

# Health and Social Inequities in Long COVID Care

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01

Covid among the  
vulnerable; Covid as  
Long Covid

02

Preliminary results  
of study regarding  
experiences of Latinx  
during Covid in  
Baltimore

03

Examine the role of  
Healthcare  
Professionals in Long  
COVID care including  
epistemic injustice

04

What we must do  
next

# What is it like to be undocumented in Baltimore?

Introduction



Undocumented  
immigrants  
(people without  
authorization)

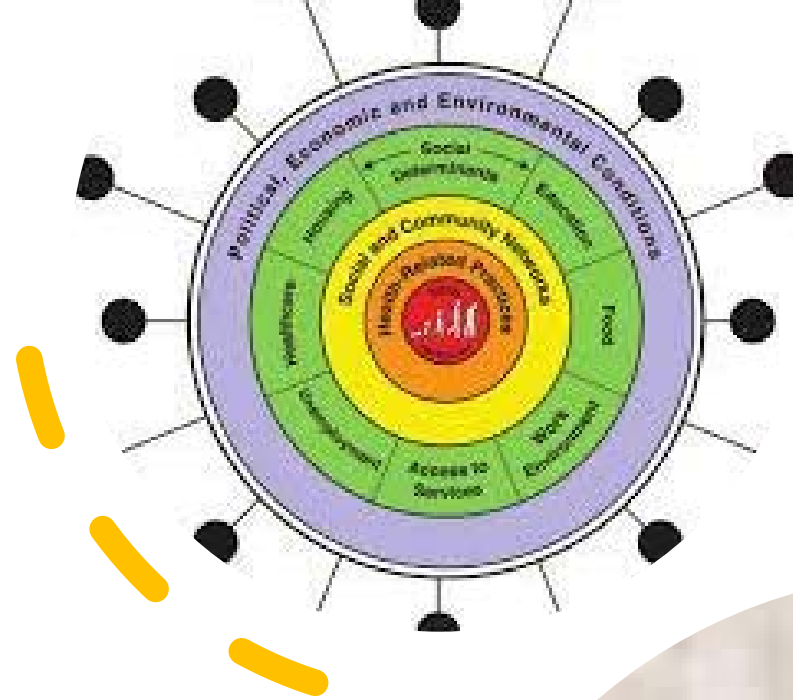
**Associated vulnerabilities (Pitkin et al 2007):**

- Limited education, occupational opportunities, and income
- Limited access to social services
- Low English proficiency
- Crowded and poorly maintained residences
- Stigma and marginalization
- Involvement with carceral/immigration system
- “Essential workers”



# Disparity or syndemic?

A syndemic is the aggregation of concurrent or sequential epidemics in a population with biological interactions, with exacerbate the prognosis and burden of diseases (modified from Wikipedia)



# The three bodies, I



“Sickness is not just an isolated event, nor an unfortunate brush with nature.



**It is a form of communication-the language of the organs- through which nature, society, and culture speak simultaneously.**



The individual body should be seen as the most immediate, the proximate terrain where social truths and social contradictions are played out, as well as a locus of personal and social resistance, creativity, and struggle.”

- Clic-- Scheper-Hughes and Lock, Medical Anthropology Quarterly , Mar., 1987, New Series, Vol. 1, No. 1 (Mar., 1987), pp. 6-41

# The three bodies, II

## the individual body

- phenomenological sense of the lived experience of the body

## the social body

- representational uses of the body as a natural symbol with which to think about nature, society, and culture

## the body politic

- regulation, surveillance, and control of bodies (individual and collective)

-- Scheper-Hughes and Lock, *Medical Anthropology Quarterly*, Mar., 1987, New Series, Vol. 1, No. 1 (Mar., 1987), pp. 6-41

# Covid among immigrants...

**As embodied individual experience**

**As a socially embodied disease**

**As a reflection of existing patterns in the body politic**



Immigrants are  
overrepresented  
in...

- Building Cleaning Services
- Grocery and Related Product Merchant Wholesale
- Warehousing and Storage
- Home Health Care Service

(Rho, 2020)

# Introduction to Project



The first stage of our study concluded with **30 telephone surveys** and **15 interviews**.



Structured survey and Semi-structure interviews in Spanish from May-July 2021

Data was collected in RedCap.

