About the Web Publication
JUST Health is a community-sourced web publication hosted by the Center of Excellence at Stanford School of Medicine, dedicated to elevating the voices of the San Francisco Bay and beyond around health justice, activism, and advocacy. This publication is designed to spotlight thought, research, challenges, and inroads in health disparities, health inequity, and social justice in medicine, health and wellness.

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Welcome to the 2nd issue of JUST Health!

We are pleased to open this issue with submissions that reflect the challenges of our time. This journal operates under the premise that our society is in need of more voices that encourage us to listen, think, and act in order to help our societal neighbors. It is with that goal in mind that we invite you to enjoy this edition as a consumer and reader; we also invite you to consider a role as contributor.

Please send us your thoughts about this issue by visiting us on Instagram or Twitter. If you are ready to submit your piece for the next issue, click this link and share your story, research, or arts-focused expression of health disparities. This work lays the foundation for building a community of scholars, citizens, scientists and researchers, neighbors, educators, learners, and activists who envision a better, healthier society for all people.

In light of the increased acknowledgement of brutality against those within the AAPI community, we would like to first iterate our understanding that these crimes have always taken place and this is nothing new. We would like to shine a light on the disparities experienced within the AAPI community as a result of these incidences of hate.

We understand that since the beginning of the COVID-19 pandemic and throughout, members of the AAPI community have faced increasing bias and harassment. Stop AAPI Hate is an nationwide coalition aimed at addressing anti-Asian discrimination amid the pandemic. According to a National Report released by Stop AAPI Hate in March 2021, the two most common types of discrimination reported are verbal harassment (68.1%) and shunning (20.5%) — deliberately avoiding Asian American individuals.¹ Physical assault (11.1%) comes in third for the types of discrimination and incidences reported.¹ Recently, in the past month, things have only gotten worse as evidenced by the violent attacks against Asian Americans in the Atlanta, Georgia spa shooting. It was an abhorrent act of brutality that we must all condemn unequivocally.

Furthermore, we cannot discuss these issues without identifying a part of the cause. The absolutely racist, hateful, and impermissible rhetoric adopted by some in society regarding the COVID-19 disease must end now. According to a Rhetorical Analysis of Hate Speech, hate speech rhetoric often neglects the ethos and logos and solely relies on pathos to persuade the audience to commit to hate.² It is natural for humans to succumb to ideas that are easy to believe, though not logical, reasonable, or from a credible source.

We at JUST Health encourage our readers to conquer their innate prejudices and advocate against all acts of biases or discrimination. In the words of Dr. Martin Luther King, “Injustice anywhere is a threat to justice everywhere.”

In Justice and in Health,
The JUST Health Editorial Board


Igniting Our Communities to Eliminate Health Disparities

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Quarantinanniversary Reflection

By Jheannelle Johnson

This piece is a self-reflection that is written exactly one year from the day when COVID-19 first entered my life. The purpose of the piece is to relate to the feelings of those who have never recovered from the effects of COVID-19, both physically and emotionally. It is to look back at the “progress” in the last year and reflect on critical errors made from not only a health viewpoint, but also a humanity standpoint as well. It is to acknowledge that disparities within minority communities are not only found in the diagnoses, but also with treatments as well. Most importantly, it sheds light on the idea that community cures and no sole person has ever achieved anything great for society on their own.

19.

The year 2019 was the last time I had truly seen
a face that wasn’t masked behind a screen.
COVID came and never left
Engraved itself a wet foot in cement
Like sediment it solidified and eroded
Until its edges became sharp and punctured our hearts
My mistake, our lungs
Taking our breath away and not in the good way
We gasped and reached for the normalcy that was slipping away
But at last our air supply got lower and lower
And the world began turning slower and slower
Until one day it all just stopped.
The world I once knew
Was removed from my line of vision
To a world that I could only envision on a screen
Not the Zoom or Teams kind.
And even in the midst of tragedy
We face the sad reality
That healthcare is a privilege determined by your race
As suppose to nationality
In a country that weaponizes brutality in the form of medicine.
Where minorities are being euthanized
By the lack of basic supplies
That are needed to stay alive
In exchange for their white counterparts to live inside
Their comfortable privileged bubbles.

Able to complain about their rights to unmask and walk free
When some lost their ability to breathe

Igniting Our Communities to Eliminate Health Disparities
Because social distancing during a deadly pandemic
   is too much responsibility for me.
Yet they still get to be the first in line
   To get vaccinated on time
And proceeds to tweet on their timelines
   That All Lives Matter.
We both know the latter
That mental wellness and physical health risks
   Are higher in communities of color
So let's help one another
   Brother to brother
   To defeat the virus.
For the names that died in vain
   Or vanity I should say
And work to heal to live
   To survive another day.
When America catches a cold, African Americans catch pneumonia

By Elizabeth Bolaninwa & Jaden Petrus

Black people have been guinea pigs for medical exploration since slavery. This paper is an opinion piece on Black mistrust of the healthcare system and its manifestation during the Coronavirus pandemic. Representation matters, and it seems the only places Black people are being represented are in COVID-cases and mortality rates. White academia, healthcare professionals, and lawmakers must do a better job of prioritizing and advocating for Black lives in practice, rather than simply tweeting about it.

Black people have been mistreated by doctors and the healthcare system far before the infamous Tuskegee Syphilis Experiment. Since slavery, Black bodies have been exploited and experimented on for medical gain. The 2007 book, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* by Harriet A. Washington, is filled with accounts of historical medical experimentations. Henrietta Lacks is a prime example of the exploitation of Black bodies. She visited John Hopkins Hospital with complaints of “vaginal bleeding,”¹ and after being tested, a large cancerous tumor was discovered. While she was being treated, her cells, now famously known as ‘HeLa’ cells, were being studied without her knowledge. Henrietta’s cells were unlike any cells Dr. George Gey, a cell biologist at Johns Hopkins, had ever seen before. While the other cells he previously studied died quickly, Mrs. Lacks’ cells doubled almost every day. Her cells have lived far longer than she has as they are still, to this day, used to “study the effects of toxins, drugs, hormones and viruses on the growth of cancer cells without experimenting on humans [and HeLa cells] have been used to test the effects of radiation and poisons, to study the human genome, to learn more about how viruses work, and played a crucial role in the development of the polio vaccine.”¹ Despite Henrietta’s cells being taken without her consent to create the HeLa cell line and support a multibillion-dollar biotechnology industry, she never received a dime. To this day, no equitable compensation has been given to her descendants for the wondrous advancements Henrietta’s cells have given medicine and research. Black bodies, often used to make necessary medical discoveries, are left with no compensation, gratitude, or even acknowledgment. In fact, we are denied the treatments that our bodies helped create under the false pretenses that we exaggerate our symptoms, cause illness to ourselves, or do not feel pain. It should not be a surprise that Black people are hesitant to get the Coronavirus vaccine. In fact, it only makes sense for Black people to be hesitant. Black and minority healthcare professionals who take on the initiative of educating their communities are underfunded and under-supported. White efforts made to engage and educate the Black community on vaccinations and health education, in general, are insufficient, and when outreach is made, it is often disingenuous, leading Black and African Americans to believe their bodies are playgrounds only to be used for white gain.

