

**Forum:** The World Health Organization (WHO)

**Issue #27-02:** Measures to address racial and ethnic health disparities associated with Covid-19.

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## Guiding Questions as you Read

How does racial and ethnic health disparities associated with Covid-19 specifically affect your nation?

How can countries work together in order to prevent racial and ethnic health inequalities in Covid-19 from happening?

Why is it important that countries find solutions to these global issue?

## Introduction

### Key Terms

Identity Theft  
Hacking  
Digitalization  
Cyberattacks  
Commerce  
Meddling

As COVID-19 emerged in the world, racial and ethnic inequalities were also present within society. This has negatively affected minority groups that deal with racial and ethnic injustice in several ways, including having an increased risk of getting infected by the virus and dying. Access to health resources and adequate treatment are more limited for marginalized groups, specifically black, Asian, and Hispanic people.

One of the main factors that contribute to the lack of health equity in COVID-19 is the conditions where people live, work, their socioeconomic status, and more. According to the Centers for Disease Control and Prevention, there is a higher exposure of infection to racial and ethnic minority groups because of their conditions and environment. Furthermore, the Bureau of labor statistics found that because of the type of work they do, African Americans have fewer chances of working at home than their white counterparts. Another report stated that people from racial and ethnic minority groups were more likely to live in crowded areas, making it harder to follow the COVID-19 biosecurity measures such as self-quarantine and proper hygiene. Asian people have also been dealing with violence since the virus is from Asia.

It is essential to address and debate this issue amongst countries since race inequality and discrimination are severely affecting people around the world. Because

of unequal health treatments and environments, Covid-19, disparities in race and ethnic health concerning the virus have been causing unfair deaths. We must help solve the crisis and gather solutions to stop this once and for all.

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### Definition of Key Terms

**Covid-19:** A new strand of coronavirus. It's a disease that affects the respiratory system and increases the chances of other illnesses developing.

**Ethnicity:** The belonging of a group that has a common cultural tradition.

**Health disparities:** Difference in access to healthcare, which includes medical facilities, medical services, and occurrence of disease, in certain populations, that are normally separated by social-economic class, race, ethnicity, sex, gender, etc.

**Socioeconomic status:** The combination of income, education, occupation, and location which affect the social standing of individuals or groups.

**Health equity:** The same and just opportunity for an individual to be healthy, no matter their social-economic status, race, ethnicity, and/or gender.

**Health care:** Efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals.

**Risk of exposure:** Measurement of potential loss caused by illness, diseases, and/or

health damages.

**Mortality:** The life expectancy that a person can live a “well balanced and proper life” which takes into account illness, diseases, health complications that the person might have.

## Current Situation



Although health disparities existed between different ethnicities before COVID, this virus has drastically worsened the issue. It has showcased many of the systematic predicament that has escalated the differences of healthcare options between different groups. It is the academic consensus that black, Hispanic, and native communities have around 2.7 times higher mortality rates compared to white ethnic communities (Mishra et al., 2021). The current belief being that these at-risk communities don't have the same opportunities of access to health care as their white counterparts have. This means that with proper access to medical assistance decrease the mortality rate to one of the white communities is possible

### **Factors that contribute to health disparities**

Lower socioeconomic status is correlated to the person being part of a minority community This causes the community to have a lower wealth, which blocks opportunities for yearly checkups, Covid-19 tests, proper medical facilities, health insurance, and more. All of which decrease the health of these individuals. These ethnic groups are also statistically more likely to use public transit as a mode of transportation. Increasing their natural interaction with other people, which therefore increases their risk of exposure.

A study by Alsan et al, also demonstrated that these minority communities are less likely to have health-related knowledge of Covid, which includes symptoms and spread of the disease. Suggesting that information about public health might not be distributed in a manner that increases health equity (Lopez et al., 2021).



### **Indigenous communities**

Indigenous communities have conditions that create an unsafe environment in a pandemic. They experience poor health care access, lack of essential services, lack of proper sanitation services, have a statistically high rate of being infected by the disease, and are heavily isolated from the outside world, meaning that as soon as the virus reaches the indigenous community the steps to help them are drastically harder than they would be for more interconnected groups of the population. These types of community are also very group originated, constantly organizing traditional gathering increase further risk (Nuorgam, 2020.). Added with the fact that certain indigenous communities disregard modern medical practices, replacing them with traditional recipes. All of these reasons create an increased mortality rate towards insidious communities.

