



Concern grows that COVID-19 disproportionately impacts minorities, but the data is incomplete

Francene Bailey sits in the window of her home in Hartford's North End. Bailey contracted COVID-19 and is home in quarantine. Bailey is a certified nursing assistant at a nursing home in Windsor. | photo by: Cloe Poisson :: CTMirror.org

COVID-19, COVID-19 RESOURCES PAGE, HEALTH :: :: by JACQUELINE RABE THOMAS and KEITH M. PHANEUF |
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Francene Bailey can barely breathe. The coronavirus has left her gasping for air as she attempts to sleep, shower, and eat.

Drinking water makes it worse.

Throwing up makes it better.

“I am just struggling to breathe. I get up, but I am so weak,” she says between labored breaths. “My body is so tired, so tired. I’m just trying to keep alive. It’s just draining.”

Bailey, a black, single mother of four, has been cordoned off from her family in her Hartford bedroom for more than a week, with the exception of three visits to the emergency room at St. Francis Hospital and Medical Center when her breathing became too weak.

With schools and businesses closed in an effort to slow the spread of COVID-19, many low-wage employees don’t have the option of staying home, safe from the virus that is spreading like brushfire across the nation.

“*People are dying. People are walking off the job because it’s just too much. I was just doing my job and going in every day to make ends meet to take care of my family. Now I can’t even be around my family.*”

— *Francene Bailey, certified nursing assistant*

That includes Bailey, an “essential employee” who makes \$33,000 a year working at a nursing home in Windsor feeding, changing and taking care of elderly and disabled residents. Her nursing home has been hit particularly hard; several residents have already died and 20 of her low-wage colleagues are also trying to recover from the virus – nearly all of them black or brown women.

“People are dying. People are walking off the job because it’s just too much,” she said Tuesday through labored breaths. “I was just doing my job and going in every day to make ends meet to take care of my family. Now I can’t even be around my family.”

Concerns about how the coronavirus is impacting black and brown workers – who are less likely to be able to work from home – has swelled in recent days as cities and states for the first time began releasing the racial and ethnic breakdowns for COVID-19 infections and deaths.

In Connecticut, among the 4,080 confirmed cases where race or ethnicity is known, 23% were Hispanic and 17% were black – 7 and 5 percentage points higher than the share of the population these groups comprise.

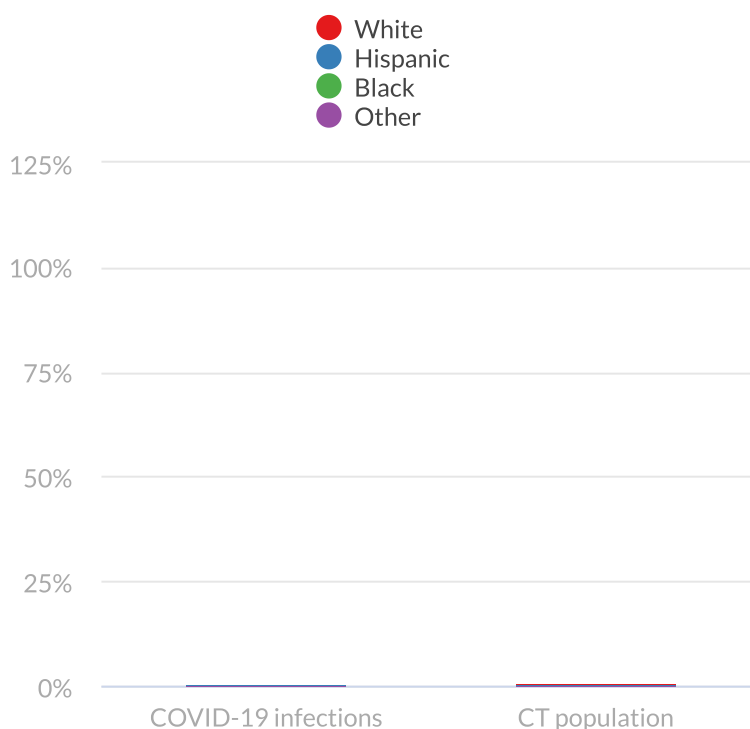
However, advocates and officials are hesitant to draw any sweeping conclusions that minorities are being hit harder by the disease since there is a huge gap in the data, as only about half of the tests results have race and ethnicity disclosed.