As aspiring healthcare professionals, who are also Black women, this reality is
extremely frightening. The assumption that all physicians expunge their implicit biases once they take their Hippocratic Oath is false. In fact, racial disparities are most prevalent in the healthcare field through the lack of adequate treatment that minority patients receive. As double minorities, it seems like it is our responsibility to ensure our communities care and subscribe to a system that, time and time again, has proven it does not care and will not protect patients and civilians that they feel are not worthy of treatment. More times than not, worthy is synonymous with rich and white. According to Black healthcare professionals and students, this burden of education, advocacy, and the push for fair treatment is placed on our backs with little to no help from academia, hospitals, and white healthcare professionals. With this context, it only makes sense that conspiracy theories and explanations have emerged. Why should the Black community trust a system that has broken its trust since its inception?

Coronavirus statistics are a clear depiction of the racial disparities in healthcare. According to the APM Research Lab, “Pacific Islanders, Latino, Black and Indigenous Americans all have a COVID-19 death rate of double or more that of White and Asian Americans, who experience the lowest age-adjusted rates”. Why are minorities more likely to contract and then die from COVID-19? There is a simple answer to this question: the system is built intended for this outcome. Systemic racism has halted the advancement and health of the Black community. These effects of systemic racism pool into virtually every aspect of the Black experience in the United States. Housing insecurity, food deserts, mass incarceration, and the school-to-prison pipeline are just a few of the many direct consequences of systemic racism. So the question is not, “Why are minorities more likely to die from COVID-19?” It is, “why wouldn't we be?” The effects of racism cause an increase in comorbidities that statistically leads to a higher rate of death when one contracts Coronavirus. For example, Black people have higher rates of “obesity, diabetes, heart disease, and lung disease.” Yet, Black people and other minorities, particularly indigenous communities, aren’t prioritized for vaccine distribution, even when the data shows they are dying at disproportionate rates from preventable illnesses. As Howard University students, it is only natural for us to use Washington, D.C. as an example of this. The nation’s capital, previously filled with Black and African Americans, was formerly known as “Chocolate City” until gentrification and economic segregation diminished the Black population to 45 percent. According to the Washington City Paper, “Black residents make up about almost 75 percent of COVID-related deaths in D.C. and Hispanic/Latinx people account for the next highest death rate at 13 percent...” Ironically, the wards with the highest rates of COVID-related deaths are also the ones most densely populated with African Americans.

A side by side map of D.C from the Washington Post depicts the share of residents fully vaccinated compared to coronavirus deaths per thousand. It is depicted that “D.C.’s Wards 7 and 8 have the lowest vaccination rate, despite high number of coronavirus deaths.” Compared to some of the whitest and affluent areas like Ward 3 where more than 12 percent of the population is vaccinated, only 5.4 percent and 3.9 percent, respectively, in Wards 7 and 8 have been
vaccinated. As you can guess, these wards contain some of the poorest areas in D.C. and have a high population of minorities. Shouldn't it be intuitive that those that are dying from COVID-19 the most, should be the first to receive the life-saving vaccine? Unfortunately, but consistent with the pattern of not prioritizing disenfranchised communities, this isn't the case.

Black people are consistently put on the back burner and this pandemic further proves the absence of genuine protection in the communities that need it most. It is not enough to acknowledge racism as a public health crisis—We know that already.

Healthcare is only one factor that composes the U.S.’s Social Determinants of Health (SDOH), but it is a major factor in determining one’s overall quality of life. As defined by the Center for Disease Control (CDC), “SDOH are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes.” For centuries, predetermined systems and circumstances put in place to dismantle African American success have prevented disadvantaged African Americans from living longer, healthier lives. The constant fight for equitable standards of living that range from police brutality to significant disparities in healthcare cannot only be fought by the Black community. We need advocates that aren’t on the sidelines behind their smartphones, but rather advocates writing policies, making decisions at the top of the healthcare industry, and serving on the boards of pharmaceutical companies, in the labs, and in the hospitals! We need these people to care about these health disparities, and we can do this by calling on them, protesting, making appointments with our local representatives, and leaving a loud enough imprint that will get them to take action. By showing these potential advocates how detrimental these health issues are to our communities, the world can start holding the right parties accountable and ultimately commit to positive change. For white healthcare professionals and lawmakers alike, it is convenient for Black people to be skeptical of the vaccine because it helps them avoid having to prioritize us, something many biased professionals would do regardless. When America catches a cold, African Americans catch pneumonia, and it’s hardly acknowledged or cared about by anyone but us. In order for there to be true health equity, everyone has to assume the “burden” of educating and advocating for Black people. Political statements mean nothing if, in reality, Black and African Americans are not being prioritized in these processes.

References:
a day in Her life
By Muneeza Sheikh

“a day in Her life” is a poem that I originally wrote in 2017, during my time mentoring girls who resided in the refugee camps of Dhaka, Bangladesh. Through my work in women and girl’s health advocacy over the course of a few years, this piece emerged as a montage of my exposures to the muted but widespread stories of girls burdened with marriage and childbearing. This poem follows the story of an unnamed, fictional girl who represents the harsh realities of girls around the world that share similar experiences. It captures the cultural norms that make these girls disproportionately vulnerable to physical and psychological manifestations of mental deterioration. The inspiration for this poem stems from various sources but is primarily based on my growing cognizance of healthcare disparities amongst vulnerable refugee girls. The piece is written in free verse, organized in stanzas, each consisting of four lines that mirror rigid societal expectations, except for the last stanza that deviates from this pattern. This forces the reader to participate with the girl as she slides the ring, once a symbol of promising communion but now one of deceit, on and off her fingers in a moment of painful realization. Through the story of this anonymous girl, readers can gain insight into the interconnected nature of cultural norms and a restrictive environment and how these impact the potential to attain optimal physical, mental, and psychological health. This socially disadvantaged population is robbed of these opportunities by a patriarchal backdrop that thrives on its oppression. So this is Her, and She has a story.

a day in Her life

standing on rocks to reach pots She cooks
meat that is still raw,
She knew how to read words but
now only stares at cleaning labels in awe.

as She crouches to pick broken pieces of glass She
remembers Her father’s eyes that watered with relief, yet
tried to memorize Her in a wedding dress so loose that it
longed for curves to hug.

guests not much older surround Her, clapping and singing rhymes
that She tried to stop from escaping Her tongue. vivid memories of
play rush in Her mind
that all happened just yesterday.

when Her intruder breaks in Her wall and opens a door
that should be locked years more Her
body is helplessly fragile and Her dress does not seem so white anymore.

and only now when She pulls a band on and off
of Her small grimy fingers does She realize that gold gleams in the sun and glares in the darkness of night.
Mental Health Disparities: The Neglected Stepchild of the COVID-19 Pandemic

By Tannaz Safari

This is an opinion piece that articulates the idea of mental health before and during the pandemic as an important component of health disparities that needs to be considered. The piece weighs the different aspects of mental health and its contributing factors. People tend to deal with stress of traumatic events in a wide variety of ways, hence the counseling care provided should be targeted and specialized. This piece also discusses how the mental health of communities across the world have been affected since the COVID-19 pandemic, and elaborates on the importance of maintaining mental health as opposed to brushing it under a rug and letting it become deeply rooted over time. The challenges we have faced since the pandemic have proven to be a barrier in seeking counseling. Suggestions regarding how healthcare providers should move forward addressing mental health issues are offered as they are a very important part of addressing health disparities.

