



BLACK PATIENT'S GUIDE TO COVID-19

VOLUME 2

BY DR. RUTH ARUMALA, IN PARTNERSHIP WITH COLOR OF CHANGE



In the past 13 months, the COVID-19 pandemic has ravaged the world, tearing families apart and challenging normalcy at its core. At the time of this update, the United States Centers for Disease Control (CDC) reports that there have been over 27 million COVID-19 cases and 500,000 deaths in the United States. Unfortunately, Black people have been disproportionately affected. Black patients are 1.1 times more likely to be infected, 2.9 times more likely to be hospitalized and 1.9 times more likely to die from COVID-19 than our white counterparts. It is widely theorized that long-standing systemic health disparities and social inequities are largely to blame. More specifically, racial discrimination, inadequate access to healthcare, jobs with high exposure risks, income/wealth gaps and housing play a major role in this health

inequity. It is imperative that governors and local health departments collect vaccine dissemination data by race and allocate medical and public health resources to communities most affected by the virus with least access to the vaccine and medical treatment.

This guide aims to review the current state of the pandemic and how it affects the Black population, discuss effective prevention methods, provide tips on how to navigate treatment, share updates on vaccine distribution, and address frequently asked questions.

Although written by a physician, this guide is not intended to take the place of your healthcare provider. It is designed to provide additional information to help you digest the ever-increasing information about the virus and vaccination.

PREVENTION & BEST PRACTICES

Regardless of state mandates or your vaccination status, the CDC recommends that everyone continue to practice the basic principles of COVID-19 prevention:

- Wear a mask over mouth and nose in public, even when social distancing
- Social distance by staying 6 feet away from other individuals
- Avoid large public gatherings
- Wash hands frequently and thoroughly
- Clean hard surfaces several times per day

The known symptoms of COVID-19 include: fever, chills, muscle aches, difficulty breathing, loss of taste and/or smell, nausea/vomiting and change in bowel movements, particularly diarrhea. If you are experiencing symptoms:

- Call your healthcare provider
- Be very specific about your symptoms
- Disclose known contacts who are affected
- Remind your provider about underlying health conditions and what you do for a living — especially if you are public-facing, an essential worker, or have not been able to “shelter in place.”
- If you are experiencing severe symptoms such as persistent fevers and sustained shortness of breath, please present to the nearest emergency department.

NAVIGATING CARE

If you are sent to an emergency room or urgent care, be sure to include the following inquires about your care:

- Specifically ask to be tested for COVID-19 and indicate any underlying health conditions.
- If you are given an alternative diagnosis, ask if you should self-quarantine, as well as the specific amount of time you should remain in self-quarantine.
- Ask your provider if you should replace personal hygiene items like toothbrushes or pillow cases.
- Ask your ER provider if a chest X-ray is indicated.
- Set a follow-up appointment with your provider, which can be done via telemedicine. As a general rule, everyone seen in the hospital should follow up with a provider in 7-14 days.
- Do not leave the emergency room without having all of your questions answered and having a good sense of the severity of your symptoms.

If you feel that your symptoms are not being taken seriously:

- Be persistent. Calmly reiterate your symptoms and any underlying health condition.
- Share your fear and mental anguish about contracting the virus.
- Ask for denial of a test to be noted in your chart.
- If the provider does not have access to tests, ask for the closest testing location.

THE COVID-19 VACCINE

The COVID-19 vaccine was granted emergency use in a manner that was expedient by the FDA. Prior to distribution, vaccines are thoroughly evaluated and tested.

There are four main reasons why COVID-19 vaccines were fast tracked: **(1)** The scientific community is familiar with other variants of coronaviruses, such as SARS (bird flu) and MERS. **(2)** Since messenger RNA (mRNA) vaccines have been developed for more than a decade, the infrastructure for the COVID-19 vaccines was in place. **(3)** The pandemic made a large population of subjects available for the vaccine trials. **(4)** Given the deadly nature of the pandemic, government mandates enabled the FDA to prioritize COVID vaccines. Emergency use authorization does not affect a vaccines' effectiveness or safety. COVID-19 vaccines were developed and tested using widely accepted scientific and medical principles.

The United States Food and Drug Administration (FDA) approved emergency use of three vaccinations against COVID-19: The Pfizer vaccine is recommended for people 16 years old or older and 2 doses are given 21 days (or 3 weeks) apart; the Moderna vaccine is recommended for people 18 years old or older and 2 doses given are 28 days (or 4 weeks) apart, and; lastly, the Johnson & Johnson vaccine is recommended for people 18 years old or older and is given in a single dose. To date, greater than 50 million individuals have been successfully vaccinated.

VACCINE DISTRIBUTION:

The CDC drafted a rollout plan intended to decrease death and the burden of serious disease, particularly on individuals with health disparities, and preserve societal function.

MUTATIONS OR VARIANTS:

Scientists discovered that the COVID-19 virus has developed mutations resulting in at least three new variants of the virus. Given that these strains seem to have developed after the release of the Pfizer and Moderna vaccines, there is uncertainty as to whether the vaccine will confer immunity against these variants, although there is some speculation it will offer at least partial protection.