### **Hate Crimes against Asian communities**

Mortality rates due to Covid-19 are not the only impact that Covid-19 has caused. An increase in racist and xenophobic violence has been shown due to the virus and its origination in China. United Nations Secretary-General Antonio Guterres said that “the pandemic continues to unleash a tsunami of hate and xenophobia, scapegoating and scaremongering” (“Covid-19, 2020 ). In the united states alone there have been a reported 100 cases daily of hate crimes against Asian communities. This is taking physical and psychological impact on these members, increasing depression, insomnia, and alcohol-related disorders (Banerjee et al., 2020).

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## Major Parties Involved and Their Views

### The United States:

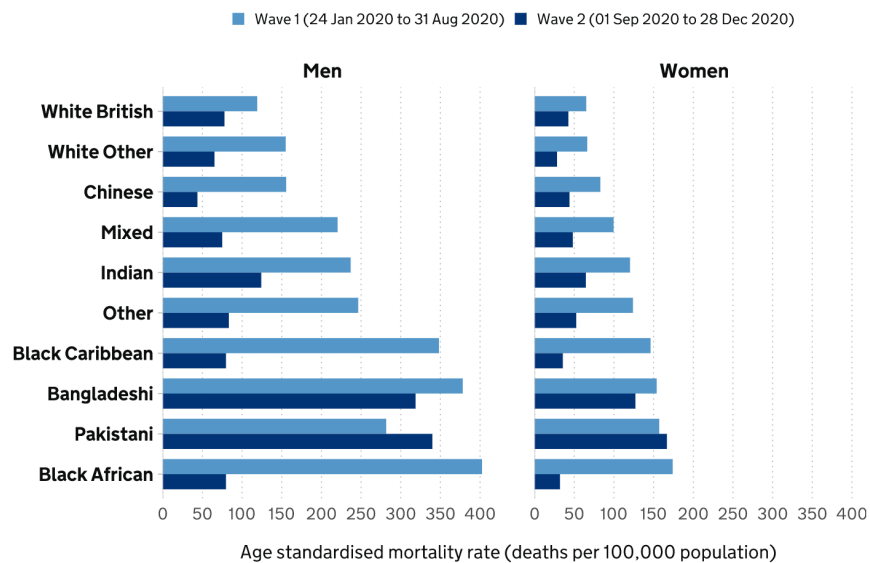
Racial and ethnic minorities in the United States are more likely to be exposed to the virus. Factors that influence this are the lack of health treatment such as mental health, living places, etc. The United States has a national health agency called the Centers for Disease Control and Prevention (CDC) and it has been focusing on the relationship between COVID-19 cases and racial and ethnic health disparities. In March of 2021, the CDC announced an initiative to address this ongoing issue by utilizing a \$2.25 billion grant to help improve state departments' capacity and services to those who need it the most. This will primarily help reduce racial and ethnic health disparities amongst the U.S and improve testing as well as contact tracing capacities.

### United Kingdom

In the United Kingdom, research on proving Covid-19 health inequalities due to someone's race and ethnicity first started when the first 11 doctors that died were either Asian, Black, or minority ethnic groups. Poverty rates in the UK for these minority communities are twice as high as white citizens, which eventually causes them to live in more deprived areas where getting the virus is more likely. However, the UK government recognized this problem and is working to find more information and perform studies as

well. For instance, with the government's consent and fund, professor Thomas Yates did a study to see if the health status, lifestyle behaviors, and environment in minority ethnic communities affect the risk of contracting COVID-19. This study will help create health policies as well as seeing how this problem can be reduced or even solved. Aside from that, the government did quarterly progress reports to talk about health inequalities with regards to Covid-19.

**Figure 21: COVID-19 age-standardised mortality rates in the first and second waves of the pandemic, by ethnicity and gender**



### South Africa:

South Africa keeps facing inequality and division in areas around the country, impacting the way people receive and have easy access to health care, primarily with regards to Covid-19. Communities with lower health care are also a cause of their socioeconomic status. People that had already been affected by racism are more likely to be poor and according to South Africa Statistics, 55.5% of the people (many being colored people) live in poor conditions. As a result, these groups have been highly exposed to the virus since they lack quality materials and are unable to follow COVID-19 protocols. Adding on, an increase in mortality rates has also been shown. As the government set measures to control the virus, 43% of black workers had to be laid off when comparing it with 17% of white workers.