When we hear the term “Health Disparities,” the first thought in our minds is usually an irregularity or decline in physical health amongst a group of people. Often overlooked is the notion of “Mental Health Disparity”, despite the fact that the mental health of many has deteriorated significantly among most groups of people worldwide during the COVID-19 pandemic. It is much harder to diagnose mental health decline since it often does not manifest symptoms or require urgent care the way physical health often does. Addressing mental health was hard enough to begin with, and has become even harder to address during the pandemic since communication between patients and healthcare workers has predominantly transitioned online. Mental health is oftentimes under-reported, so it is critical for primary care physicians to inquire about their patient’s mental status during routine check ups.

Mental health can be neglected by both the patient and their health care provider. Physicians actively inquiring (and addressing) their patient’s personal challenges is just as important as asking about their physical health. A patient's mental health condition, even ones as easily overlooked as situational or seasonal depression disorder, can contribute to the development of major chronic physical conditions. For example, a patient who is depressed may stop taking care of their physical health, cease working out and eating healthy, or even stop being compliant to taking their medications or other treatment regimens.

Mental health disparities differ widely across cultures, and they can affect patients’ openness in seeking help, especially during this COVID-19 pandemic. Culture and beliefs can heavily determine an individual’s decision to seek mental health services. According to a 2016 pre-pandemic study by the American Psychiatry Association, Caucasians suffer the most from mental health issues compared to Hispanics or African Americans. However, numbers could still be under-reported among minority groups due to cultural beliefs about seeking care. The study
also shows that even though Hispanics and African Americans make up a small number of people who suffer from mental health issues, their symptoms are more persistent than any other ethnic group, further indicating how different mental health issues can manifest across cultures and communities.

Culture and community both impact one’s willingness to seek and receive mental health services such as therapy. For example, Middle Eastern communities tend to view seeking therapy with a negative connotation. Thus, it will be challenging to provide mental care services to a population that tends to suffer in silence during trying times. These communities may be the ones most in need of counseling.

COVID-19 has only exasperated the world’s predispositions to mental health issues. With the year-long quarantine came not only social isolation and loss of social support, but also financial instability and uncertainty about the future, which was enough to provoke anxiety, even in those not predisposed. In addition, the huge downfall in the economy resulted in countless jobs, houses, and businesses lost. Many relationships and marriages were also strained. However life-altering these events can seem, the most important and traumatizing aspect of COVID-19 has yet to be discussed: the loss of loved ones. Many patients on their deathbed were in the hospital alone, unable to sit next to loved ones and say goodbye in their final moments. Families were left behind without a concrete sense of closure.

Public health services have attempted to provide their counseling to patients during isolation. However, it is not enough given the contributing factors and the traumatic events of 2020 that have forever left their mark on the world. Multiple obstacles must be overcome in order to go back to normalcy after the COVID-19 pandemic. To return to normalcy, physicians must all be aware of the emotional damages caused, whether they are clear to see with the naked eye or not. Health care providers and mental health services must be proactive about overcoming the online communication barriers to avoid future repercussions of unaddressed psychological issues. Physicians need to be assertive about recognizing symptoms and offering support services to vulnerable communities with “mental health disparities.” Vigilance is needed from the physicians of today and tomorrow to be aware of their patients’ personal challenges and their cultures.
COVID-19 Vaccine Hesitancy in the Black Community
By Rasheena Wright

The swiftness of the COVID-19 vaccine production and research led to great hesitancy amongst people of all races, especially in the black community. Black people are disproportionately affected by COVID-19, with the highest rates of disease severity and mortality. They are nearly 3 times more likely to die as compared to whites.1 A vaccine would potentially reduce the mortality gap, but vaccine hesitancy threatens this solution. Here, this opinion piece discusses the factors of vaccine hesitancy and ways to reduce this hesitancy in the black community.

In March of 2020, the virus named SARS-CoV-2, also referred to as COVID-19, took the world by storm, shutting everything down and forcing people to social distance. Weeks after the disease emerged in late 2019, scientists around the world started to develop a cure. Eventually, two COVID-19 vaccines were approved by the FDA for emergency use in December of 2020. The swiftness of vaccine production and research naturally led to vaccine hesitancy amongst people of all races, but the highest rates of vaccine hesitancy were observed in the black community. Black people are disproportionately affected by COVID-19, with the highest rates of disease severity and mortality. They are nearly 3 times more likely to die as compared to whites.1 A vaccine would potentially reduce the mortality gap, but vaccine hesitancy threatens this solution.

Vaccine hesitancy is defined as a “delay in acceptance or refusal of vaccination despite availability of vaccination services”.2 North Carolina Central University conducted a study of 1,004 participants, of which 948 people indicated their race. 59.1% of the participants were Black, 26.6% of the participants were white, and 14.4% were Latinx. According to the study, only 23.4% of Blacks said they would get the vaccine when it became readily available, as compared to 36.1% of whites. The most common reason for vaccine hesitancy amongst all groups was safety.

To understand vaccine hesitancy in the black community, we must investigate why black people are hesitant to get the COVID-19 vaccine in the first place. In a study conducted by the University of Pennsylvania, they conducted focus groups in communities of elevated COVID-19 cases. They conducted this study with 24 black barbershop and salon owners living in these areas. COVID-19 prevalence among this group was high, with 79% of the participants knowing someone diagnosed with COVID-19.

The study conducted by the University of Pennsylvania showed that one of the most common reasons for vaccine hesitancy was participants felt vaccine development had been rushed.3 They perceived the timeline for testing the vaccine was rushed compared to the timelines for other vaccine testing. They also expressed concerns regarding the safety and effectiveness of the vaccine. Many voiced opinions about not knowing what was in the vaccine and if it would make them sick. Other concerns included unethical practices and research against the black community in the healthcare field. It is notable to mention that someone in the focus group stated, “But I see them trying to go to a place like that (prisons) to try this stuff on them, which is what they
used to do with vaccines, try it on prisoners and see how they respond”3. Another factor for hesitancy was mistrust of the government.

The most effective way to reduce vaccine hesitancy in the black community is to build trust. According to Bogart, social services and healthcare providers are the most trusted source of information. Encouraging healthcare providers to speak out on the benefits and risks of the COVID-19 vaccine would encourage patients to take it. To effectively influence the black community, we must engage with church and community leaders, seeking them out to receive the vaccine and spread the word to members in their jurisdiction. Providing the communities with pamphlets and using public service announcements to discuss the components of the vaccine would encourage more individuals to receive the vaccine and reduce vaccine hesitancy. Also, making the vaccination studies available would be helpful. For example, Pfizer and Moderna have released their COVID-19 vaccine trials to the public. Broadcasting these studies publicly provides transparency with the vaccine process and strengthens trust.

