

&lt;

## Coronavirus testing data further illustrates racial disparities in CT

**Justin Papp**

April 25, 2020 | Updated: April 27, 2020 7:17 a.m.



Governor Ned Lamont addresses the media at medical equipment manufacturer Bio-Med Devices in Guilford, Conn. on Sunday, March 29, 2020.

Photo: Brian A. Pounds / Hearst Connecticut Media

White Connecticut residents tested for the coronavirus returned positive results only 8 percent of the time, while black residents tested positive between 30 and 35 percent of the time, at least according to data from one testing site in the state.

The data comes from the recently erected drive-through test site — opened by the state, in conjunction with Abbott Laboratories and CVS, at Gateway Community College — which offers tests at no cost. It's the first site of its kind and more clearly depicts the already documented issues of racial and socioeconomic inequality during the pandemic.

“We're going to do a much better job as we can to make sure we have testing available for all of our people, especially those in the most diverse communities in our cities and get them prompt attention to medical care, make sure nobody is left behind there,” Gov. Ned Lamont said at a daily briefing early last week, after presenting the data.

Experts on the spread of the disease and its disproportionate effect on minority communities point to a variety of complex variables as causes.

Dr. Cato Laurencin, an Albert and Wilda Van Dusen Distinguished Professor of Orthopaedic Surgery at UConn Health and editor-in-chief for the Journal of Racial and Ethnic Health Disparities, said the disparity is the result of deeply entrenched history of disadvantage among blacks in America.

“What're the factors involved? A lot of them have their roots in health inequities we have in this country with blacks due to discrimination and racism,” Laurencin said.

As the result of institutional racism and segregationist policies, blacks and other racial minorities tend to live in a handful of urban areas with higher population density, less access to medical care, fewer grocery stores and fitness centers and concentrated poverty. In various ways, these living conditions can contribute to pre-existing medical conditions that disproportionately effect black people, like diabetes, hypertension, asthma and COPD.

Blacks are over-represented in the state's prisons, which have been rife with the virus and are twice as likely as whites to be uninsured, according to Laurencin, despite federal efforts, like the Affordable Care Act and state initiatives to open up the enrollment period for HuskyCare.

“Access to care is still a major issue,” said Laurencin, who had a conference with Lamont Wednesday about increasing access to services to black and minority communities.

And, as Lamont alluded to, lack of testing in urban communities has also proved problematic, according to Laurencin and other public health experts.

“I’m sure that some of it is related to the amount of testing,” said Dr. Michael Parry, chief of infectious diseases at Stamford Health, on the disparity. “Where you look for it you find it.”

Sofia Curdumi Pendley, an assistant clinical professor at Sacred Heart University’s School of Public Health, noted that the Kaiser Family Foundation recently released data that showed, in states that divided data based by race, black people accounted for a higher number of cases — in 20 of 31 states — and deaths — in 19 of 24 states.

In Connecticut, black people comprise roughly 12 percent of the population, yet, as of Thursday, accounted for roughly 19 percent of all confirmed cases (in which a race was reported) and roughly 16 percent of COVID-related deaths.

Lamont and other officials have made efforts to ease the impact on vulnerable populations, like putting a freeze on evictions for nonpayment through June 1 and beginning to publish demographic breakdowns of confirmed cases and deaths in daily reports. But disparities in treatment, access to health care and testing persist.

“The disproportionate impact on black populations is the manifestation of long-term social and economic inequities that contribute to health disparities,” Pendley said. “There have been steps to mitigate some of the negative impacts of the pandemic, however, there needs to be special focus and support to the challenges faced by communities of color.”

And perhaps the oddest contributing factor to the impact on black communities was the pernicious myth that circulated on social media, as the pandemic began to take hold in America, that black people were immune to the coronavirus. Laurencin, who

wrote about the myth in a recently published academic paper, said he believes the origin sprung from a Cameroonian man in China who was infected with the virus and made a quick recovery. Some, apparently, interpreted that based on the recovery, black people might have some built-in immunity.

That, Laurencin said, is patently false and was potentially dangerous misinformation that was spread online. The extent to which the rumor hurt black communities, Laurencin couldn't speculate. But it was one of a litany of things he said has helped to highlight existing systemic issues regarding race that have disproportionately hurt the black community.

"The racial disparity is really a multi-factorial problem, with a common denominator of discrimination," Laurencin said.

*justin.papp@scni.com; @justinjpapp1; 203-842-2586*

## Sign up for the CoronavirusCT newsletter

Get COVID-19 updates and in-depth local reporting delivered to your inbox.

SIGN UP

By subscribing, you agree to our [Terms of use](#) and acknowledge that your information will be used as described in our [Privacy Policy](#).

---