**Next Steps: Focus Group**

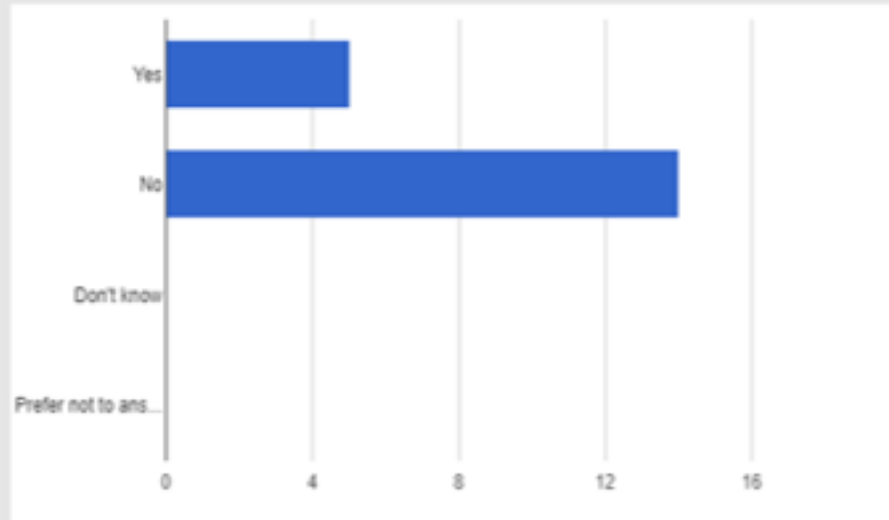
The image features four 3D cubes arranged in a row on a reflective teal surface against a teal gradient background. The central cube is open, revealing a bright yellow interior, and is illuminated by a spotlight from above. The other three cubes are closed and dark grey. The text "Study – Preliminary Results" is centered over the open cube in a white, sans-serif font.

# Study – Preliminary Results



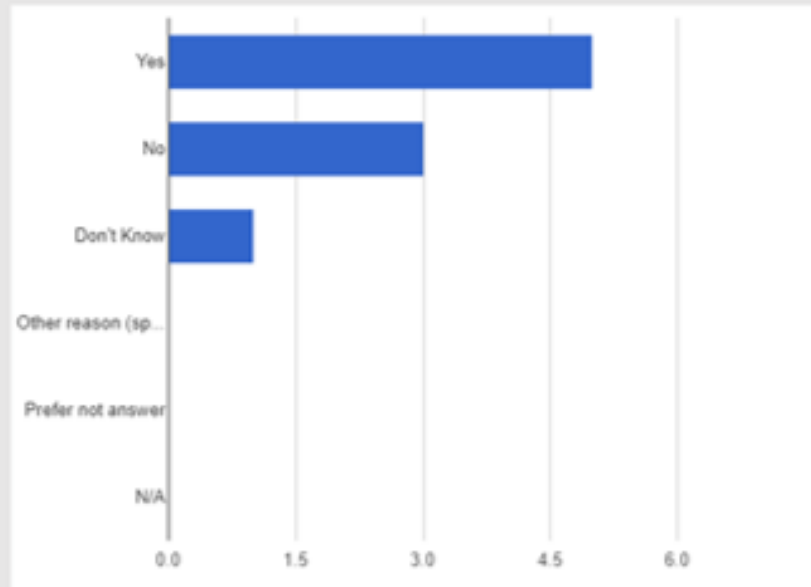
# Public Health Engagement

During the pandemic, were you ever called by the public health department to notify you of possible exposure to a positive case of COVID-19? (refers to contact tracing)