In conclusion, there seems to be more hesitancy in the black community as compared to other racial communities and ethnicities. A study by Doherty classifies 62.7% of Whites, 74% of Blacks, and 59.5% of Latinx as vaccine-hesitant.2

To achieve herd immunity for COVID-19, 70% of the population would have to be vaccinated. This means we need nearly everyone on board to receive the vaccine. To increase the trust of the COVID-19 vaccine in the black community, we must use leaders in the community to act as information spreaders. This includes family members, church leaders, and general practitioners. Placing informational pamphlets that read “The COVID-19 vaccine does not contain live virus and will not make you sick” at the church and barbershops in the community is helpful. Empowerment in these communities is needed to bring awareness and action to overcome vaccine hesitancy and mistrust of the healthcare system.

References:


Inhaled exhale

By Neha Badade

Domestic violence has been an issue present for many centuries, mostly stemming from the concept of the patriarchy deeming itself superior to the female being. One in four women and one in nine men experience severe physical violence from their partners.1 However, since the pandemic struck and lockdowns have been in effect, this number has been increasing at a higher rate as victims are forced to be in the company of their batterers.2 This poem titled 'Inhaled exhale' is about a young fictional woman named Emerie, whose life has been rewinded up until the moment when she realizes she might escape her abusive husband. It begins with Emerie gaining her senses back before she loses them with suicide and continues to unfold her emotional journey backwards as her partner breaks the last thread she hangs onto in their relationship and destroys any hope for escape. This poem aims to describe a fraction of the brutal emotions that surround victims of domestic violence.


Her ears open up,
Lorde’s ‘Liability’ welcomes her senses.
The room, now a haven,
Just her presence, no consequences.
A hundred tears,
Make their way uphill.
Following the path home,
A journey towards broken will.
Her shaky hands,
Blur back into clarity.
As her heart stitches up,
Tied with threads of humanity.
Thin legs straighten up,
Leaning back on the table stall,
Which beds the shiny blade,
Now sliding away from veins so small.
Soft footsteps lead the way,
A figure meets her gaze.
A trickle of her fear,
Fades away as she stays.
His hand leaves her face,
Calloused fingers take back the scratches.
Her swiveled head falls back into place,
Flames come back from mere ashes.
The purple windows do little,
To keep away the brittle cold.
As an anger re-emerges,
Fueling the argument that enfolds.
“You’re worthless”, swallows the giant,
Snatching back his every word.
“I’m leaving”, she precedes,
Willing her stance to stay undeterred.
And time turns into a statue,
When ‘divorce’ covers the paper,
That slides back between the bones
Of her dainty colored fingers.
Her mind remains still,
Yet ever foreign to the option,
Of escaping this body,
To then live without caution.
She’s just twenty four,
An age redeeming its meaning.
When she looks at the paper,
Thinking “I want so much more”.
Now we come to a moment,
When the aforementioned never occurred.
She now dreamt of a life without him,
Words no longer left unheard.
Her courage says hello,
Peeking through the large blinds.
It’s hibernation now concludes,
She’s no longer undermined.
A mother far away,
Locks eyes on a memory,
Of her precious little girl,
Born with the name Emerie.
Yet her bonds could not reach,
Crossing roads and trees and hills.
It stops before the dark hall,
Where the strike echoed with a chill.
Little did she know,
Of Emerie’s finite courage.
How it held a broken thread,
Existing, yet malnourished.
Neither did she know two nights ago,
That embracing her child,
Would be the last of her warmth,
Still half spent on masking a smile.
In Today’s America  
*By Kamala Kenny*

The COVID-19 global pandemic has laid bare the need for universal health coverage in America and the bias healthcare holds against minorities in America. This opinion piece emphasizes the reasons America needs to address problems that exist behind the social infractions created by the pandemic, along with the underlying inequality and discrimination that has long existed in this country.

In the span of a few months, the effects of the COVID-19 global pandemic have torn at the very fabric of our society and turned the world as we know it, upside down. Businesses have shuttered, nations have closed their borders, communities have locked-down, and news reports have inundated us with the death toll and daily infection rates. While some in America express outrage and anger at liberties lost, others fret over surviving a looming recession, and our nation once again finds itself caught amid a crisis that rips into the heart of who we are and what values we wish to promote. I contend that today, more than ever, the most pressing societal issue we must address is the lack of proper universal health coverage that is for the betterment of all of America.

The United States is one of the only developed nations without a fully implemented universal health coverage and this pandemic has laid bare the bias healthcare holds against minorities in America. The COVID-19 outbreak is particularly devastating to our Black American communities because Black Americans are more likely to have pre-existing health conditions such as heart disease, diabetes, asthma, and obesity. Why? The reasons are deeply rooted in historical and contemporary inequity in access to and quality of communal services, including healthcare. Additionally, our community is less likely to have health insurance compared to the rest of the general population. Mortality disparities are deeply troubling; according to the APM Research Lab, Black Americans are 2 times or more likely to die from the virus than Whites, which is the second highest rate of all racial groups. And while Black Americans represent only 12.4% of the population, they have experienced 14.9% (73, 236 Black) of all deaths nationwide and suffered some of the greatest losses.³

In low-income Black communities, getting a test is nearly impossible and many Black workers feel compelled to go to work without proper protection because they cannot afford to miss a paycheck.⁴ Medical bills for COVID-19 treatment in an intensive care unit is a nightmare prospect for families without decent healthcare coverage. In today’s America, we have families who avoid treatment because they simply cannot afford to pay for it. In today’s America, young Black men have to risk exposing themselves to the virus, simply because going into a store with a facemask on is perceived as threatening by other parts of society.

The Founding Fathers envisioned a government that protected and called for an individual’s right to life, liberty and the pursuit of happiness. The first clause of the Constitution, Article I, Section 8, reads, “The Congress shall have Power to...provide for
the...general Welfare of the United States,” meaning they understood the important role the government played in promoting the physical well-being of its citizens. So why would health care not be a vital part of a right to life and liberty? As emphasized by the American Counseling Association, “If we have a right to life, is that right confined only to those who possess an endless ability to pay for it? Should it be?” The answer is no. All citizens should have access to health care regardless of income or status, and many of the Founding Fathers, such as Jefferson, Hamilton, Adams, and Franklin, publicly contributed to and promoted this idea and the improvement of health care. From 1784-1789, Jefferson worked to reform the public healthcare system in Paris and “in July of 1798, Congress passed and President John Adams signed ‘An Act for the Relief of Sick and Disabled Seamen.’ The law authorized the creation of a government-operated marine hospital service and mandated that privately employed sailors be required to purchase health care insurance.”

To fulfill the vision of its Founding Fathers, America needs to address problems that exist behind the social infractions created by the pandemic, along with the underlying inequality and discrimination that has long existed in this country. A forward-thinking nation knows that equal opportunities must exist in its education system, the justice system, employment opportunities, and of course, in its healthcare system to create a united, stable, and productive society. The Washington Post put it as, “Improving general health care and the state of medicine could have far-reaching positive economic and social consequences and is therefore beneficial for even poor and vulnerable Americans.” Yet for too long, America has chosen corporate profit over the health and well-being of its citizens. I believe that with better health coverage, we can begin to take a step in the right direction once again. Our country will see a reduction in poverty and crime and a better standard of living for all citizens.

