Journal of Public Management & Social Policy

Volume 28
Number 1 & 2 (Fall 2021)

Article 4

December 2021

A Third Pandemic is on the Horizon

Mark A. Fleming II

Michael D. Williams

A Third Pandemic is on the Horizon

Mark A. Fleming II
Michael D. Williams
University of Virginia School of Medicine

The emergence of the novel SARS-CoV-2 virus and the resultant COVID-19 pandemic has brought the world to a standstill. In the United States, the morbidity and mortality associated with COVID-19 infection has disproportionately impacted Black, Indigenous and People of Color (BIPOC) communities, highlighting an underlying "second pandemic" perpetuated by the deeply-rooted health care inequities and social determinants of health. In this manuscript, we warn about a "Third Pandemic" on the horizon which could be driven by federal policies that fail to ensure equitable access to COVID-specific therapeutics for BIPOC communities, and the potential inequitable implementation of such policies that could further perpetuate disparities in health outcomes.

On January 30th, 2020 the Director General of the World Health Organization (WHO) declared the outbreak of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) in Wuhan, China, a "public health emergency of international concern" (Jee 2020). The SARS-CoV-2 is a novel virus that causes Coronavirus Disease 2019 (COVID-19)—typically a moderate pneumonia infection that can progress to severe cases of interstitial pneumonia, acute respiratory distress syndrome (ARDS) and multi-organ failure (Zheng 2020; Pascarella et al. 2020). Since the identification of the first cases in December 2019, it has emerged as a devastating pandemic, infecting more than 18 million people and resulting in over 700, 000 deaths globally as of August 2020 (Mahase 2020; "COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University").

The rapid explosion of COVID-19 cases in the United States (U.S.) not only highlighted the unpreparedness of this country to properly address the pandemic, but also a deeply-rooted chronic disease epidemic—driven by social determinants of health (SDOH) and health care inequities—that has been plaguing Black, Indigenous and People of Color (BIPOC) communities (including Latinx communities) for decades (Noonan, Velasco-Mondragon, and Wagner 2016; Laurencin and McClinton 2020; Nelson 2002; Holman 2020). BIPOC are disproportionately affected by diseases such as diabetes, hypertension, obesity, heart disease, kidney disease, stroke, cancer and human immunodeficiency virus (HIV) (Ostchega et al. 2020; Mendola et al. 2018; *Prevalence of obesity and severe obesity among adults : United States, 2017–2018* 2020; Carnethon et al. 2017; Kissela et al. 2004; Laster, Shen, and Norris 2018; Laurencin, Christensen, and Taylor 2008). These health disparities have been linked to SDOH such as systemic racism, poverty, food insecurity, community-

level interpersonal violence, lack of affordable housing, and lack of access to quality education and employment (P. Braveman, Egerter, and Williams 2011; Pamuk 1999; P.A. Braveman et al. 2010). Health care inequities—the otherwise inexplicable inequitable differences between groups in access to care, quality of care received and health coverage—contribute to health disparities (Wasserman et al. 2019). The first epidemic is actually a *series* of them.

The impacts of COVID-19 on BIPOC are unfortunately no different, with the possible exception that the novel virus is taking its deadly toll far more immediately than the chronic illnesses mentioned above. Despite comprising approximately 42% of the U.S. population, BIPOC constitute 61% of cases and 50% of deaths according to recent limited data from the Centers for Disease Control and Prevention (CDC) ("Demographic Trends of COVID-19 cases and deaths in the US reported to CDC"). We know these numbers vary from state to state, with some being much higher, but even in the least-impacted states, the overall disproportionality is obviously cause for alarm (Garg et al. 2020). Herein lies the "second pandemic" for BIPOC communities. One that follows a syndemic model as described by Singer—i.e. "multiple co-terminus and interacting epidemics [that] develop under conditions of health and social disparity" (M.C. Singer et al. 2006; M. Singer et al. 2017). Neither pandemic was unforeseeable. Neither pandemic is or was unalterable. Both can and should have been prevented through informed, ethical, evidence-based policymaking followed by equally equitable implementation.

Recent events suggest that a "Third Pandemic" for BIPOC communities affected by COVID-19 is unfolding. One in which both public policy making, implementation and crucially, accountability fail to ensure equitable access to treatment, as well as preventive interventions. As the race for a safe and effective novel coronavirus vaccine and other therapies continues, many are worried about BIPOC accessing these therapeutics, once readily available. For example, this is already the case with access to Remdesivir for Black cancer patients (Wileman 2020). Furthermore, the underlying policies that govern federal programs such as Medicaid Expansion, Immigration and Deferred Action for Childhood Arrivals (DACA) and their inequitable implementation have demonstrated the disproportionate and frequently deleterious impact of individual federal policies on BIPOC. We believe that the "Third Pandemic" will be framed by federal policy that is either too slow to evolve in order to make access to COVID-specific therapeutics equitable, or implemented inequitably so that communities of BIPOC will face further disparities in health outcomes.

