STAT
Color Code
Season 2, Episode 6: Why Covid-19 wasn't the 'great equalizer'

Transcript Key:

In this written version of the episode, all words, including speakers, ambient sound, effects, and music, will appear in size 11 black type. **SPEAKER NAMES** are in bold. Music and other sound descriptions are indicated by [brackets] in regular font.

Speakers:

- **Nicholas St. Fleur (Nick)** is the host of Color Code and a science reporter for STAT, where he often covers the intersection of race and medicine. Based in Long Island, NY, he is in his early 30s.
- **Martine Hackett** is an expert in public health, particularly in the American suburbs and minority communities, at Hofstra University.
- **Helen Meier** is an epidemiologist from the University of Michigan who focuses on health equity and aging.
- **Bruce Mitchell** is an urban geographer and a senior analyst with the National Community Reinvestment Coalition.
- **Dr. Anthony Fauci** was the former head of the NAIAD and chief medical adviser to the president during part of the pandemic. He advised seven presidents on a range of public health emergencies, including HIV/AIDS and COVID.
- **Adesuwa Watson** is the director of the Suffolk County Office of Minority Health

[Xylophone music begins to play then fading into clip of a recording of a news briefing]

Gov. Andrew Cuomo: Everyone. Everyone is subject to this virus. It is the great equalizer. I don't care how smart or how rich, how powerful you think you are.

[MUSIC IN]

Nick (narrating): In the early days of the pandemic, Gov. Andrew Cuomo of New York said that Covid was quote unquote "the great equalizer." Now, many folks shared that sentiment. But many others, especially health equity researchers, had a different take, including Martine Hackett, our Long Island public health expert,

Martine Hackett: To me, it was clear that the hotspots were going to be the communities of color in Nassau County. What we saw was that it wasn't the great equalizer. It only took a few months for people to realize that these COVID cases and deaths were occurring disproportionately in communities of color.

Nick (narrating): And just as she predicted, we did see that Black and Brown communities were hit the hardest, not just on Long Island but all over the country.

[Series of news reports plays]

Newscaster 1: Okay. I want everyone to please pay attention to this. It's important. Coronavirus is killing more African-Americans than any other group of people in the United States.

Newscaster 2: We are seeing nationally that African-Americans and Latinos are still disproportionately affected by COVID-19.

Newscaster 3: We all experience death in urban settings. People kill before their time and violence and all that, but nothing like this.

Nick (narrating): While, of course, anyone can get Covid, regardless of their race or socioeconomic status, it is far from being an equalizer. Why then were communities of color so devastated by the pandemic? One contributing factor is the history of redlining in the US and the cascading effects on people's health.

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[Color Code theme music plays]

NICK (narrating): My name is Nicholas St. Fleur. And this is Color Code, a podcast about health disparities and racism in medicine. As you may know by now, this season, we're focusing on Long Island, NY. Today's episode: a look at how segregation exacerbated the Covid pandemic on Long Island, including a conversation I had with the Covid expert, Dr. Anthony Fauci.

[Theme music rises in volume then fades out]

When the pandemic broke out I was living in the San Francisco Bay Area and working as a freelance reporter. We were among the first counties to issue shelter-in-place orders. Everything just felt so bizarre. I remember video chatting with my family on Long Island. I was telling them that by the way things were looking, they too should prepare for a lockdown. I was more worried for them than for myself because nearly everyone in my family is an essential health care worker. Once they went into lockdown, my families were still driving into work every day and interacting with the public, which was the case for many families of color during lockdown.

I ended up moving back home on Long Island in the fall of 2020 when my lease in California was up. That was when I started at STAT writing about the health disparities laid bare by the pandemic. Every day my loved ones would leave the house in the morning so they could go help the public. And then I'd stay home, turn on my laptop and report on covid deaths in the Black community. The statistics terrified me.

I remember writing that Black Americans were three times as likely as white Americans to contract COVID, five times as likely to end up in the hospital, and twice as likely to die from it.

As you probably already know by now if you listen to this podcast, poor health outcomes are not because of a person's race. It's because of racism, economic disparities and persistent barriers to essentials like fresh food, clean air and housing. The pandemic increased all of these burdens.

On Long Island, predominantly Black and Brown communities like Brentwood in Suffolk and Hempstead in Nassau had some of the highest infection rates and deaths. Part of the problem, according to some public health experts, falls on the local government's failure to act quickly and their longstanding neglect of addressing health disparities

Martine Hackett: In the early days out here in Long Island, what we saw was I would say a delay in the approach to dealing with this outbreak. I think that what happened at first was this kind of reluctance to acknowledge that this was an issue that we needed to be concerned about.