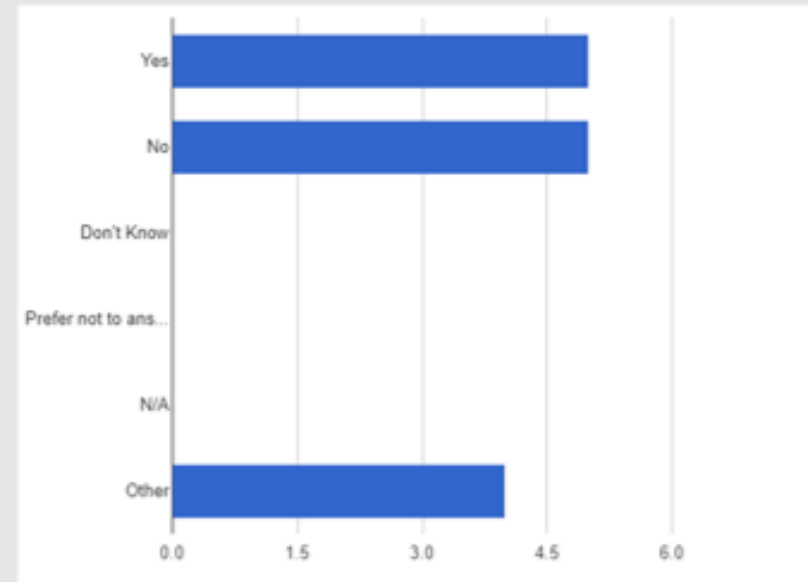
# Healthcare Access

If you were to get sick with coronavirus, would you be concerned about getting treatment due to your documentation status?