A robust body of literature that specifically and rigorously links patient-level health outcomes with the public policies that inform them is lacking. However, after the passage of the Affordable Care Act (ACA) in 2010 and the ensuing expansion of Medicaid eligibility, research surrounding the impact of this significant policy change on the health outcomes and access to medications of the U.S. population exploded (Mazurenko et al. 2018). That said, there are concrete examples wherein the implementation of public policy not directly targeting health and wellness has nevertheless had dramatic and devastating effects upon BIPOC.

Key Legislation

In his seminal work, *The Color of Law,* Richard Rothstein painstakingly documents how the Fair Housing Act (FHA) was systematically leveraged at both the state and federal level, to force Black families into All-Black sections of cities and towns across Post-WWII America (Rothstein 2017). Even when White families *wanted* to live in an integrated community, the provisions of the FHA often made it impossible to obtain a mortgage, despite being otherwise

well-qualified, through Covenant or Housing Authority Regulations. There are dozens of historical maps of cities and towns in which "high-risk" neighborhoods were outlined in red (i.e. "Redlined") denoting areas where Black homeowners were either already residing or *allowed* to. This was well-known, well-publicized public policy.

As a result of Redlining, Black neighborhoods and or communities were geographically constrained to the least desirable environmental conditions a given city had to offer: proximate to factories/heavy industry, distant from ready access to interstate highways, downstream of waste-water flows, etc. As American medicine continued to mature as a profession, including becoming more and more hospital-centric, hospitals and health systems were constructed in strategic locations to capture maximal (desirable) market share. Physician office-based practices continued to grow apace as well, also proximate to the community hospital(s) in which the physician had admitting privileges. With few exceptions, this development took place in the most affluent sections of cities across the country.

To be fair, public hospitals were also constructed, often through conversion of post-War factory spaces, albeit in the Redline-created, low-income sections of the same cities, consigning Black Communities to the least-resourced healthcare system in a given region, including access to basic care. As a result, D.B. Smith found that: "Hospital segregation in 126 standard metropolitan areas was positively related to population size, hospital density, and residential segregation and negatively related to income inequities and location in the South" (Smith 1998). The FHA and its implementation can be shown to have directly contributed to disparate health outcomes, including dramatically shorter life-expectancy, for Black people specifically, as well as other IPOC groups.

We use the FHA as but one example of the translation of public policy, particularly non health-related policies, into health outcomes that have direct and most-often deleterious effects on BIPOC. Education Policy, Drug Policy, Law Enforcement Policy; all of these (and other domains) can also be linked directly to the well-being of Communities of Color and ethnic minorities in America. While it might reasonably be argued that a given policy is crafted to be equitably applied, history shows us over and over again that the *implementation* of U.S. public policy is not. "Better" is required, if we are to avoid the "Third Pandemic".

Conclusion

Among the many beauties of a true liberal democracy is that it can and does routinely reinvent itself. Policymakers continually have the opportunity to improve policy itself and must continue to be held accountable for its implementation to see to it that equity is achieved so that our great Nation can achieve its full potential. As you consider other policy questions in this Special Issue, we urge the reader to internalize the fact that policymaking and analysis alone are insufficient, indeed they are often just red lines on a page. Implementation and accountability are just as necessary for the U.S. public to achieve the still-elusive dream of Liberty and Justice for All. A Third Pandemic is coming. We must act decisively and expeditiously to prevent it.

Author Biographies

Mark A. Fleming II, M.D. is a resident surgeon and advocate for diversity, equity and inclusion at the University of Virginia Health. He is interested in pediatric surgery, and is dedicated to graduate medical education, community engagement and social activism.

Michael D. Williams is director of the UVA Center for Health Policy and a fellow of the American College of Surgeons. He is actively involved in research to assess and improve

healthcare systems and associated costs, as well as injury prevention. He recently was awarded a grant to study the value of all-inclusive care for the elderly. In addition, Williams is a frequent lecturer at medical conferences nationwide, speaking on a variety of topics ranging from health disparities in the U.S. to health information technology, and he is also a contributor to multiple peer-reviewed medical journals and publications.

References

Braveman, Paula A., Catherine Cubbin, Susan Egerter, David R. Williams, and Elsie Pamuk. 2010. "Socioeconomic Disparities in Health in the United States: What the Patterns tell Us." *Am J Public Health* 100 Suppl 1 (Suppl 1): S186-96. https://doi.org /10.2105/ajph.2009.166082.