Nick (narrating): Martine spoke with the Color Code team about the early days of the pandemic here on Long Island. While much of the attention was on New York City, things were bleak in the suburbs as well.

Martine Hackett: And so in those early days, I remember, you know, looking basically every day at the data to be able to see what the COVID infection rates were. But more importantly, the the COVID death rates, the mortality rates, and looking at that by race/ethnicity.

And I remember, you know, keeping track of those data and looking at comparing Nassau County to New York City and for weeks upon end found that the Black death rate due to COVID was higher than the Black death rate due to COVID in New York City. And yet there was not that level of attention or concern and as I mentioned, not even testing that was available nearby.

And so what we saw also, too, is that this reflected a lack of infrastructure when it comes to public health in the suburbs. Places like New York City, the New York City Department of Health has 6000 employees and the Nassau County Department of Health has a couple of hundred. And this is for a population of 1.3 million people in Nassau County.

Nick (narrating): And when testing facilities were finally established in the county, they were few and far between. Some were located in areas that were out of reach for most people, especially those who were the most vulnerable to the disease.

Martine Hackett: Places like Jones Beach and Jones Beach is part of the Barrier Island in Nassau County, and it is not easily accessible by public transportation, especially when it's not the summer. And so the idea is that in those early days, the testing was not available in places where most people actually ended up getting infected, which were communities of color here in Nassau County.

NICK (narrating): You know, it's ironic that Jones beach was chosen as a covid testing site given its history. In 1920s through the 1960s one of New York's most powerful urban planners, Robert Moses, designed a lot of the infrastructure here: One of his ideas included building low bridges across the parkway to Jones beach so that buses couldn't pass under them. This allegedly was to keep the poor Black people who rode those buses away from Jones Beach – it's often cited as an example of segregation on Long Island.

[Pensive string music beings to play]

NICK (narrating): So we have to ask: how does segregation impact health disparities? We reached out to Helen Meier, an epidemiologist from the University of Michigan, and Bruce Mitchell, an urban geographer and a senior analyst with the National Community Reinvestment Coalition.

Bruce: We're a coalition of 700 different organizations throughout the United States, primarily focused on looking at disparities in both home mortgage lending, entrepreneurship throughout the United States and trying to remedy those disparities, whether they be racial or whether it be economic disparities.

NICK (narrating): Together they looked at how social vulnerabilities become biological vulnerabilities that lead to health disparities.

Helen: So, a social vulnerability could be anything from individual level social determinants of health. So things like income, health insurance, access to health care, having stable housing all the way up to structural determinants. So policies and, you know, both present and past.

Bruce: We focus a lot here on issues like redlining, like gentrification, these type of urban processes that really impact neighborhoods and how housing and small businesses are valued in neighborhoods.

There's a general kind of understanding of redlining, which is the denial of mortgage lending, small business lending within certain communities, usually because those communities have a minority population living in them.

Helen: So when an area that doesn't have a lot of access to credit for residential lending, it's going to potentially devalue the properties there, which makes it maybe more affordable for industrial, you know, buying up land and putting something there or, you know, from a planning perspective, maybe cities don't want to put transportation hubs, you know, so it becomes less accessible for those residents, you know, to get to other areas of the city. It might impact where, you know, a grocery store gets put in or or a hospital or, you know, so I think it's maybe not, you know, you know, super straightforward, but it's that lack of desirability for the residential then will have impacts down the line for not only the value of the property and what that means, but also kind of city planning, especially if there's not an eye to improving, you know, equitable access to transportation and things like that.

Bruce: You know, these neighborhoods, they had less power because of the sort of disinvestment. They were less empowered and were more vulnerable.

NICK (narrating): One specific form of redlining, Dr. Mitchell told us, was documented by the Homeowners Loan Corporation during the New Deal in 1933. This agency provided loans to individuals in danger of foreclosure during the Great Depression, both to white and Black families. The Homeowners Loan Corporation's problem arose when they created residential security maps to assess the riskiness of their loans. Now, these maps considered neighborhood factors such as amenities, past values, and demographics. Neighborhoods with Black populations were assigned the lowest valuation. They were labeled as hazardous, depicted by the red lines on the maps. The practice of redlining represented areas that were considered high risk by the lending community. Dr. Mitchell said there are currently 140 of these maps in existence, providing comprehensive documentation of redlined areas in American cities before World War II.

