resources to address challenges like a pandemic. The inverse is also true—and felt by minority communities.

Systemic factors contributing to health and socioeconomic disparities do not magically disappear in response to a pandemic. In fact, they become, glaringly, “the most shocking and the most inhumane,” because death often results (Gay et al., 2020). While urging legislators to address racial inequities in the healthcare system, Gay and colleagues (2020) quoted these words spoken by Dr. Martin Luther King Jr. more than 50 years ago. Very little has changed

since Dr. King’s time. Holtzman and colleagues (2022) recognize the continued misclassification of minority health conditions, including death, as a primary factor in racial disparities. Essentially, it is impossible to address health disparities in a community of individuals if those individuals are misidentified or underreported.

Long-Term Consequences of Stress

Allostatic load represents “physiological wear and tear on the body in response to stress” (Van Dyke et al., 2020). The natural aging process becomes amplified by limited or no access to adequate healthcare, clean air, and healthy food. Environmental stressors such as crime, racism, and poor housing conditions also exacerbate it. Van Dyke and colleagues (2020) found that minorities have greater levels of allostatic load, with cumulative effects contributing to adverse health outcomes. False negatives related to health disparities, devaluation of race-specific health conditions, and insensitivity to cultural factors have resulted in significantly higher incidents of breast cancer, cardiovascular disease, and diabetes in minority communities (Dhanani & Franz, 2021; Doan, 2021; Holtzman et al., 2022; Van Dyke et al., 2020).

When Dr. King spoke of racism and inequities in 1966, he was not just addressing access to healthcare (Gay et al., 2020). Living wages, freedom from implicit bias and discrimination, and access to quality housing, transportation, and food deeply intersect to create physical, mental, and emotional stability and the opportunity for optimal health (Acosta, 2020; Calvente, 2021; González et al., 2022; Krieger, 2020). Socioeconomic, environmental, and physiological vulnerabilities were no match for COVID-19.

Minority deaths from COVID-19 are underreported or misrepresented due to gaps in data management (Holtzman et al., 2022). Very little if any information is collected from the dying or their living relatives. Assumptions are made and recorded by individuals who have had no contact with the deceased, leading to hardships with insurance companies or withholding of valuable resources to remaining family members. The lack of sensitivity afforded to the dead and dying is a significant factor in mistrust of medical professionals among the living.

Dr. King’s Challenge

How, then, can the health and well-being of minority communities be improved in ways that respond to the charge issued by Dr. King more than 50 years ago? Social workers on the

frontlines have advocated for increased access to PPE, vaccines, and other resources in minority communities. They have sought to increase awareness of the needs of vulnerable communities, especially access to childcare, changes in work options, and expansion of unemployment benefits to cover basic household expenses (Liebow & Rieder, 2022). Although every person has an individual responsibility to challenge racism, we, as social workers, have a moral obligation to extend those efforts beyond ourselves—to change the systems in which racism exists. Not doing so is tantamount to no action at all. Communities across the United States have engaged in efforts to declare racism a public health crisis (Centers for Disease Control and Prevention, 2021). These petitions and resolutions call for decolonization of White sovereignty, antiracist education, and dismantling of racist assumptions (Calvente, 2021; Holtzman et al., 2022; Liebow & Rieder, 2022). The National Association of Social Workers (2021) emphasizes the profession's ethical responsibility to the general welfare of all—from the local to the global level. "All" includes the social work professionals who have continued to maintain their positions on the frontlines while carrying allostatic load and facing vulnerabilities to COVID-19, racism, and discrimination (González et al., 2022).

Conclusion

The COVID-19 pandemic was catastrophic to minority communities. For many people, the recovery period is estimated to take decades, if recovery occurs at all (Dhanani & Franz, 2021). Systems of inequity and racism will persist until a collective and relentless effort is made to dismantle them. The challenge to social work professionals is to provide education and facilitate action to prevent those systems where racism existed from being reestablished.

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