

WebMD: On Eve of Juneteenth, Black Doctors Say Covid Opened Eyes to Disparities, But Much Work is Needed to Advance Health Equality

New York, NY, June 18, 2021: While the Covid-19 pandemic continues to deal a serious blow to the Black community, a group of Black healthcare professionals told WebMD that the devastation exposed long-standing health inequalities, as it also mobilized them to speak out against racism in healthcare and work for substantive change.

In two far-reaching interviews, the physicians were blunt in their assessment of a healthcare system that has known for decades that racism and health inequality were implicit in the poor health outcomes in communities of color. But the stark racial disparities in Covid-19 infection rates and mortality — Black people were three times more likely to be hospitalized than non-Hispanic white Americans and two times more likely to die of Covid — brought the issue to the forefront and underscored that the time for analysis had passed.

That said, on the eve of Juneteenth, they voiced reasons for hope in the growing acknowledgment within the public health and policy communities that simply doing research and assessing health outcomes data, without acting on it, is no longer acceptable.

Interviews and highlights:

[Coronavirus in Context video episode](#) with WebMD Chief Medical Officer John Whyte, MD, MPH:

[Why do communities of color still face health inequities?](#) with Karyne Jones, President and CEO, the National Caucus & Center on Black Aging:

- “We weren’t surprised (at the racial disparities in Covid cases and deaths), but we were obviously outraged. Health inequities are still a major issue in communities of color and Covid just really put a spotlight on that.”

Six Black Healthcare Workers Look Back, with:

Jenay Powell, MD, executive director of the White Coats Black Doctors Foundation and internal medicine resident, University of Tennessee Health Sciences Center, Nashville:

- “I think we need to do due diligence and make sure the awareness is not short-lived. Disparities are systemic and longstanding, and they won't be fixed overnight. Continuing to put a spotlight on the determinants of health and other

factors that lead to these poor health outcomes is going to be the key to ultimately making improvements."

Lutricia Harrison, Doctor of Nursing practice and advanced nurse practitioner, Houston:

- "We, as Black healthcare professionals, cannot stand on the sidelines and be quiet anymore. It is our duty and obligation to be an advocate for the patients and ourselves."

Rodney Hood, MD, president, the Multicultural Health Foundation, San Diego:

- "You don't want to distribute (health services) equally, but rather *equitably*. 'Equitably' is based on need. That's how you catch up. Once you catch up, you can start talking about equal."

Medell Briggs-Malonson, MD chief of health equity, diversity, and inclusion, UCLA Health, Los Angeles:

- "We have started to acknowledge more the ribbon of humanism that connects us all. We are finally starting to look at each other and say, 'You deserve the best, I deserve the best.'"

Idoroenyi Amanam, MD, hematologist-oncologist, City of Hope, Los Angeles:

- "The distrust of our healthcare system in certain communities is based on America's past. When we interact with certain patients, we have to know the origin of these misgivings."

Danielle J. Johnson, MD, fellow, American Psychiatric Association, Mason, OH:

- "It has been rewarding to see more people willing to get (mental health) treatment and to know that the stigma of seeking treatment is reduced, but also taxing to hold others' trauma while dealing with it myself. It's sad to know that so many people are struggling."

Max Jordan Nguemeni Tiako, fourth-year medical student, Yale School of Medicine:

- "Being in healthcare and witnessing so much suffering, specifically inflicted upon Black people because of inequality in our society, does something to the psyche of Black health care workers."

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