Braveman, Paula, Susan Egerter, and David R. Williams. 2011. "The Social Determinants of Health: Coming of Age." *Annu Rev Public Health* 32: 381-98. https://doi.org/10.1146/ annurev-publhealth-031210-101218. https://www.annual reviews.org/doi/pdf/10.1146/annurev-publhealth-031210-101218.

Carnethon, Mercedes R., Jia Pu, George Howard, Michelle A. Albert, Cheryl A. M. Anderson, Alain G. Bertoni, Mahasin S. Mujahid, Latha Palaniappan, Herman A. Taylor, Jr., Monte Willis, and Clyde W. Yancy. 2017. "Cardiovascular Health in African Americans: A Scientific Statement From the American Heart Association." *Circulation* 136 (21): e393-e423. https://doi.org/ 10.1161/cir.0000000000000534. https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000534?download= true.

"COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University." Johns Hopkins University & Medicine. Last Modified August 05, 2020. Accessed August 05, 2020. https://coronavirus.jhu.edu/map.html.

"Demographic Trends of COVID-19 Cases and Deaths in the US Reported to CDC." Centers for Disease Control and Prevention. Accessed August 06, 2020. https://www.cdc.gov/COVID-data-tracker/index.html#demographics

Fryar, Cheryl D., Carroll, M. D., and Afful, J. 2020. *Prevalence of Obesity and Severe Obesity among Adults Aged 20 and Over: United States, 1960–1962 through 2017 –2018*. NCHS Health E-Stats.

Garg, Shikha, Lindsay Kim, Michael Whitaker, Alissa O'Halloran, Charisse Cummings, Rachel Holstein, Mila Prill, Shua. J. Chai, Pam D. Kirley, Nisha B. Alden, Breanna Kawasaki, Kimberly Yousey-Hindes, Linda Niccolai, Evan J. Anderson, Kyle P. Openo, Andrew Weigel, Maya L. Monroe, Patricia Ryan, Justin Henderson, Sue Kim, Kathy Como-Sabetti, Ruth Lynfield, Daniel Sosin, Salina Torres, Alison Muse, Nancy M. Bennett, Laurie Billing, Melissa Sutton, Nicole West, William Schaffner, H. Keipp Talbot, Clarissa Aquino, Andrea George, Alicia Budd, Lynnette Brammer, Gayle Langley, Aron J. Hall, and Alicia Fry. 2020. "Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 - COVID-NET, 14 States, March 1-30, 2020." *MMWR Morb Mortal Wkly Rep* 69 (15): 458-464. https://doi.org/10.15585/ mmwr.mm6915e3.

Holman, Halstead R. 2020. "The Relation of the Chronic Disease Epidemic to the Health Care Crisis." *ACR Open Rheumatol* 2 (3): 167-173. https://doi.org/10.1002/acr2. 11114. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7077778/pdf/ACR2-2-167.pdf.

Jee, Youngmee. 2020. "WHO International Health Regulations Emergency Committee for the COVID-19 Outbreak." *Epidemiol Health* 42: e2020013. https://doi.org/10.4178/epih.e2020013. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7285442/pdf/epih-42-e2020013.pdf.

Kissela, Brett, Alexander Schneider, Dawn Kleindorfer, Jane Khoury, Rosemary Miller, Kathleen Alwell, Daniel Woo, Jerzy Szaflarski, James Gebel, Charles Moomaw, Arthur Pancioli, Edward Jauch, Rakesh Shukla, and Joseph Broderick. 2004. "Stroke in a Biracial Population: The Excess Burden of Stroke among Blacks." *Stroke* 35 (2): 426-31. https://doi.org/10.1161/01.Str.0000110982.74967.39.

Laster, Marciana, Jenny I. Shen, and Keith C. Norris. 2018. "Kidney Disease Among African Americans: A Population Perspective." *Am J Kidney Dis* 72 (5 Suppl 1): S3-s7. https://doi.org/10.1053/j.ajkd.2018.06.021.

Laurencin, Cato T., Donna M. Christensen, and Erica D. Taylor. 2008. "HIV/AIDS and the African-American community: A State of Emergency." *J Natl Med Assoc* 100 (1): 35-43. https://doi.org/10.1016/s0027-9684(15)31172-x.

Laurencin, Cato T., and Aneesah McClinton. 2020. "The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities." *J Racial Ethn Health Disparities* 7 (3): 398-402. https://doi.org/10.1007/s40615-020-00756-0. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7166096/pdf/40615_2020_Article_756.pdf.