Connecticut's chief civil rights leader met via teleconference with officials in Gov. Ned Lamont's administration last week to press them to better track health care and economic relief efforts to ensure minorities are fairly served during this crisis.

"If we don't have this information, how can we make the appropriate decisions to prepare our communities accordingly?" asked Connecticut NAACP President Scot R. Esdaile.

Demographics of who has COVID-19 vs. state's population

Data only includes the 4,080 tests where racial/ethnic background was reported. There were 3,701 tests where no such data was provided.



Sources: CT Department of Public Health, data through April 7

Civil rights leaders and health advocates are concerned that without complete data, minorities will be disproportionately impacted, exacerbating health and economic disparities that existed prior to the pandemic.

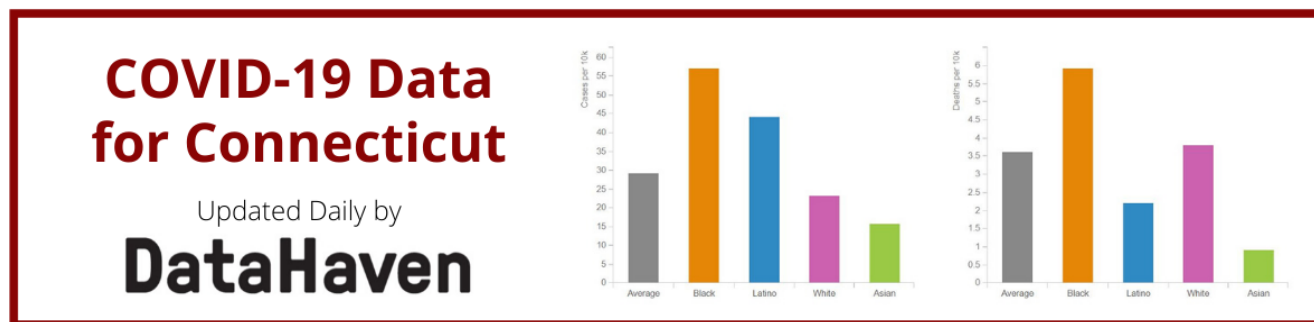
“African Americans are particularly vulnerable at this moment,” said Kristen Clarke, executive director of Lawyers’ Committee for Civil Rights Under Law, a national advocacy group calling on the federal government to better track this data. “Vigilance is required. We need to make sure that we press and demand for equitable access to testing and care and we need to sound an alarm when African Americans are excluded and left out.”

“*If we don’t have this information, how can we make the appropriate decisions to prepare our communities accordingly?*”

— *Scot R. Esdaile, Connecticut NAACP President*

A team of doctors at UConn Health Center released research Wednesday suggesting that the early data indicates black residents in Connecticut are being hit the hardest by the virus.