**Brazil:**

As Covid-19 reached Brazil, which is considered one of the most unequal countries in the world, a great number of inequalities concerning people's race and ethnicity were perceived. The Southern region of the country was given 2.58 ICU beds per 10,000 people, however, the Northern regions were given only 1.23 ICU beds per 10,000 people. Furthermore, a greater part of the poor population in Brazil are colored people. Ethnicity also plays a big role and affects indigenous communities since they have poor economic, social, and health conditions. This puts them in a more vulnerable state and because of their geographic location, limited access to health services is seen in the country.

**UN Involvement**

The United Nations has been an active member that has spoken out the issue that race and ethnicities are playing on unequal health access due to the pandemic. The World Health Organization has called for “secure living and working conditions that enable them to live a healthy life and to thrive; and access to quality health services when and where they need them, without experiencing financial hardship” (“World, 2020), and has done webinars with prominent experts of the field to inform other of the situation at hand like the one 25 March 2021. (World, 2021). Even prominent members of the United Nations have shown their support in combating the issue. For example, the UN High Commissioner for Human Rights spoke in depth about the topic in a Geneva convention calling for governments around the world to take a leading step to increase health equity (Bachelet, 2019).

The issue regarding ethnic disparities due to Covid has even reached the UN general assembly. With members in the 75 sessions, the 57th meeting actively discussing it. The President of the General Assembly, Volkan Bozkır, mentioned the rise of Asian hate crimes, and how it is affecting their wellbeing. He also noted that African descendants are receiving worse medical facilities, resulting in a higher mortality rate. Later, Secretary-General, António Guterres, addressed similar points as Volkan Bozkır, expanding on the health injustice that African descendants are facing. Then 12



delegates of countries such as the United States, Costa Rica, China, Kazakhstan shared their thoughts on the issue (United, 2021).

## Timeline of Events

Date	Description of event	Effects on Issue :
5 January 2020	In Wuhan, China, there was an outbreak of respiratory illness cases and it was first announced to the World Health Organization (WHO).	Marks the start of the pandemic and where it all started.
30 January 2020	It was declared by WHO that the COVID-19 virus was an official global health emergency.	This declaration showed the importance of the virus and how much it would be negatively affecting millions of lives.
4 August 2020	The KFF (Kaiser Family Foundation) started research on racial disparities in COVID-19 and reported that death rates for colored people related to COVID-19 in United States, was twice as high as the death rate of the white population	People started conducting research and analysis to see if there was a relationship between COVID-19 and racial health disparities.
10 March, 2021	In the UNECE regional forum on sustainable development, The FRA which is the European Union Agency for Fundamental Rights talked about	Demonstrates the impact and importance of this global issue in Europe. This event helped shape ideas to address racial

their findings on the impact of the pandemic on human rights and their health. **health inequalities in Covid-19.**

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|------------|-------|--|---|
| 17<br>2021 | March | The CDC announced an investment of 2.25 billion dollars to address health disparities in COVID-19 that influence racial and ethnic minority communities.                                     | <b>Shows the attempt to help racial minorities have access to adequate health care.</b>   |
| 25<br>2021 | March | WHO held a webinar to address "Health inequities and racial and ethnicity-based discrimination: what COVID-19 is teaching us."   | <b>It gave various perspectives on the issue and mentioned what has been and can be done to prevent health inequalities concerning COVID-19.</b>  |
| 18<br>2021 | May   | Joe Biden announced that the United States will be sending out 20 million COVID-19 vaccine doses such as Pfizer Inc, and Moderna Inc, to countries that need it the most by the end of June. | <b>This shows the effort that developed countries such as the United States are doing to help those who do not have proper access to COVID-19 vaccines in their living areas, including racial and ethnic minorities.</b> |

## Past International Action

The Honduras and Ecuador governments, with the United Nations' help, have created a Covid-19 Humanitarian Response Plan which focuses on the afro-descendant community and its vulnerability towards the virus and their health. For instance, one of areHonduranHonduras' main goals is to distribute supplies concerning afro-Honduran

minorities' hygiene and sanitation.