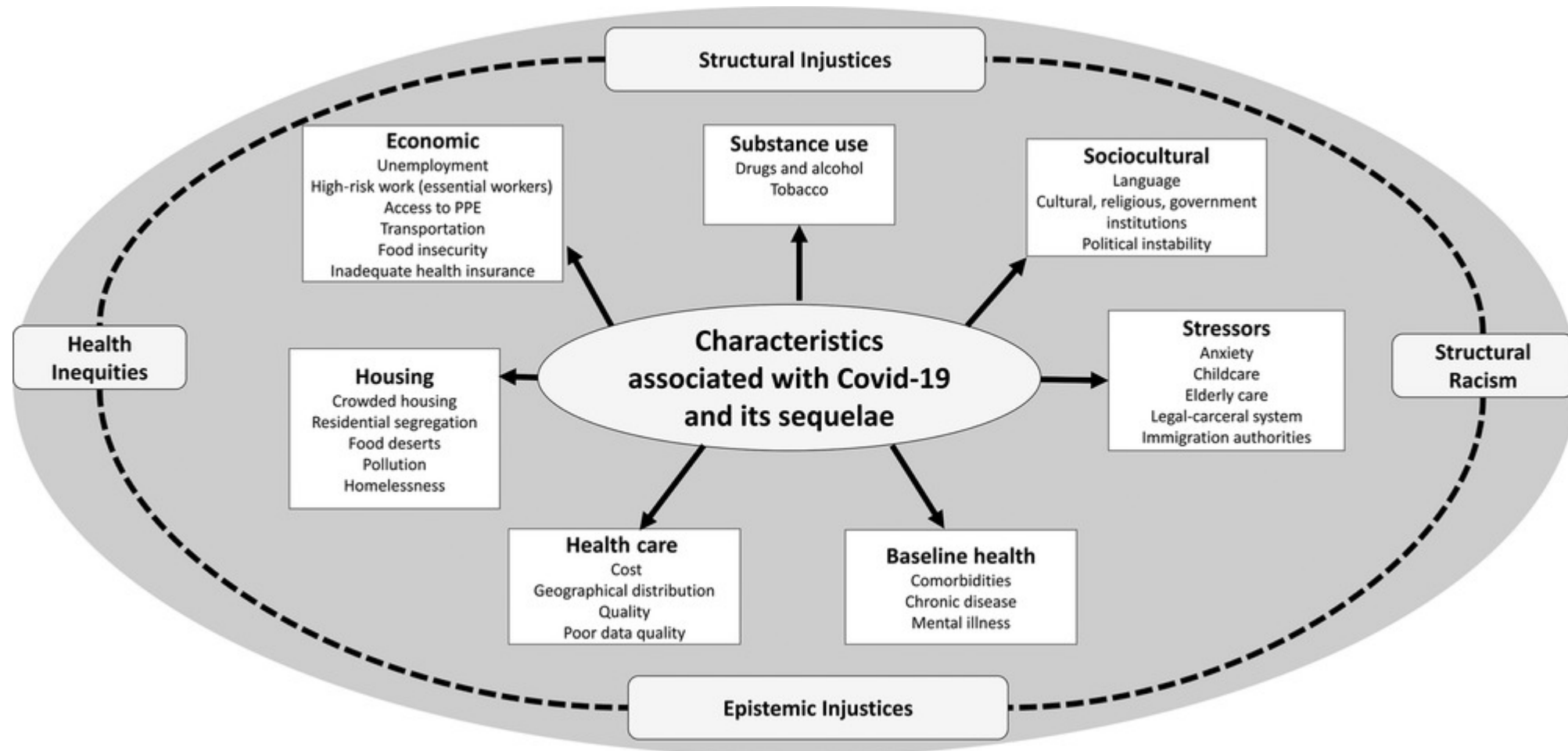


# Healthcare Engagement

**Did you feel you received adequate medical care while you were sick with COVID-19?**



# Characteristics associated with COVID-19 and Long COVID-19



# Covid (especially for immigrants) is Long Covid

COVID-19 and its long-term sequelae are strongly influenced by social determinants such as poverty and by structural inequalities such as racism and discrimination.

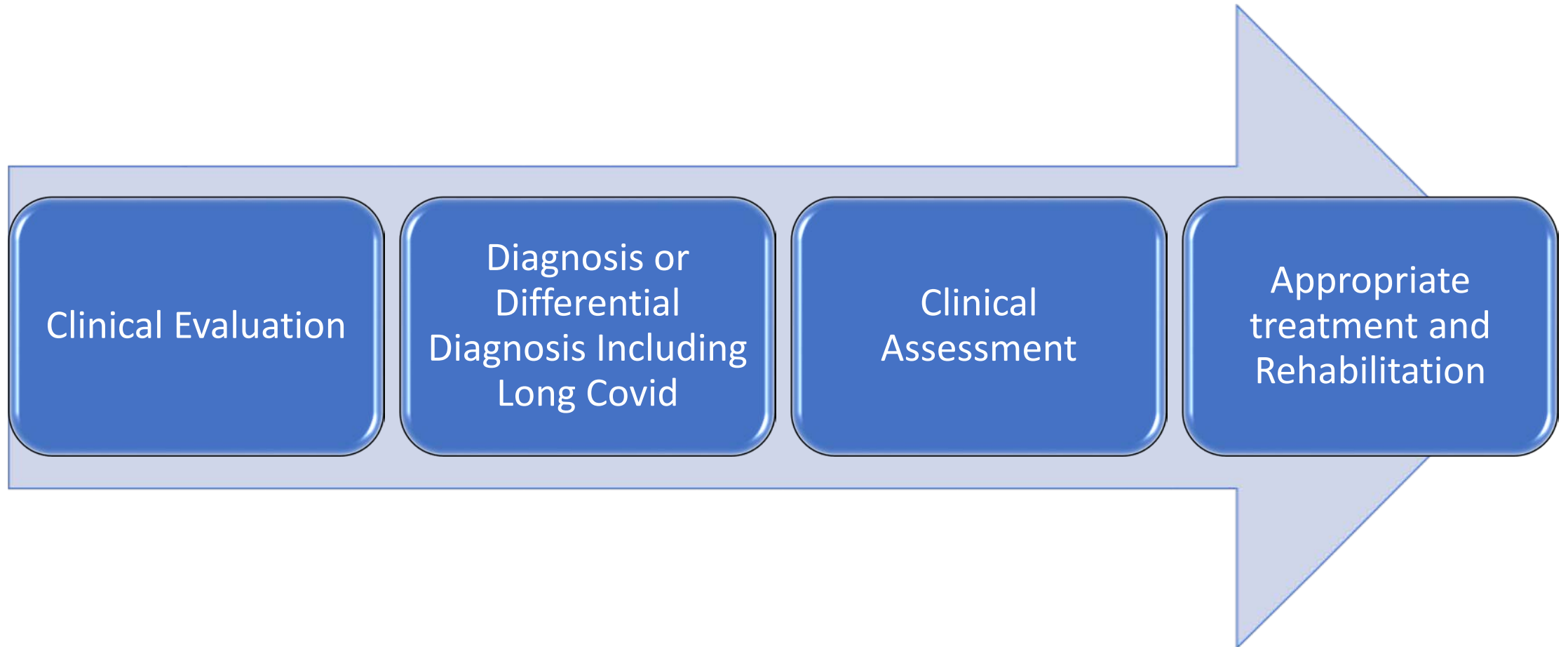
Primary care providers are in a unique position to provide and coordinate care for vulnerable patients with long COVID.