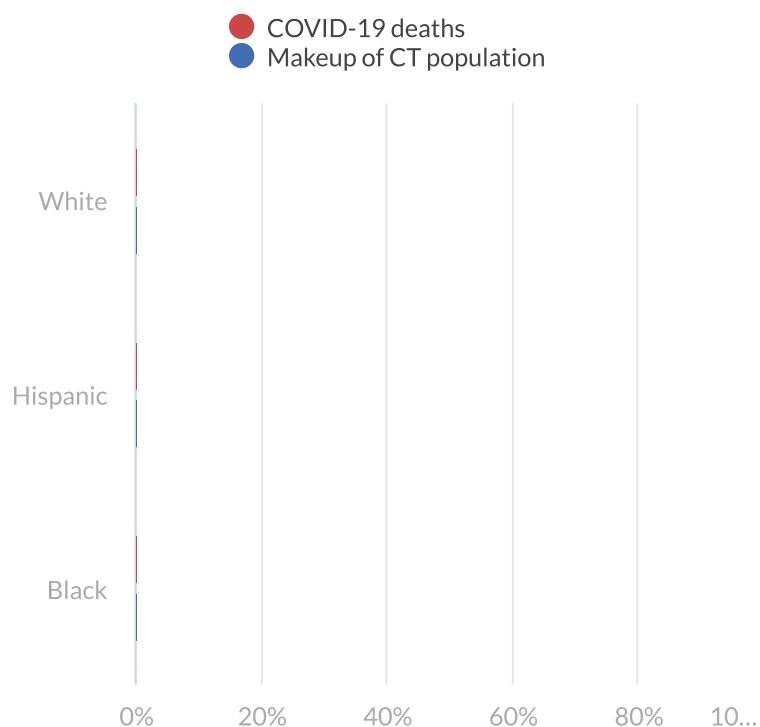
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“Perhaps this crisis has already begun to reveal an engrained racial bias that may further disempower racial and ethnic minorities,” the team found, while also calling for the better collection of data. “The importance of the racial and ethnic breakdowns of those affected cannot be overemphasized.”

The UConn Health team was able to track down the race of nearly everyone who has died from the illness through April 1, and found a significant difference in what share of the death white people make up compared to the population they comprise in Connecticut. Of the 90 coronavirus deaths researchers tracked, 77% were white people even though they only make up 67% of the state's population.

Disparities in who is dying from COVID-19



Source: UConn Health Center

Separate research might help explain what is happening. That research shows that minorities in Connecticut are facing challenges on the front-end of the process. The data-tracking firm Rubix teamed up with researchers at the universities of Pittsburg and Virginia to look at hospital groups and health care institutions in seven states – including Connecticut – and found that despite showing symptoms, many minority patients were not being tested.

“As the number of infected patients increases drastically, patient identification and access to testing options is paramount. Unfair rationing within distinct neighborhoods may be directly relevant to patient access to professional care during this time,” a summary of the research concluded.

Dorrette Morris, who lives in Hartford and works at St. Mary's Home in West Hartford, suspects she has COVID-19. Several residents at the facility where she works have already tested positive and after weeks of working without protective equipment, Morris said, she began to feel dizzy and run a fever.

She is one of four employees at the West Hartford nursing home who have been sent home to recover. She tried unsuccessfully to get a test.

“I don’t know why they won’t test me,” she said. “I think they should give us the proper masks, but I am not one to call off work. They give us nothing to work with.”



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Dorrette Morris, of Hartford, stands in front of her North End home where she is quarantined for fourteen days due to being exposed to COVID-19. Morris has been a certified nursing assistant at St. Mary’s Home in West Hartford for 18 years and believes she was exposed to the virus on the job.

Doctors working in hospitals in Connecticut say they believe when more complete data is available, it will show this virus is disproportionately impacting minorities and poor residents more significantly the longer the pandemic lasts.

There are numerous reasons for this. People who hold white collar jobs are more likely to be able to work from home, whereas those working in nursing homes and other types of lower-wage jobs do not have that option and are more likely to contract the disease.

“The infection has spread now from sort of rich communities that brought it here from travel to poor communities who are sort of trapped in tight housing and are particularly vulnerable because of their age,” said Dr. Howard P. Forman, a practicing clinician in the Yale New Haven Hospital Emergency Room who is also working with groups in Connecticut and around the country to contain the spread of COVID-19 in his role as the director of the health care management program at Yale School of Public Health.

Forman pointed to the outbreak that began in Boston at a biotech conference and quickly spread to nursing homes.

“I think people lose track of the fact that nursing homes do disproportionately represent a poor part of the population, and typically are more likely to represent underrepresented groups and people of color,” he said.

In Connecticut, the wealthy community of Westport was first to experience an outbreak of COVID-19. But the virus has now spread throughout the state – and Gov. Ned Lamont said Wednesday that his administration believes the virus is spreading more quickly in poor communities.

“Congested areas are a lot more susceptible to spread,” he told reporters during his late afternoon daily briefing. “That tends to impact our underserved communities. Many of the folks have bigger families and [are] living in smaller apartments, so it’s tougher just to social distance within your own apartment, in your own residential dwelling.”