In 2021, the CDC (Centers for Disease Control and Prevention) announced that they were given a funding opportunity of 2.25 billion dollars, funded through the Coronavirus Response and relief supplemental appropriations act, 2021. Its main purpose is to reduce COVID-19 related racial and ethnic health disparities. Furthermore, it will improve testing throughout all the communities and upgrade the U.S health state departments scattered in the country. The US CDC does not only work in the United States but has also partnered with 60 other countries to address issues such as this one.

Additionally, a bill was created by the Secrecy of Health and Human Services called the COVID-19 health disparities action act of 2020, to improve public awareness campaigns regarding the virus and how it has affected racial and ethnic minority populations (H.R.8203).

## **Possible Solutions**

Solving the issue of health equity has been a constant point of discussion and disagreement with professional and prominent figures, even before Covid-19. Showcasing that no perfect solutions exist, although a good starting point would be recognition of the issue to let people recognize their conscious and subconscious bias, to hopefully prevent the future systematic unequal system from continuing. It could also be followed up by increasing access to health facilities to disadvantaged socioeconomic classes. Increased funding in public transportation to increase the reliability, safety, and effectiveness to connect household and medical facilities easier. Another solution could be government-funded or subsidized health insurance to a specific race or ethnic group that has higher health disparities to create a balanced within society; this idea could also be added with an international agreement to help fund the developing countries that would have the funds for the subsidies insurance.

## Sustainable Development Goal (SDG)

The United Nations General Assembly acquired; Transforming our world: the 2030 Agenda for Sustainable Development. This plan seeks to achieve 17 goals. One of the SDGs focuses on reducing inequalities within and among countries, which targets the issue of addressing racial and ethnic health disparities in Covid-19. Minority groups such as African Americans, Asians, Indigenous populations, and more, are not receiving equal health care. They are more likely to be affected by COVID because of their unjust living environment, lower socioeconomic status, access to medical facilities, etc.

### Appendix:

#### I. Useful links

##### A. Cia World Factbook

1. <https://www.cia.gov/the-world-factbook/countries/>
2. Database with basic information about your country for the early stages of research.

##### B. Study: Health equity and COVID-19: global perspectives

1. <https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-020-01218-z.pdf>
2. In-depth and advanced commentary highlighting some of the countries' responses to covid and their impact in medical equity.

##### C. Health Equity Considerations and Racial and Ethnic Minority Groups

1. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
2. A short article that talks about the main factor that contributes to racial health disparities.

##### D. Introducing CDC's COVID-19 Health Equity Strategy

1. <https://www.youtube.com/watch?v=EldUoX14DIM>
2. Long 55 min a video that provides specifics and extensive information on the situation at hand.

##### E. People of African descent and COVID-19: unveiling structural inequalities in Latin America

1. <https://www.cepal.org/sites/default/files/publication/files/46621/S2>

[000728\\_en.pdf](#)

2. An extensive study provides information on how Latino afro descendants are being affected and the systematic reasons for it. Then it ends with recommendations that help the situation at hand.

II. Tips:

- A. Don't explain the issue in your opening statement, your fellow delegates already did research on it and are already knowledgeable. Focus on your countries stands and potential solutions.
- B. Don't start your research a couple of days before the debate. Being prepared and knowledgeable about a subject stands out and is too hard to fake. Additionally, doing research as early as possible makes you less stressed and you have more time to learn about the subject.
- C. Have an idea of possible solutions, Even make a rough draft for yourself with the operative clauses. Having a clear idea of a resolution makes it easier for you at the time of lobbying and it makes your look prepared to both chairs and delegates.
- D. Research the stands of the main countries involved in the positions. This will give up an idea of your allies and enemies which will be of great help in both the lobbying and debate phase.
- E. If you are getting bored at any stage of the Panamun experience try to think of what could make it more interesting. If research is finding you tedious, watch some videos or listening to some podcast. If the debate is too professional to your liking, make some jokes. If you find it tough public speaking start asking delegates simple questions and built that confidence. Remember, Panamun should be an enjoyable experience.

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