During the AIDS crisis, BLACK PEOPLE were left behind. We can’t do the same with COVID-19
What we know:
The United States and more than 100 countries around the world are responding to the “corona virus”. The scientific name for the virus is SARS-CoV-2. The disease that the virus causes has been named “coronavirus disease 2019” or “COVID-19”. Some individuals may acquire this infection and not get sick, others may have mild symptoms, but a subset of people develop life-threatening respiratory disease.

Who is at risk?
The virus is highly contagious and threatens everybody in terms of its infectiousness. The following groups are particularly vulnerable to developing serious complications:
- Individuals with respiratory symptoms like shortness of breath and cough AND either fever or fatigue and who are also: Older adults (over 65) and people who have chronic medical conditions like HIV, heart disease, diabetes, and lung disease.

Others are at increased risk of being exposed to this virus:
- Healthcare workers caring for patients with COVID-19; and
- Travelers returning from affected locations where community spread is occurring also are at elevated risk of exposure.

It’s important to note that in spite of early popular myths circulated via social media suggesting that young people, specifically “millennials,” and Black people are immune to the virus they are not! Black people and young people contracted the virus, some have become seriously ill.

How is the coronavirus spread?
According to the CDC Coronavirus is spread mainly from person-to-person. The virus is transmitted between people who are in close contact with one another (within about 6 feet) and through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. The droplets can also persist on surfaces for hours.

What we don’t know and why Black LGBTQ/SGL people should be concerned?
Black and LGBTQ/SGL are more likely to have chronic conditions, like cardiovascular disease, cancer, and HIV/AIDS, which can increase risk of exposure to COVID-19. Similarly, Black and LGBTQ/SGL people experience discrimination in and additional barriers when accessing health care—these challenges can be exacerbated in small, rural, and isolated communities throughout the country. It is also worth noting that policies have been adopted recently that allow health care providers to refuse treatment based on religious or moral beliefs, which can have a disproportionate impact upon Black people who are or are perceived to be LGBTQ/SGL.

- There is not data, by race, on who is being tested and treated for the virus. While we don’t know how many Black and Black/LGBTQ/SGL people are impacted or have been tested or treated we do know that in the U.S. Black people suffer from disparities in diagnosis and treatment.
We know that this virus disproportionately affects people who have comorbidities and Black people are disproportionately affected by almost every cardiovascular disease in the U.S. which means that we’re more likely to be at risk for the virus. We also know that Black and Black/LGBTQ people are more likely to lack paid sick leave and adequate health insurance should they feel or become sick.

We also know that Black and LGBTQ/SGL people are more likely to work in the food service, restaurant, entertainment, and other service industries. Many of these businesses have closed putting Black LGBTQ/SGL people out of work. The stress from the lack of income may exacerbate pre-existing vulnerabilities for Black LGBTQ/SGL people including mental health challenges, and predisposition to self-medicate using alcohol, for example.

There is a lot that we do not know about the virus. This should be tempered with all that we do know and the resources that exist to respond to the pandemic. The question that each of us can commit to ensuring is answered is as follows: are the resources being apportioned to address what we know about health disparities, racism and homophobia in America? The answer is typically no, let’s ensure that’s not the Rona response.

We should also be concerned about the mental health implications of social isolation. As social isolation increases over the coming weeks and months… as individuals engage in social distancing it can exacerbate underlying mental health issues such as suicidal ideation and substance use.

Policy Recommendations/Things YOU can do:

- Increase your competence, learn about the virus and how it’s spread and what you can do to protect yourself and those you love.
- Follow CDC guidelines on hand-washing and social distancing.
- Call your representatives and urge them to:
  1. Protect and expand the Affordable Care Act;
  2. Provide emergency support for Historically Black Colleges and Universities (HBCUs); and
  3. Increase support for pediatric, child and adolescent therapists and mental health providers.
- Start or support a petition to freeze rent, mortgage, and utility payments in your state during the crisis.

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RESOURCES:

Learn all about “Dat Rona” on the informative and really Black podcast In Those Genes

How ‘the Rona’ specifically impacts the Black community

Anyone who thinks that they are being discriminated against, in health care, because of their real or perceived sexual orientation or gender identity should contact: Lambda Legal, the ACLU LGBT Rights Project, or GLAD: GLBTQ Legal Advocates and Defenders.

For the latest information on the spread and response to the Coronavirus visit the Centers for Disease Control and Prevention resource page.

CDC recommendations to protect yourself and your family.

CDC COVID-19 Información en Español

Coronavirus, COVID-19, and Considerations for People Living with HIV and LGBTQIA+ People

Doctors Are Concerned That Black Communities Might Not Be Getting Access To Coronavirus Tests.

Coronavirus layoffs disproportionately hurt Black and Latino workers: ‘It’s almost like doomsday is coming’