

African Americans in Milwaukee are dying from - Milwaukee Journal Sentinel: Web Edition Articles (WI) - April 24, 2020

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As we near the first anniversary of Milwaukee County and the City of Milwaukee declaring racism a public health crisis, the COVID-19 pandemic and its undue burden on African Americans sheds light on why this declaration was essential.

This declaration, a first of its kind, was borne out of hundreds of years of oppression and devaluation of African Americans. It is no secret that Milwaukee County is one of the most segregated communities in the country or that the county ranks 71 out of 72 in Wisconsin for health.

We live in a community where an African American lives 14 years fewer than a white person. A community where an African American baby is nearly three times as likely to perish in infancy than a white baby.

Daily Digest: What you need to know about **coronavirus** in Wisconsin

And now, a community where an African American is three times as likely to die from COVID-19 as a white person.

As a result, we have chosen to be transparent with the disparities that COVID-19 has underscored in our community. Our county dashboard makes the racial disparities evident.

Why do these disparities exist? A natural and time-honored tradition is to blame. Were there inappropriate gatherings? Were people not heeding orders to stay at home? Don't they understand the dangers of the disease?

Each of these issues may play a role, but they are factors in all communities, regardless of race, ethnicity, gender, age, or income.

More likely, the reason the region's African American community has suffered the initial brunt of COVID-19 mirrors the reasons it suffers a heavy burden from other diseases.

African Americans are more likely than whites to die of heart disease, cancer, strokes and diabetes. Infectious diseases such as COVID-19 are no different, though the impact is perhaps more pronounced due to the shortened timeline from infection to death.

Coronavirus and chronic diseases target the African American community with precision due to the higher rates of poverty and inequity that result from institutional racism.

Consider the idea of social distancing. It is a key to preventing the spread of COVID-19. But social distancing is difficult when you work a job in the service industry without proper protection or a job that doesn't allow you to work from home or one that provides no paid sick leave.

Social distancing is hard when a long tradition of discriminatory lending for small-business development has led to a lack of equity for African American families to lean on in hard times. Social distancing is impossible when a history of redlining and intentional segregation has led to challenges in homeownership, increased rates of poverty and cohabitation among families.

Once illness comes and medical needs arise, those left behind by a broken health care system come into focus. Where do the poor and marginalized (too often African Americans) get tested? Where do they get their coughs evaluated, their inhalers prescribed?

And when they do find medical care, why are there fewer probing questions, less provider trust of symptoms, less access to treatment?

These are not new questions, though they have become more urgent during the pandemic.

We have the best health care in the world if you are white — and if you can afford it.

But if you aren't white, if you cannot afford it — you are the person with a lower life expectancy, you are the infant who doesn't live into childhood.

You are the person dying from COVID-19.

We must expand access to health care and health information. We must target messaging to our most underserved communities. We must provide resources to allow for enhanced social distancing, especially among those for whom it is most difficult. We must provide support for those who cannot work yet must feed their families.

We must be transparent about our disparities as we seek solutions. After the dust settles on the great pandemic of 2020, these disparities must not be allowed to recede into the shadows.

As the city and county learned nearly a year ago, a key to progress is understanding the effects of racism on our community and our world view. Policy decisions ranging from health care access and education to social and economic programs must be viewed through the lens of racial equity.

If we lift up our most underserved, underprivileged, undervalued and under-resourced populations, we will all reap the benefits — pandemic or not.

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