The J&J vaccine was developed at a time when these variants were circulating and is believed to offer good efficacy against the variants. You can find updated information on COVID-19 mutations on the [CDC Website](#).



FREQUENTLY ASKED QUESTIONS

Since our first guide, there are new questions about COVID-19. Let us address the most frequently discussed concerns here:

“It’s about to be summertime. Can I attend large gatherings like block parties or birthday parties?” The CDC recommends that everyone continue to avoid large gatherings.

“Do I still need to wear a mask, social distance, and take other preventative measures if I’ve been vaccinated?” Yes. Regardless of state mandates or whether you’ve been vaccinated, the CDC recommends that everyone continue to practice the basic principles of COVID-19 prevention, including wearing a mask, social distancing, washing your hands thoroughly and often, and other preventative measures listed above.

“Is the COVID-19 vaccine the Tuskegee experiment all over again?” In 1931, the “Tuskegee Study of Untreated Syphilis in the Negro Male,” initiated by the Public Health Service and Tuskegee Institute, began to study the effects of syphilis in Black men over time. The study initially involved 600 Black men: 399 men with syphilis and 201 who did not have the disease. The study was conducted without patients’ informed consent, and the men believed they were receiving treatment for “bad blood.” In fact, doctors withheld syphilis treatment, even when penicillin was proven to cure the disease in 1947. 1 Opportunities for consent and proper treatment were withheld from 399 Black men. Their health deteriorated and they suffered the dire effects of syphilis. It’s believed at least 40 of their wives and 19 of their children also contracted the disease.² The Tuskegee study was an unethical, malicious national tragedy.

The COVID-19 vaccine is intended to treat those who are sick and at high risk of death. Rather than withholding treatment, medical and public health professionals are working to make the vaccine widely accessible, so people will be able to protect themselves from death and other severe COVID-19 symptoms.

“Are Black people being targeted for the vaccine?” No, unfortunately, there are notable racial disparities in the current vaccination reach. The CDC states that race/ethnicity is known for about 55% of the vaccine recipients. The known racial distribution is 63% White, 9% Hispanic, 6% Black, 2% Asian, 2% American Indian/Alaska Native, and 14% other.

The disparities are more glaring when you examine the data on a state level. For example, in Mississippi, Black people make up 38% of the total population, 38% of cases, and 40% deaths but have only received 22% of vaccinations. The vaccination distribution

is currently managed by the U.S. government, particularly state governments. The available data suggests that Black people are not being prioritized for the vaccine although we are 1.1 times more likely to be infected, 2.9 times more likely to be hospitalized and 1.9 times more likely to die from COVID-19 than our white counterparts.

“Can you tell me more about the Johnson & Johnson COVID-19 vaccine?” This J&J vaccination is a single-dose vaccine approved for individuals aged 18 years and older. The J&J vaccine has features include: **(a)** Possible protection against various virus variants, as it was studied in various countries at a time when the mutations were present; **(b)** one dose may ensure more fully vaccinated individuals; **(c)** It can be stored at routine refrigeration temperatures unlike the other two vaccines that required freezing temperatures, enabling easier storage, handling and transport; **(d)** the J&J vaccine has been shown to be safe and effective in protecting the recipient against both moderate and severe COVID-19 disease.

“Should I take the vaccine if I am pregnant or trying to become pregnant?” The American Society for Reproductive Medicine (ASRM), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM) “do not recommend withholding the [COVID-19] vaccine from patients who are planning to conceive, currently pregnant, breastfeeding, or undergoing fertility treatment.” In fact, all three reputable societies encourage eligible patients to receive the vaccine.

“Can I become sick or paralyzed after taking the vaccine?” Common side effects of the vaccine include pain at the injection site, muscle soreness, tiredness, headache, fever, and chills. Side effects can last a couple of days to a week and are more commonly experienced after the second dose. Having hemiparesis on one side of the face is known as Bell’s palsy. It is most commonly seen after a viral infection. The cause-effect correlation between the COVID vaccine and hemiparesis has not been established.

“Will the vaccine be incorporated into my DNA and change who I am?” At no time will the mRNA from the vaccine be incorporated into your DNA or inside your cells. In your body, messenger RNA (or mRNA) carries codes that tell your body how to make different kinds of proteins. More specifically, the COVID-19 vaccines have mRNA that are coded to trigger our cells to make a spiked protein that is specific to Sars-Cov-2. Once this spiked protein is displayed on the surface of our cells, our immune system will recognize that this protein should not be there and will create more immune cells to fight that specific protein. Thus if exposed to coronavirus, our body is primed and ready to fight.

1 <https://www.cdc.gov/tuskegee/timeline.htm>

2 https://www.kqed.org/news/11861810/no-the-tuskegee-study-is-not-the-top-reason-some-black-americans-question-the-covid-19-vaccine?fbclid=IwAR2ayG2a4OjLqE-gjCT3LEPyLYebX39vfkSg9qm5wOVDp2FVUR4XAX_bsk