He said the huge disparities also exist because minorities are less likely able to telecommute, and more likely to be the ones still working in the day cares, hospitals, and grocery stores.

“It does put them in a little more risk if we don’t take care of them with the necessary [personal protective equipment] that they need,” he said.

An analysis of smartphone data by The New York Times provides some insight into who is able to stay home and reduce their risk of being exposed to COVID-19. While everyone seems to be moving around much less now, wealthier people are staying home the most.

In Connecticut’s Fairfield county metro area – which includes Bridgeport, Westport and Greenwich – the wealthiest residents have “essentially halted” movement, while the poorest residents stalled their movement until the workweek began.

Patricia Baker, president of the Connecticut Health Foundation, which focuses on health disparities, said while the state data on who is contracting the virus in Connecticut should be taken “with a grain of salt,” she urges people to also remember minorities are much more likely to be impacted by various negative health outcomes such as asthma, and are more likely not to have health insurance.

“So access on a regular basis is already an issue,” she said.

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Why the big data hole?

Connecticut began publicly releasing this data last Friday as calls grew for such disclosure. Several states have continued to withhold the data, and the federal government has not released it either.

However, some states that have begun reporting this information have produced more complete data sets than Connecticut, with fewer providers and testing companies turning in results that don't indicate the race or ethnicity of the people who have tested positive or died from the virus. For example, in Illinois black residents make up 15% of the population, but 28% of confirmed cases. Illinois has a 75% response rate compared to Connecticut's 52% rate. (See the form CT providers and labs fill out [here](#).)

Harris of the public health department said the state is working to fill in the gap, calling it a “top priority.”

“Race/ethnicity are not included in the information we receive from laboratories, typically because this information might not even be received by the laboratories that are doing outpatient testing. We are working with local health departments, hospitals and the Office of the Chief Medical Examiner to update information on race/ethnicity of cases where possible,” he said.

Paul Mounds Jr., Lamont's chief of staff, met via teleconference last week with Esdaile, minority physicians, nurses and hospital administrators.

“We’re continuously working on this issue,” Mounds said Tuesday. “We have a lot of work left to be done on this issue to be sure we can appropriately respond from a policy perspective.”

But state officials rely heavily on patients and care providers to collect this information. Mounds said the only way to improve reporting on racial and ethnic data is for better cooperation at all points in this chain.

Connecticut officials have posted no data to date on the racial and ethnic breakdown of COVID-19 patients that have been hospitalized — another lapse Esdaile said must be addressed.

Should urban small businesses be first in line for relief?

Testing and hospital services aren’t the only concerns of minority leaders.

Lamont’s Connecticut Recovery Bridge Loan Program did invite applicants to identify themselves as minority-owned, women-owned or veteran-owned businesses.

The program, which was launched March 25 with \$25 million, was suspended two days later. Despite Lamont’s doubling pledged relief to \$50 million, business requests for no-interest loans quadrupled that amount.

According to Department of Economic and Community Development spokesman Jim Watson 851 out of 5,295 applicants, about 16% identified themselves as minority-owned.

But Esdaile said roughly 25% of small businesses in Connecticut are minority-owned, but in urban centers the share of is more than half.

It’s crucial that bridge loan awards also are balanced along racial and ethnic lines, and are focused on those parts of Connecticut where poverty is most severe — and the pandemic has hit the hardest, said both Esdaile and state Rep. Toni E. Walker, D-New Haven, a member of the legislature’s Black and Puerto Rican Caucus.

“We have to make sure we’re putting money back into the neighborhoods that are desperately collapsing in this pandemic,” said Walker, who also co-chairs the Appropriations Committee. “I hope we’re using the statistics that we have.”

Lamont announced Wednesday that there will be a focus on helping women- and minority-owned businesses in business relief loan awards, though he did not pledge any specific share of awards would be dedicated to these groups.

The administration still is processing applications for the \$50 million in business loans, and officials have not said what priority, if any, would be given to minority-owned businesses.



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