Bruce: And what we find is that two thirds of these areas today that were redlined are majority minority neighborhoods today, and 75% of them are low to moderate income. So there's this persisting structure of economic and racial segregation in these redlined areas.

In our report, what we found is that on average nationally a whole range of health impacts were much worse, significantly worse across a range of things like asthma, hypertension, high cholesterol, kidney disease and that life expectancy on average was 3.4 years less in the hazardous graded redlined areas, than it was in areas that had been graded best by the HOLC 80 years ago.

Nick (narrating): The report didn’t look at Long Island specifically, because the data wasn't available, but they did have data for the rest of New York.

Bruce Mitchell: You know, in places like Brooklyn and places like Queens, ten years difference in life expectancy between areas that have been redlined and areas that have been graded best 80 years ago. So it's really a profound and persistent difference that we find a red line areas and areas that were better graded.

Nick: So what role does COVID play in this? What did your your research what did you show us about toward what is that relationship between this historical redlining and all of this segregation and what we saw in 2020 and beyond with the pandemic?

Helen: I mean, to me, it's really a case study, right? It's you see these health disparities and these associations with historic redlining, so therefore, you would expect to see disparities in COVID as well. And you do.

Our report looks at COVID 19 risk factors. However, there have been several other papers that have come up looking at COVID diagnoses and in particular, and I believe COVID deaths. I have to double check that. And, you know, it's it's no surprise that we see it, unfortunately and sadly, but that it's really kind of something that anyone who studies social determinants of health or structural determinants of health would have predicted. And in fact, we saw that prediction come true.

Nick (narrating): After learning how redlining started, I wanted to learn more about how we can address and undo the systemic harm. Earlier this summer, I was fortunate enough to interview one of the world's foremost experts on COVID and public health – who by now needs no introduction – Dr. Anthony Fauci. We sat down at a festival called Aspen Ideas: Health to discuss the pandemic and health equity.

Nick: As we saw in the pandemic, you know, Black and brown communities were very much so disproportionately affected by COVID. What could we have done better to prepare for that?

Fauci: Well, to prepare for that, I think, is something that we need to also look forward, that we've had health disparities in this country related to social determinants of health, particularly among minority populations. Going back to the root cause of this, which was slavery, followed by racism, followed by where we are right now. So if there's any silver lining in what we've gone through in the last three and a half years is to shine a bright spotlight on the social determinants of health, which allowed brown and Black people, when they get infected, to have a much greater likelihood that they would have a severe outcome leading to hospitalization and death.

Now, we're not going to change that overnight, but I would hope that we don't have a very low duration of corporate memory and that once we get this behind us, we say, "Okay, what's the next problem we're going to worry about?" We have to address those social determinants of health. But we've got to realize that this is going to be a decades-long commitment, not just saying we're going to do it know — [crowd applauses]

Nick: And from your expertise, how do we do that in that sense? I mean, I've spoken to a lot of folks at this conference who have said, you know, we have studied health disparities for decades and no one was listening to us. And then COVID hit and now, as you said, you know, it's in the limelight. How do we make sure that people listen to this going forward? What are the solutions to make sure that when the next pandemic hit, we don't see Black and brown folk die at higher rates as we did with COVID-19?

Fauci: You know, Nick, I'm not going to be able to give you a one sentence, says, Oh, sure, we're going to do A, B, and C, and that's going to be —

Nick: Well, we have 12 minutes — [crowd laughter]

Fauci: There is no real answer to that except to it, And I see it in the young people who get them to appreciate their responsibility to their to their fellow man. I mean, we all have a

responsibility to do that. And we just got to keep drilling into that, that this is something that is a high priority and we have a very strong and deep responsibility for.

It's very tough because once a challenge gets out of the limelight and goes in, you look at the next problem, you know, the corporate memory is so fleeting and we just got to keep hammering at it that we can't let this go. And when the incidence of infection of COVID goes down to a almost undetectable level and everybody goes back to what they're doing, that we forget the lessons that we've done right now, We just got to stick at it. And there's no simple answer to that if I had it. You know, I'd tell you. [Nick giggles]

[Piano music plays]

Nick (narrating): As we saw during the pandemic, there were many local efforts to help address health disparities. To hear about these efforts on Long Island we reached out to Adesuwa Watson, the director of the Suffolk County Office of Minority Health.

Adesuwa: A lot of people don't know we exist. They know about the local health department, but they don't know the bits and pieces of it, so we really exist to address health disparity and inequity. Some of the conditions that we look at are the six conditions that CDC has designated as conditions that disproportionately impact communities of color. So that's heart disease, stroke, diabetes, HIV/AIDS, cancer, immunization, maternal and infant child health. And we are also looking as well in collaboration with other offices at behavioral health. So that's mental health and substance use. So we really look to address health disparity by educating our communities, building collaboration in partnership and really hearing directly from the community as to what their needs are and bringing that back to the health department and our health Commissioner.