Mahase, Elizabeth. 2020. "COVID-19: WHO Declares Pandemic because of "Alarming Levels" of Spread, Severity, and Inaction." *Bmj* 368: m1036. https://doi.org/10.1136/bmj.m1036. https://www.bmj.com/content/bmj/368/bmj.m1036.full.pdf.

Mazurenko, Olena, Casey P. Balio, Rajender Agarwal, Aaron E. Carroll, and Nir Menachemi. 2018. "The Effects Of Medicaid Expansion Under The ACA: A Systematic Review." *Health Aff (Millwood)* 37 (6): 944-950. https://doi.org/10.1377/hlthaff.2017.1491.

Mendola, Nicholas D., Te-Ching Chen, Qiuping Gu, Mark S. Eberhardt, and Sharon Saydah. 2018. "Prevalence of Total, Diagnosed, and Undiagnosed Diabetes among Adults: United States, 2013-2016." *NCHS Data Brief*. Hyatsville, MD: National Center for Health Statistics.

Nelson, Alan. 2002. "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care." *J Natl Med Assoc* 94 (8): 666-8. https://www.ncbi.nlm.nih.gov/pmc/articles /PMC2594273/pdf/jnma00325-0024.pdf.

Noonan, Allan S., Hector E. Velasco-Mondragon, and Fernando A. Wagner. 2016. "Improving the Health of African Americans in the USA: An Overdue Opportunity for Social Justice." *Public Health Rev* 37: 12. https://doi.org/10.1186/s40985-016-0025-4. https://www.ncbi. nlm.nih.gov/pmc/articles/PMC5810013/pdf/40985_2016_Article_25.pdf.

Ostchega, Yechiam, Cheryl D. Fryar, Tatiana Nwankwo, and Duong T. Nguyen. 2020. *"Hypertension Prevalence among Adults aged 18 and over: United States 2017-2018." NCHS Data Brief*. Hyattsville, MD: National Center for Health Statistics.

Pamuk, Elsie. 1999. *Health United States 1998: with socioeconomic status and health chart book*. DIANE Publishing.

Pascarella, Giuseppe, Alessandro Strumia, Chiara Piliego, Federica Bruno, Romualdo Del Buono, Fabio Costa, Simone Scarlata, and Felice E. Agrò. 2020. "COVID-19 Diagnosis and Management: A Comprehensive Review." *J Intern Med* 288 (2): 192-206. https://doi.org/10.1111/joim.13091. https://www. ncbi.nlm.nih.gov/pmc/

articles/PMC7267177/pdf/JOIM-9999-na.pdf.

Rothstein, Richard. 2017. *The Color of Law: A Forgotten History of How Our Government Segregated America*. First ed. New York: London: Liverlight Publishing Corporation, a division of W.W. Notron & Company.

Singer, Merrill, Nicola Bulled, Bayla Ostrach, and Emily Mendenhall. 2017. "Syndemics and the Biosocial Conception of Health." *Lancet* 389 (10072): 941-950. https://doi.org/10.1016/s0140-6736(17)30003-x.

Singer, Merrill C., Pamela I. Erickson, Louise Badiane, Rosemary Diaz, Dugeidy Ortiz, Traci Abraham, and Anna M. Nicolaysen. 2006. "Syndemics, Sex and the City: Understanding Sexually Transmitted Diseases in Social and Cultural context." *Soc Sci Med* 63 (8): 2010-21. https://doi.org/10.1016/j.socscimed.2006.05.012.

Smith, D B. 1998. "The Racial Segregation of Hospital Care Revisited: Medicare Discharge Patterns and their Implications." *American Journal of Public Health* 88 (3): 461-463. https://doi.org/10.2105/ajph.88.3.461. https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.88.3.461 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1508322/pdf/amjph00015-0131.pdf.

Wasserman, Joan, Richard C. Palmer, Marcia M. Gomez, Rick Berzon, Said A. Ibrahim, and John Z. Ayanian. 2019. "Advancing Health Services Research to Eliminate Health Care Disparities." *Am J Public Health* 109 (S1): S64-s69. https://doi.org/10.2105/ajph.2018.304922. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6356134/pdf/AJPH.2018.304922.pdf.

Wileman, Tom. 2020. New Data Offer Insights on COVID Treatments for People with Cancer. https://news.vumc.org/2020/07/22/new-data-offer-insights-on-COVID-treatments-for-people-with-cancer/: VUMC Reporter.

Zheng, Jun. 2020. "SARS-CoV-2: an Emerging Coronavirus that Causes a Global Threat." *Int J Biol Sci* 16 (10): 1678-1685. https://doi.org/10.7150/ijbs.45053. https://www.ncbi. nlm.nih.gov/pmc/articles/PMC7098030/pdf/ijbsv16p1678.pdf.