Policy measures should include strengthening primary care, optimizing data quality, and addressing the multiple nested domains of inequity.



# What we should do now

YES, now



## What The Clinician Should Do

- Recognize that at least 10% of the overall population with acute COVID-19 are likely to get long COVID.
- Recognize the challenges of epistemic injustices and the harms caused to vulnerable populations.
- Patient must be evaluated holistically considering a full differential diagnosis.
- Reduce harm to patients while validating, understanding, assessing and document their experience.



# What The Clinician Should Do: Epistemic Injustice

1. Acknowledge bias, stigma, and fears/assumptions
2. Consequences of Epistemic Injustices:
  - Engaging in healthcare discrimination
  - Exacerbating healthcare barriers
  - Perpetuating intersectional injustices
3. Misdiagnosis and poor management

# What we should do now

Eviction  
moratorium

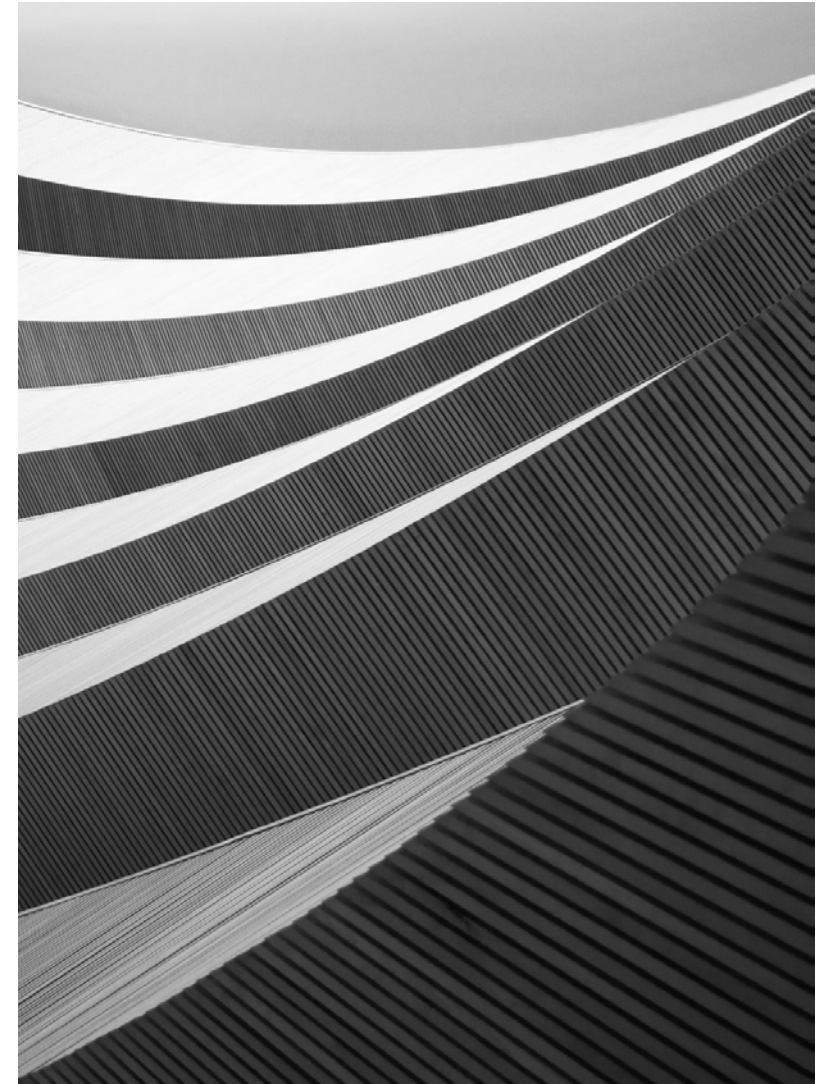
Economic support  
for workers

Language  
concordant care

Decarceration

In general:

- Structural equity
- Epistemic humility





# Focusing on the body politic

Socialist-tending health care systems (Segall cited in Nonini-Smith, *Healing the Body Politic*):

- Emphasizing **social causes**
- Priority given to **formation of participatory organizations**
- Empowerment of **local people to take control** (against professionalized national planning)

# Solidarity networks (Cabot 2016, “Contagious solidarity”)

- Solidarity networks focus less on explicit political mobilisation and more on addressing basic, often urgent, human needs. ... ‘hidden’ forms of welfare, offering services outside or alongside state-based social support.
- Solidarity initiatives are also substantively different from NGOs and non-profits, which also provide extra-state services. NGOs and non-profits are explicitly professionalised, paying staff and employing volunteers through formal internships and practicums.
- In contrast, solidarity initiatives are most often averse even to monetary donations and they reject the formalisation of voluntarism; after all, every ‘solidarian’ is a volunteer.