To survive uncertain times like this, it is important to hold on to the values and norms that underpin our society. The norms that Americans hold true as American values — steadfastness, hard work, equal opportunities in society — are fractured and failing, and a bold new vision and direction must be implemented to create a stabilizing influence on American society. Universal health coverage is not socialist indoctrination but a powerful tool that promotes social equality and economic security to ensure all Americans are healthy and prosperous enough to participate in, contribute to, and compete and thrive in an ever-changing globally competitive 21st century.

It is clear our Founding Fathers did not envision a nation hell-bent on personal profit over a citizen’s access to health care regardless of income or status. It was John Adams who said, “Government is instituted for the common good; for the protection, safety, prosperity, and happiness of the people; and not for profit, honor, or private interest of any one man, family, or class of men; therefore, the people alone have an incontestable, unalienable, and indefeasible right to institute government; and to reform, alter, or totally change the same, when their protection, safety, prosperity, and happiness require it.” We must come together and address our biggest threats in order to heal America. We must reevaluate our values and understand that universal health care coverage is, as put by the World
Health Organization, “a critical component of sustainable development and poverty reduction, and a key element to reducing social inequities.”

References


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Igniting Our Communities to Eliminate Health Disparities
The Dehumanization of Undocumented Immigrants

By Anuoluwapo Adepegba

Immigrants remain the backbone of the United States. This opinion piece highlights the dehumanization of undocumented immigrants. Their contributions to American society are equivalent, if not more, to those that are United States citizens. We must redefine the meaning of being a citizen and dismantle xenophobic actions that render them a vulnerable population during the SARS-CoV-2 pandemic.

In the midst of the SARS-CoV-2 pandemic and the disease COVID-19, the moral standards of the United States have been tested. During these unprecedented times, the government continuously fails to recognize the humanity of undocumented immigrants. The unjust restrictions that do not protect them against this disease only perpetuates a xenophobic stance.

The United States Immigration and Customs Enforcement (ICE), since its establishment, has stated that its efforts are dedicated toward protecting America from the “cross-border crime and illegal immigration that threaten national security and public safety”.

This sentiment, however, has only implied that immigrants are dangerous. When we reevaluate the mistreatment of undocumented immigrants in the United States, especially during this pandemic, we must ask ourselves if we as a country are more dangerous than the ones we are told to fear.

Prior to the start of the pandemic, undocumented immigrants have remained a vulnerable population and this only worsened with the contraction of COVID-19. On March 18th, 2020, ICE announced that they will only make arrests that “pose a threat to public safety”, focusing on arresting those based on criminal grounds. They made a commitment to delay enforcement actions during this current state of emergency. In spite of this, ICE has continued to make arrests and has transferred individuals recently released from prison to their detention facilities. The disregard for social distancing in combination with poor sanitation conditions and inadequate health care has only increased the monthly case rate of people in their custody. These cases are 13.4 times higher than the United States general population.

The safety risks persist when detainees are constantly transferred between facilities, limiting their access to proper healthcare. As a result, four previously incarcerated detainees have sued the state of California in December of 2020, asking for $25,000 each due to the unsanitary conditions they faced in immigration detention centers.

Even with the dissemination of the new vaccinations, this does not provide hope to undocumented immigrants, those detained and those living among the general population. The federal government stated that vaccines are free of charge to all people living in the United States, regardless of their citizenship status or health insurance status. However, undocumented immigrants are still fearful to visit vaccination clinics. When they are forced to be spectators observing the mistreatment of other undocumented immigrants in detention centers, there is mistrust and a lack of courage to get the vaccine. ICE has a history of failing to vaccinate detainees and denying medical care to those that are medically vulnerable in their
detention centers. There have not been any positive indicators that there will be productive changes with the release of the COVID-19 vaccines. ICE is continuously non-compliant with its own guidelines and the guidelines established by the CDC concerning healthcare. It is understandable for immigrants without citizenship to be fearful of getting vaccinated. They do not want to expose themselves and risk the chance of being detained. Formerly, there was a fear of being deported. Now, there is a new and ever-growing fear of the health risk factors and prison-like treatment that are associated with being in ICE custody.

How long will the United States federal government fail to establish and follow its own ethical code? The treatment undocumented immigrants endure is inhumane, even prior to the start of the pandemic. Those that are not detained are typically living in poverty, and all of those, whether living among the general population or in detention centers, have limited access to health care. As a country, we must redefine what it means to be a United States citizen and look beyond simple legal statuses. Undocumented immigrants remain frontline workers and taxpayers, making crucial impacts in the midst of COVID-19.

Since the beginning of the pandemic, millions of immigrants have worked alongside citizens to ensure the safety and functioning of this country. They have played roles in every division of our society, from doctors and nurses to agricultural workers. It was not until the country was put on lockdown that their significance was recognized and the latter was coined an “essential worker”. As taxpayers, according to The Center for American Progress analysis, undocumented workers pay $79.7 billion in tax contributions and $41 billion in state and local tax contributions; their households combined spend $314 billion a year; they own 1.6 million of the homes in the United States and pay $20.6 billion in mortgage payments every year; and their employers contribute $17 billion of their payroll taxes each year towards Social Security and $4 billion for Medicare, which they are not eligible for. Each of their individual and collective contributions has pushed this country towards the right direction and they need to be valued.

As the daughter of parents who immigrated from Nigeria, I have a unique perspective on this issue. I understand that people migrate from their home country looking for better opportunities for themselves and their families, or simply to escape the dangers of their own country. Regardless of the reasoning behind their decisions, immigrants have sown seeds into the United States for centuries. Instead of imposing inhumane conditions on undocumented immigrants, we must improve our immigration system. Most people are seeking citizenship, but the process is long and ineffective. Until this system is fixed, it is this country’s duty to foster a space where healthcare resources are accessible, especially during a global pandemic. The lives of citizens of the United States are not salient to citizens of foreign countries.

Interview with Dillon Delvo, Executive Director of Little Manila Rising

By Makaelah Murray

This was an interview conducted by Makaelah Murray of JUST Health to highlight Dillon Delvo of Little Manila Rising, a nonprofit organization in Stockton, CA, which was birthed in an effort to preserve an already destroyed historic site known as Little Manila as a result of the construction of the Crosstown Freeway. In working to stop this destruction, Dillon and partners soon learned of the many different implications the destruction of this historic site had on the health of those within their community. Little Manila Rising emerged as a leader in the world of advocacy, justice, and equitable outcomes in Stockton, and more specifically South Stockton, which has traditionally been neglected. Not only do they serve the Filipino/a community but they aim to improve the outcomes of all marginalized groups. Little Manila Rising is composed of a remarkable group of individuals who genuinely want to do the “good work” necessary to make lasting change. Check out their website here: https://www.littlemanila.org/.

Please feel free to either read the transcripted version of the interview typed below or listen to the sound byte offered here: Interview with Dillon Delvo.m4a

1.) Description and aims of Little Manila Rising as an organization.

