

National Black Church Initiative Sustainable Action Plan to Maintain the Health of the African American Community 2020-2025: COVID-19: Eradicating Underlying Disparities in Healthcare

INTRODUCTION

The National Black Church Initiative (NBCI), a coalition of 150,000 African American churches, is taking the boldest step of its existence by crafting a strategic health plan for 42 million African Americans during the second worst pandemic of the last century. The first was the Spanish flu in 1919 that killed more people than WWI.

Although we are not a scientific institution, we are uniquely positioned to do this. The NBCI's purpose is to partner with organizations and officials who are trying to reduce racial disparities in healthcare. We are used to creating faith-based, cutting-edge solutions to stubborn economic and social issues. Our programs are based on reliable statistics, science-based strategies, and methods that work.

For example, on February 20, 2020 (see Appendix 2), we sent a complaint letter to the Department of Health and Human Services' Office of the Inspector General and the CDC about the fact that, in the 10 years between 2009 and 2019, influenza immunization programs in Atlanta and Washington, D.C., did not address the fact that African-Americans in their communities were not getting flu shots and no one was reaching out to them to improve their vaccine compliance.

We also compiled health statistics about the heightened health risks African-American and Latino populations faced in the COVID-19 pandemic. Our evidence predicted, before official numbers confirmed it, that African-Americans and Latinos in the United States were going to be more susceptible to this new virus than anyone else and had a higher risk of dying of it than the general population. Now we are tackling the virus itself, and we have found that it needs special handling.

The corona-virus only came into existence last year in China. No one knows much about it yet, and the world is concentrating on learning basic facts, like how it reacts to treatments, what it does to the body in its acute stage, and what happens after people recover from the acute stage. No one is looking at how it affects different races and why. That's a problem scientists will tackle later, after they've mastered the basics.

But WE have to deal with it NOW because African-Americans account for over 50% of the people in the U.S. who have died from corona-virus and the millions who have been infected. Whether the U.S. government or the World Health Organization (WHO) are ready to address the way different races react to the virus, or the racial disparities in the U.S. healthcare system, both of these issues are critical. If we have to take the lead and tackle them by ourselves, we will. COVID-19 is one of the most tragic health crises ever visited upon any community, and our communities have already been crippled by lack of access to healthcare.

Because African-Americans and Latinos don't get good primary care, we have more conditions - like uncontrolled high blood pressure, diabetes, asthma, obesity, and heart disease - that make it harder for us to survive COVID-19 and produce more lingering problems after we recover from the acute stage of the disease.

COVID-19 has revealed all the weaknesses, gaps, and racial bias in our healthcare and public health systems, and both these systems are floundering. Neither of them was prepared to handle a crisis of this proportion. It's astounding that one or two racial groups that suffer more than others during a crisis can overburden the system so badly that the columns start crumbling and the whole building threatens to come down. We must radically change both our healthcare approach and our public health system to keep this from happening again.

So far, the only answers to the question of why this virus attacks communities of color more than other communities have been the obvious ones: more African-Americans and Latinos are in essential jobs in food stores, drug stores, and the service industries, which puts them at greater risk of contracting the virus; and the U.S. healthcare system is a hotbed of racial inequality and poor care for people who are not white and/or economically upper middle class or wealthy. Both these issues have been reliably and widely documented by both the government and the private scientific community.

But evidence is coming in from all over the world that genetics plays a significant role as well, especially for people of African descent. Finding the underlying genetic differences is not on anyone's radar while the virus is still uncontrolled and spreading rapidly; but when we have the time and space to find them, it will change the course of healthcare in African-American and other ethnic communities, and will direct the course of scientific research all over the world.

Right now, our job is to survive this crisis. So how do we do that?

First, we follow the CDC guidelines and wear our masks. We also need to keep our social distance from each other, hard as that may be, because African-Americans, Latinos, and a number of other cultures love to touch and hug each other from the cradle to the grave. We need to wash our hands frequently, and **we need to get the vaccine as soon as we can.**

This is where the NBCI is stepping in. We have crafted a detailed scientific plan that will help persuade the 42 million African Americans in our country and the Latino community to get vaccinated against COVID-19 as soon as possible. We are expanding our robust, longstanding health model (the Health Emergency Declaration, or HED) to look at why African-Americans are reluctant to take medicine for underlying health conditions or receive vaccines. We want to find ways to overcome that reluctance.

The first step is educating our community on what we know about COVID-19 and the safety and value of the vaccines that are available. The NBCI is training tens of thousands of people from our churches, the only ethical and moral authority everyone in the African-American community recognizes and trusts, to go out and be educators so that all of us are singing from the same hymnbook. The Black church is the emotional and cultural center of the Black community.

We will use our Black healthcare professionals to lead the charge. They already lead the NBCI's Health Volunteer Corps and they will provide the guidance, technical support, and education those thousands of volunteers need to go into every segment of the Black community in this country, spread a positive health message, and encourage everyone to receive the COVID-19 vaccine over the next eight months.

But this will cost money! We are talking about launching the largest public health promotion campaign ever created, led by members of the Black media. It will cost a minimum of \$50 million. The entire plan will cost \$100 million when both overhead and outreach activities are figured in. The campaign will activate over 1,000 Black community-based organizations, 150,000 African American churches, and the Latino community. Anything short of this financial commitment will keep us from achieving our goal.

We want to build a sustainable health delivery system for the African American community and the country so we will be ready for the next pandemic. Our efforts will continue for at least the next five years.

Once the vaccines get the virus under control, scientists will start to explore why it behaves as it does, why it attacks the people it does, who gets a bad case, who doesn't show any symptoms at all, and what we can do to level the playing field.

The NBCI will be right on their heels. We will be the watchdog for the African-American and Latino communities and make sure these questions get answered BEFORE the next virus and the next pandemic comes around. Right now, let's conquer this one and do it right!