# Examples of post-WWII healthcare solidarity



Common Ground  
Health Clinic  
Solidarity Not Charity



CHARLES B. WANG  
COMMUNITY HEALTH CENTER  
王嘉廉社區醫療中心

Southcentral  
Foundation



# Preliminary observations/ conflicts/questions

Solidarity and benefits of biomedical and technical expertise

Solidarity as an alternative to citizenship under capitalism vs a reinforcement

Promoting solidarity among affected communities

# What action looks like now

## Lack of existing solidarity

Among healthcare workers

Between/among HCWs and patients

Focus on diversity/identity, not solidarity

## What will the next pandemic look like?

Crisis

Austerity

Solidarity

## It's up to us

Not pre-existing institutions



# What we should do now

Eviction moratorium

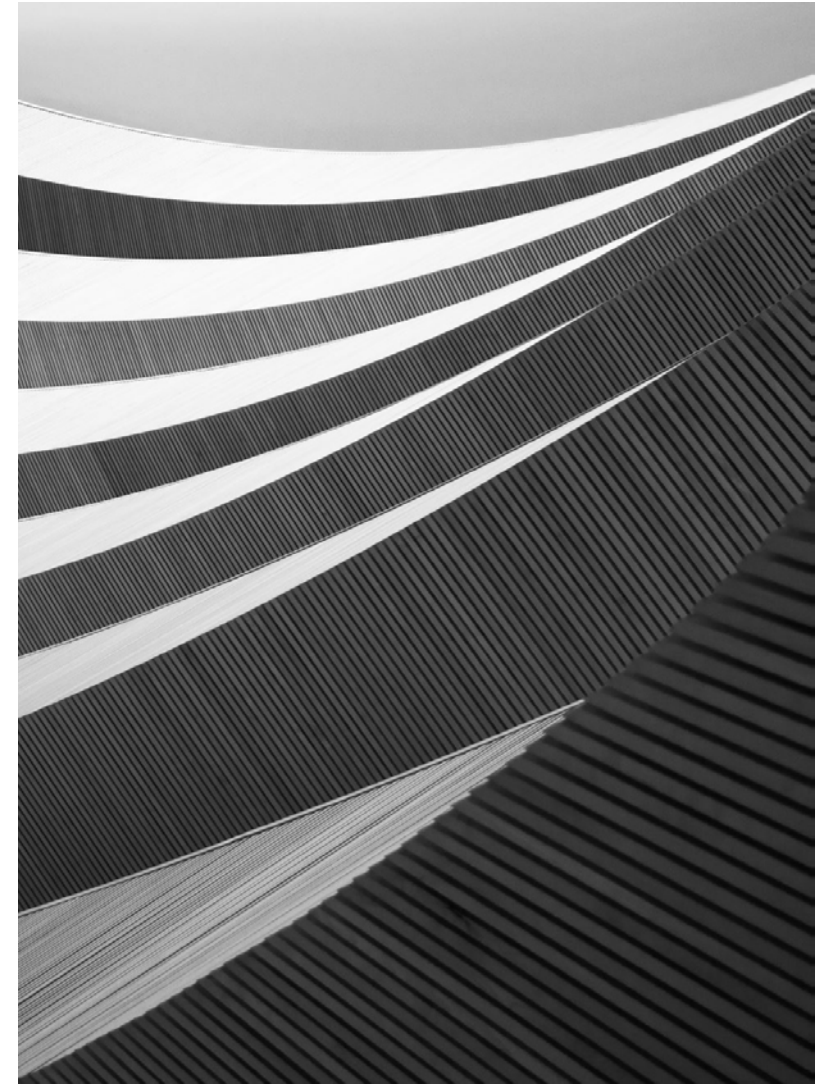
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Thank you

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#### Image Citation

CDC/Alissa Eckert, MSMI; Dan Higgins, MAMS (2020).  
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