Little Manila Rising started out in the area of historic preservation, fighting the city of Stockton regarding the remnants of what was left of the historic site known as Little Manila due to the construction of the Crosstown Freeway. They were able to stop the demolition of the remaining historic site and then eventually blossomed into working towards integrating ethnic studies as an afterschool program for Stockton students about 10 years ago. They were successful in doing so and now the students from that after-school program have turned around and advocated that ethnic studies be implemented into school curriculum. They were also successful in their work because ethnic studies are now taught in the Lincoln Unified School District of Stockton. The students are currently advocating at the state level for ethnic studies to be taught as well.

Little Manila Rising took a turn towards public health work in a very organic way. The Greenlighting Institute reached out and asked if they knew that the Little Manila historic site is in the 100th percentile for asthma-related issues in the state of CA. They had no idea but soon learned that it was a result of building a freeway through the community. This freeway contributed to the prevalence of asthma-related issues which are killing South Stockton residents to this day. Dillon spoke of his life-long best friend and co-founder of Little Manila Rising, Dawn Mabalon, who died of an asthma attack in 2018. She lived just off of 8th street, a formerly redlined community and one impacted by the construction of the Crosstown Freeway and the pollution it brought. She was diagnosed with asthma when she was age 10 but in order for someone to save her life at age 47, intervention should have taken place back when she was 7 years old. Little Manila Rising then wrote a grant to honor her memory in conjunction with the CA Resource Board from which they used the funds to educate South Stockton residents about the threats of asthma, air pollution, and environmental justice. They have examined that climate change, historical
health disparities, and continued poor city planning all contribute to pollution existing on certain sides of town, and believe equitable solutions need to be created to make things right.

The late Dawn Mabalon of Little Manila Rising. Photo courtesy of @littlemanilastockton on Instagram.

In addition to their efforts in educating South Stockton residents, they also got involved in educating residents about the importance of the census and drastically improved the return rate previously seen in 2010. As a result, the Sierra Health Foundation reached out and asked them to help lead an initiative regarding hesitancy with the COVID-19 vaccine.

Dillon realized the importance of educating South Stockton residents when he took his 88-year-old mother to go get the vaccine. He got a link from a friend to vaccinate his mother at Karl Ross Post in Stockton, and noticed that everyone in line was predominantly white. According to US News and World Report, Stockton is the most diverse city in America so the lack of diversity present at this vaccination clinic was alarming. As a result, Dillon and Little Manila Rising began to question the validity of public health efforts in Stockton which led them to meet and open relations with the San Joaquin County Public Health Office. They began to ask the office very specific questions regarding the vaccination process and how the information was getting out. The vaccine is about saving lives and sadly, Stockton proved to be a microcosm of what America is: a place where privilege is awarded based on who you know.

The only reason Dillon found out about this vaccination clinic was because his friend who worked in healthcare shared it with him and the sad part was that it seemed to be a “secret” link that had not been shared with the general public. These realizations caused Little Manila Rising to look into best practices from other places in America where some vaccinators were going door to door in underserved communities to provide access to the vaccine. Little Manila brought this up to the San Joaquin County Public Health Office to increase equitable practices in our county. Sadly, not much movement has come from the office regarding these instances and Dillon believes it’s because of the culture of Stockton where marginalization has been normalized. Obviously, this needs to end and Little Manila Rising is committed just doing that.

2.) The impacts of COVID-19 on organization members and those they represent.

About a year ago, Little Manila Rising started getting into the issue of mental health because in the Flipino/a community, there are huge disparities. There is still a stigma regarding mental health and many Flipino/a(s) don’t see it as an actual issue. In places like the Bay Area and Southern CA, there is outreach and marketing specifically
targeting the Filipino/a community because it is such an issue but those same efforts in Stockton are unseen. Some background information on the topic: Filipino/a(s) make up 7% of the total population of San Joaquin County and in comparison, the Black community makes up 8%, so it’s the 3rd largest ethnic group in San Joaquin County. However, this is not widely known because Filipino/a(s) are often grouped together within the Asian community which contributes to the disaggregation of data regarding the Filipino/a community, a very big problem that must be dispelled. Filipino/a(s) make up 60% of the Asian population in San Joaquin County, yet they are still categorized, as a whole, within the Asian population even though there is a huge difference between Filipino/a, Japanese, and so on. The difference between these Asian races really sticks out especially when it comes to health as well.

To combat this misinformation and poor use of data-keeping standards, Little Manila Rising started working with San Joaquin County Behavioral Health Services and asked them to disaggregate the data. In terms of mental health, SJCC Behavioral Health Services reported that 12% of those they serve are Asian but Little Manila Rising prompted them to break that data down by race to specifically understand if Filipino/a(s) benefit from their services in any way. When the data was broken down, they found that Filipino/a(s) only made up 1% of the population acquiring these mental health services.

Youth often come to Little Manila Rising and explain they indeed struggle with mental health at times and it can be even more detrimental when their families don’t understand or believe them. This is really alarming for Dillon and members of the community because Filipino/a(s) are amongst the largest portion of Asian communities who commit suicide. Little Manila Rising was working to address these disparities in person but since the pandemic, they have transitioned the efforts to an online setting in hopes of creating a community where mental health is destigmatized.

Dillon Delvo in front of the Little Manila Historic Site. Photo courtesy of @littlemanilastockton on Instagram.

Additionally, the 2nd wave of Filipino/a immigration was a result of the nursing shortage here in the states during the Vietnam war. There were American nursing colleges put in place in the Philippines which caused many to see those schools as their opportunity to enter the United States. However, some of the highest death rates amongst nurses, as a result of COVID-19, are amongst Filipino/a(s). There are families that have been hit with losing parents, sisters, brothers, and loved ones and can’t even practice ritualistic grieving and healing which
many are accustomed to, adding to declines in mental health.

Dillon went on to explain when the US colonized the Philippines around 1898, a war was started and over 1 million Filipino/a(s) and 20 thousand American soldiers died as a result, which isn’t talked about in history classes. Filipino/a(s) at the time were depicted in the media as Black people so the same tropes and stereotypes that Black people have had to suffer through, they did as well which was the rationale behind the war. Buffalo soldiers actually started switching sides because they wondered why they were fighting people who were depicted in the same manner as themselves. This is an important story to tell, especially in regards to allyship and understanding where we need to stand in history because, after that war, the American schools put in the Philippines tried to erase all this history. Dillon explains this is a battle of the soul of our people because now there are folks who don’t want to see that history and would rather conform to the idea of the model minority and “assimilate”. And it’s these stories that really explain where we need to stand today and that is the heart of Little Manilla Rising because it wasn’t just their community that was destroyed by the freeway. Allyship can and should play a role in combating the many problems marginalized communities experience today. However, in Stockton, we’ve sadly seen how it has actually been the opposite.