Nick (narrating): Adesuwa remembers the chaotic early days of the pandemic well.

Adesuwa: I do remember we were coordinating a community based program called our Suffolk County Baby Shower Program. So that's a program for expectant mothers, expectant parents in the county, really. This is really a population that you don't want exposed to COVID. And literally, we had the baby shower program, and the very next day we went into state of emergency.

Nick (narrating): She said her office was mobilizing into action.

Adesuwa: Our office was pulled in because we have great relationships with communities, with houses of worship. And so our county executive's office created a community recovery team. So this is, you know, as we're getting further into the pandemic to address it and really look at how we're ensuring that before we had vaccination available that communities of color were getting access to testing. I actually was deployed out into the field to work with our health centers under the community recovery team to ensure that communities were getting access to testing. But also they put together resource kits because at that time, looking at communities of color,

looking at underserved, under-resourced communities, it was an issue of access to technology, to broadband, to food. All of these things, you know, when we're in a state of emergency, everything was shut down. So we had to make sure that communities had access to resources as well.

You know, in Suffolk County, we do have that history of redlining and it definitely does show up in reference to your ZIP code. So you do have majority minority communities who are in specific ZIP codes. So if you are in certain ZIP codes, you will see that those communities sometimes are under-resourced. And so that's where we sometimes really focusing our efforts as an office of minority health, because we want to ensure that those communities have equitable access to resources that they need.

Nick (narrating): Because of Suffolk County's diverse population, Adesuwa and her team made sure that the information they send out is tailored to the needs of the community.

Adesuwa: Now, our main focus is really just making sure we were hearing directly from community leaders as to what our communities needed and then getting those resources out to them.

So, you know, it looked like us ensuring that we were setting up testing clinics in those communities directly. It looked like us through the county executive's office, making sure that they had phone numbers that they could call if they had questions, if they needed to know where testing was. It looked like us partnering with some of our food banks, Long Island Cares and Island Harvest, to ensure that folks who were food insecure had food boxes when they came to some of the testing sites. We were even seeing that when folks were coming to the testing sites, they were dealing with mental health concerns. Some families were coming for testing while also contending with family members being in the emergency room battling COVID. And so now we're trying to ensure that not only do we have tangible resources, but do we have crisis numbers for folks who are in need of assistance with struggling with mental health and just the fear of not knowing what was coming?

[Piano music plays]

Nick (narrating): Reporting on this episode, I couldn't help but reflect on my family's experience on Long Island during the pandemic. It mirrors the experiences of many Black and brown families. We were living in a multigenerational household with essential workers, which had put us all at a higher risk of contracting COVID. Listening to Martine's frustrations with leaders on Long Island and how they failed to act in time, I just found it worrying. But more troublesome was how she explained that these governments had also not done enough to address the well-known health disparities that existed before Covid. It's like segregation laid down the kindling that let Covid rip through many communities of color like wildfire.

It makes me wonder how seriously Long Island could handle another pandemic or public health crisis in the future. But at least talking with Adesuwa helped ease my nerves a bit. Just hearing

about the efforts that her office in Suffolk were taking to listen to the community about their needs during the pandemic, was helpful. I don’t think anyone got it completely right, and it does make me wonder if I’d want to stay on Long Island in the future. I wish there was a way to feel reassured that leadership here will address what has led to these persistent health disparities.

But it's also important to acknowledge that there are no easy solutions to this complex issue. Even someone as experienced as Dr. Fauci, who has dedicated decades to this field, doesn't have a clear path forward. However, it is crucial to remember that these health disparities have deep-rooted origins in our history. To truly address and untangle these inequities, we must confront the systemic factors that contribute to them, even if they seem far removed from healthcare, such as the denial of home loans in the past. By recognizing and actively working to eliminate these disparities, we can hope to prevent their continued growth and ensure a healthier, more equitable future for all.

CREDITS

Thank you for listening and being part of our Color Code community.

Our team here at STAT is Alissa Ambrose, Hyacinth Empinado, Theresa Gaffney, and me, Nick St. Fleur. Anil Oza is our intern. Our theme music is by Bryan Joel. Anil Oza contributed reporting.

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If you like the podcast, please leave a review, and subscribe! And if you have any thoughts for us, you can reach us at ColorCode@statnews.com.