3. Thoughts on fixing the problem regarding inequality seen in lines at vaccination clinics in Stockton.

Oftentimes, the first thing society tries to do is figure out the public policy that needs to be created to address problems but Dillon believes addressing the cultural norms of a society can be an even more powerful tool when it comes to solving these problems. He went to school at SF state for about 6 years and the thing that blew his mind was how different the culture was between Stockton and San Francisco, places just an hour and a half away from each other. There were so many different organizations in the Bay Area and it seemed as though culture and diversity were uplifted whereas in Stockton it’s almost seen as a detriment. In Stockton, it’s assumed that one is supposed to assimilate and fit in. So regardless of what kind of public policy is passed, if the culture of a community is to devalue culture and diversity as opposed to uplift it, the policy will have little impact. With public policy, a lot of times what they’ll say is, “Okay, we have a quota to meet so let’s just get that done” and then do the bare minimum to meet that quota and check boxes off as opposed to implementing genuine change. Stockton is full of people who do the bare minimum and don’t want to work to attain equitable care and outcomes for all. True equity can only come from people who do everything in their power to make a difference as opposed to doing the bare minimum. In Stockton, even when we have had people in place who could drive real change because they genuinely cared, they end up being attacked and then defeated, specifically in terms of what happened with our previous mayor, Micheal Tubbs.

Therefore, Little Manila Rising is trying to meet people in society who are in control of the various entities which impact health outcomes for residents and say “Hey, we want to help!” For example, with the people who are heading the vaccine rollout, Little Manila Rising asked them how they can help make
the rollout better. Could they help translate documents? Could they build up a network between the organizations so whenever information is sent out by the office, it could also be sent out to Little Manila Rising’s community? They ended up securing an agreement stating the two agencies would administer online workshops pertaining to the vaccine together and that one representative from San Joaquin County Public Health would be present at these online meetings as well. After debriefing from the meeting that set up this agreement, it was very apparent that the office wasn’t used to such engagement from the community. They were used to doing things on their own and at the very bare minimum. Dillon made sure to tell the story of taking his mom to be vaccinated and how the population getting vaccinated did not represent the diversity seen in Stockton, which instantly made the public health officials go into defense mode. However, instead of attacking, Dillon and Little Manila Rising offered various solutions. At the end of the day, Little Manila Rising believes these inroads must be made, especially because these officials in higher offices have never trusted communities of color. However, Dillon did bring up a very relevant point: there are a lot of people of color working in these roles but, again, because the culture is to assimilate as opposed to drive real change, they just adopt the attitude of doing the bare minimum. The importance isn’t in who is the face of change but rather what are they doing to implement lasting change? For example, one could be an idealistic person who went to college for public health because they want to bring equity to their city but after years and years of working within the system and facing pushback, it’s easy to give up. Dillon sees his organization as a way to build credibility by serving the community in a trusted manner, bringing resources to South Stockton residents and marginalized communities.

Dillon got his master’s degree in ethnic studies and his very first class was an English class taught by a Chinese woman who told him on the first day, “Everything I’m going to teach you right now is [jargon]. I will teach you how to write in an academic manner which means these rules were not created by our people, they were created by white people but if you don’t write in this way, they will dismiss your work, they will say you don’t know anything. The only reason I’m teaching you this is so that you can learn the game, win the game, and then change the rules.” Dillon believes such a sentiment is how we have to navigate the path to making real change. Minorities have to play the game and remember to not get sucked in or give up when things seem hard or easier to assimilate to a culture already set in place!

Dillon also felt it was really important to bring up Mayor Tubbs again because, he believes, his rise and fall as Mayor of Stockton is how modern-day assassinations take place. To combat character assassinations from those higher up in society, one needs resources and the Stockton community simply doesn’t have those resources to battle with. For this reason, Little Manila Rising strives to battle such problems in a very underhanded way. Little Manila Rising wants to do the “good work” in hopes of eventually changing the culture of Stockton. It was heartbreaking to see Stockton lose a Mayor like Micheal Tubbs but that is what happens when the community fails to educate themselves on the realities of others and people in power feel as though their power is being threatened. When it comes to
social justice and equity, in the end, it’s about a transition of power and when those in power get pushed to a certain extent, they will push back big time but they have a lot of resources to assist in the pushing. Mayor Tubbs had a choice: to focus on the good work or spend a lot of effort and resources battling the other folks. He made his choice to focus on the good work and now Stockton must deal with the consequences of him no longer being in office. The conclusion Dillon made was that one can’t really make the change necessary in Stockton by elected office because it’s impossible to be focused on the good work while always having to combat those in power elsewhere within the city. Dillon believes he and Little Manila Rising are in a stronger position to make a change from the outside as a nonprofit.

4.) Advice regarding lack of access to the vaccine and navigating the pathway to getting it.

Little Manila Rising is still trying to devise a clear path to the vaccine for those who lack access. One answer Dillon does suggest for the moment is to sign up here: https://myturn.ca.gov/. They have also begun doing work around phone banking in efforts to address vaccine hesitancy in communities of color, and have even been able to sign people up during those calls. The only problem they are encountering is how they can get the populations to vaccine sites who don’t have access to transportation. They’re trying to figure out who has certain services to get them there. Dillon explained that if his 88-year-old mother didn’t have him, he doesn’t know how she would gain access to the vaccine. She’s elderly and doesn’t know how to use the internet, and he is sure there are many others out there just like her so he and his organization are trying to get their people out there to solve these problems.

5.) Thoughts on the increase of awareness regarding the attacks on those apart of the AAPI community

When asked about the increase in awareness by the public regarding hate crimes against the AAPI community, it was hard for Dillon to put into words his thoughts because for him, these attacks are nothing new. It seems people are extensively highlighting a problem that has always been there so it’s a bit frustrating that it took a pandemic for light to be shed on the matter. Dillon explained that at the end of the day, all of this revolves around white supremacy. It’s the core value for any type of oppressive, racist, and discriminative behavior. Interestingly, he pointed out the fact that there are many Asian people who are on the “wrong side”. He believes an impactful campaign would encompass reminding those who have been brainwashed to believing they are above others to remember they are not thought of as any different by those dedicated to white supremacy. The other part to addressing this problem is allyship and understanding this has been happening for centuries. It goes back to history and ethnic studies and understanding marginalization. Millions of people have already died in these ways and to Dillon, it’s not clear why something new has to happen for people to care. This all goes back to him advocating that ethnic studies should not be a temporary presence because really it’s just the way history should be taught. It needs to be worked into every single study to combat the ever-present problems we see inflicting various health outcomes for certain populations today.
Makelah’s takeaway: Having these kinds of conversations is absolutely integral in the fight to dismantle healthcare disparities. I personally learned so much from speaking with Dillon, especially in a historical context. I had no idea of the wars he spoke about and the implications they had on both Black and Filipino/a communities. A deeper understanding was gained regarding the importance of allyship and ways to enact change in communities extremely hesitant to reform in honor of power. Leon Brown once said, “History repeats itself endlessly for those who are unwilling to learn from the past.” Dillon’s stories throughout the interview proved this quote to be true through America’s erasure of history and how that has impacted the health of all marginalized groups. We must learn the truth of our nation and I think Little Manila Rising is aiding in that process which in the end, helps eliminate health disparities.
*Please note no citations were sourced in the transcription of this interview because it was a candid conversation between Dillon and Makelah. Should you find any of these statistics inconceivable please email justhealthsom@gmail.com or info@littlemanila.org.
A Vaccine at the End of the Tunnel

By Derek Chen

The COVID-19 pandemic touched all our lives this past year. From young to old, all of us have felt its impact in our day-to-day lives. This poem is a reflection on this past year’s “happenings.” In the beginning of this pandemic, many states were left to coordinate their individual responses to COVID-19, and scarce resources were left for internal competition between states. During this time, it was also reported in the media that the pandemic was disproportionately affecting patients from racial and ethnic minority groups. Our year was inflicted with pain and sorrow as many lives were lost to COVID-19. The poem highlights the initial loss of hope, until the arrival of the vaccine. The vaccine is analogous to the ‘light at the end of the tunnel,’ and the vaccines are key to ending this pandemic. However, in the rollout of nationwide vaccinations, many people still have yet to receive an injection. Many factors, such as vaccine hesitancy, inaccessibility, or misinformation hinder the vaccination campaign’s success. As a society, we must overcome these obstacles for the pandemic to end.

Coronavirus, a year ago, no one knew of its existence.
When the coronavirus besieged us,

Our nation left divided
Leaving states to fend for themselves:
For masks,
For resources,
For medical supplies,

Yet, we persevered.
   We overcame.

   Even so, not without suffering a tremendous loss of life
   Over Five Hundred Thousand Souls Perished.

   Neighborhoods ravaged —
   Zip codes choosing which areas to target discriminately.
   Human lives vanished —
   Race and ethnicity predicting mortality.

   Evidence of shortcomings in our public health infrastructure.

   After a long wait...
   A Vaccine at the End of the Tunnel...

Coronavirus, a year later, how things have changed.
With the vaccine, the coronavirus begins to retreat from us,

Our nation can begin healing
But new challenges arise in the vaccine rollout.
Vaccine —
Hesitancy,
Inaccessibility,
Misinformation.

We shall persevere.
We shall overcome.
Why we are Far From the End: Vaccine Inequity in the US and Beyond

By Muhammad Khan

COVID-19 has devastated the world this past year. Millions have lost their lives, and the world as we know it has turned upside down. A year ago, many thought we would be stuck in the pandemic for 3 or more years. Luckily, with the advent of new biotechnology, the COVID-19 vaccine has become available to millions much sooner than expected. This is excellent news and much-needed relief, but currently, we are seeing something else that may hinder our recovery from this horrific virus — vaccine inequality.

The past year with COVID-19 has been tumultuous, with more than 130 million cases and close to 3 million deaths worldwide. COVID-19 has highlighted the ever-present health inequities and disparities in the medical system. For example, one study found that in the United States, African Americans accounted for 34% of COVID-19 related fatalities, despite only making up 12% of the population. This is alarming because, from a biological perspective, the virus will infect anyone it comes in contact with, disregarding their ethnicity. Knowing this, it is probable to conclude that the virus is not the one discriminating; the system and the people behind it are responsible for this disproportionate representation of African Americans and other people of color among COVID-related deaths.

Although the number of cases and hospitalizations has lowered since the beginning of the pandemic, we see inequity manifest in a different area — COVID-19 vaccinations. Knowing that certain groups, namely people of color, have been affected by the pandemic far more than White individuals, should equate to giving them the vaccine first. However, this is far from what is taking place. In California, Hispanics make up 40% of the population but account for 47% of COVID-related deaths. Despite this high percentage of deaths, only 22% of vaccinations have gone to Hispanic individuals in California. On the other hand, White individuals made up 32% of the deaths but received 35% of the vaccinations. This data suggests that the communities that need the vaccine most are not receiving it, which is detrimental to both the affected and surrounding communities. From an epidemiological perspective, if the government wants to stop the spread of COVID-19, targeting the largest affected group with the vaccine is the best route. If vaccination sites are being set up in areas that are not that heavily affected, resources and, most importantly, vaccines are being used inefficiently. From an ethical perspective, it seems morally wrong to give the vaccination to a person who does not need it immediately as opposed to groups who do. This vaccination inequity is not limited to California, either. Most states practice this irrational behavior, not administering the vaccine to groups that need it the most. Without intentional lobbying by the government to mandate companies and health systems to vaccinate the needy, nothing will change.

Vaccine inequity in the United States should not blind us from the fact that most of the world is struggling even to get a hold of
the vaccine. 90% of the vaccines that have been administered so far have gone to high and middle-income countries, leaving many countries in the dark on how they can fight against the virus. This is a global pandemic, and to return to some normalcy, we need to work globally with one another. The United States and other affluent countries already have a means of producing and distributing the vaccine, so why are they not giving the vaccine in more significant numbers to poorer countries? One reason is that the United States government, which will control the patent for the engineering used in the vaccines, is not doing enough to pressure drug-making companies to share their intellectual property and manufacturing know-how with poorer countries. Patents and intellectual property laws are hallmarks of United States Capitalism, and rightly so. However, now is not the time for pharmaceutical companies to get greedy and be gatekeepers. Since the United States will control the patent for the biotechnology used to make the vaccines, it should be inclined to pressure companies through legal means to share vaccine manufacturing. This is not a moral issue either but a public health crisis. Since the production of the vaccines, new COVID-19 variants have sprung up in countries like South Africa and Brazil. These variants pose a threat to wealthy countries like Britain that have ample supply of vaccines because even though their country is protected, other people coming in from poorer countries may not be. Therefore, it is in the United States and other Western countries’ interest to take a strong initiative in helping every country reach complete immunity.

Despite the different rationales for vaccine inequity domestically and globally, one thing is parallel — injustice. The whole past year with COVID-19 has been filled with injustice, and until we strive towards justice in health, our chances of coming out of this pandemic any time soon are slim. We need to use this pandemic as a means of supporting marginalized groups in health and build systems to prevent injustice from occurring. This pandemic is likely not the last the world will face. If we work together and not treat medicine as a commodity, we may fare better in coming pandemics.

References:


Artwork Piece
By Dr. Shirlene Obuobi
Instagram: @shirlywhirlmd

TFW healthcare workers are so devalued by the public that we have to clamor for a vaccine in order to escape the ever looming fear of contracting the illness that laypeople refuse to do the bare minimum to protect us from :)

(FAR TOO MANY) LAYPEOPLE*

DID YOU KNOW THAT THE COVID VACCINE IS ACTUALLY A VEHICLE FOR GOVERNMENT CONTROL. ANYONE WHO GETS ONE IS A SHEEP.

WELL, I WATCHED A VIDEO BY A DOCTOR (OF HERBOLOGY) WHO SAID IT CONTAINS A COMPOUND THAT CAUSES CANCER.

*AND SOME VERY MISGUIDED HEALTHCARE WORKERS / INFLUENCERS TRYING TO CAPITALIZE ON THE FEAR AND UNCERTAINTY OF THE GENERAL PUBLIC BUT I DIGRESS

HEALTHCARE WORKERS

I HAVE ELDERLY PARENTS! ME FIRST!

PLEASE! I WOULD LIKE TO WORK WITHOUT FEAR!

GIMME GIMME GIMME OMG
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N/A

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