

A close-up portrait of a Black woman with voluminous, dark curly hair. She is smiling warmly at the camera, showing her teeth. She is holding a black fabric face mask in her right hand, positioned near her chin. She is wearing a black top with a sheer, lace-like detail at the neckline. The background is a soft, out-of-focus brown.

Surviving & Thriving

COVID-19 Pandemic Survival Guide

FOR BLACK WOMEN
AND THEIR FAMILIES
2021-2022



BLACK WOMEN'S
HEALTH IMPERATIVE

ACKNOWLEDGMENTS

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BLACK WOMEN'S
HEALTH IMPERATIVE

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A Message from Our CEO

Dear Black Women,

When 2020 began, there was a distinctly optimistic feeling about what was to come. It was to be a year of clarity, with many wishing for “20/20” vision to guide them through. None of us could have seen the global pandemic that was unfolding as we rang in the year. In the United States, Black communities were blindsided, and the sudden realization of the all-too-familiar patterns of racial disparities reminded us of the old saying, “When white folks catch a cold, Black folks get pneumonia”—or, in this case, die from COVID-19.



Throughout the pandemic, the disparities in health, economic, and social outcomes have been stark for Black women and their families. Black Americans experience disproportionate rates of COVID-19 cases and deaths. We are more likely to have underlying conditions that worsen the severity of cases and less likely to have access to timely testing and treatment services that could save our lives. Economically, women of color are facing high levels of unemployment and financial uncertainty. This, in turn, is creating negative social impacts for Black women and girls, including a higher risk of housing instability, food insecurity, and education inequality. Black women live at the intersection of racial and gender oppression and economic and health adversity.

Structural racism—which has perpetuated centuries of anti-Black discrimination in health care, education, housing, and labor—is at the root of this intersectional reality. Our nation’s systems were designed to produce the outcomes we are seeing.

We at Black Women’s Health Imperative (BWHI) may not be able to predict the future, but we did, in fact, predict the disparities in COVID-19 in March. We can expect these disparities to continue in the way the COVID-19 vaccine is distributed in 2021.

Black women have the power to push back—we have and we must. With no way to know when the pandemic will end, and no certainty about when, or if, the federal response will meet our needs, we have to create our own path forward.

To equip Black women to protect themselves, their families, and their communities, BWHI is pleased to release *Surviving & Thriving*. This pandemic survival guide tells the story of how the COVID-19 pandemic is affecting us, Black women, and empowers us to take actions that keep us healthy, safe, and resilient. The guide describes the scope of the health, economic, and social impacts of the pandemic; provides practical tips and resources that Black women can use to mitigate the severity of those impacts; and calls policymakers to account with lists of concrete recommendations for addressing our needs and ending the disparities we experience.

We know what it means to be Black women in this country, in this moment. We know the stakes are high and the consequences are quite literally life or death. And so, we offer this guide to amplify Black women’s voices, to assert, more powerfully than ever, that our lives matter.

We hope you find it useful.

A handwritten signature in black ink that reads "Linda Gojer Blount". The signature is fluid and cursive.

Linda Gojer Blount, MPH
President & CEO

Black Women’s Health Imperative

The Problem

SARS-CoV-2, the coronavirus that causes COVID-19, continues to infect and kill unprecedented numbers of people across the world. In the United States, the pandemic has exposed a range of inequities that put people and communities of color at increased risk for illness and death. These inequities are the result of long-standing pre-pandemic policies and beliefs that perpetuate systemic and structural racism in every sector from health care and housing to labor and education—and Black Americans bear the burden.¹

Nationally, Black people are dying from COVID-19 at a rate 2.8 times greater than white people.² At earlier points in the pandemic, the outcomes were even worse: Black Americans in some states were dying of COVID-19 at up to six times the rate of white Americans.³ In October 2020, COVID-19 became the third leading cause of death for all Americans, but the virus has been the third leading cause of death for African Americans since August.^{4,5} These outcomes are not surprising.

Dr. Susan Moore pleaded for pain medication—and to be taken seriously. Even being a doctor didn't protect her from racism and its implicit bias. She pleaded for medication and better treatment. She posted [her story](#) on social media in December 2020, then died a few days before Christmas.

Black communities have long experienced alarming inequities across key factors, called social determinants, that contribute to health and well-being, such as income, employment, housing, and education.⁶ The impacts of these inequities were devastating pre-pandemic, but only worsen as COVID-19 rages on. The heavy toll of COVID-19 on Black America is sharpened for Black women, who live at the intersection

of gendered and racialized oppression and are experiencing disastrous impacts on their health, economic stability, and social well-being.

Black communities are 13% of the total U.S. population but account for 18% of COVID-19 cases and 21% of deaths.⁷ In almost every state, the pattern is the same: Black Americans' share of COVID-19 cases and deaths exceeds their share of the population.⁸ The spread of the virus in Black communities has forever changed lives, and the health impacts of the pandemic on Black women are both physical and mental.

Black women are disproportionately impacted by underlying health conditions linked to severe COVID-19 cases, including obesity, cardiovascular disease, and diabetes. Nearly 60% of Black women live with obesity, close to half (43%) suffer from hypertension, and one in 10 has diabetes.⁹ The high incidence of chronic disease is a consequence of America's long history of structural racism and gender oppression. The confluence of the gender pay gap and the racial wealth gap have made economic instability a harsh reality for Black women. One in five live in poverty, resulting in food insecurity and a reliance on low-cost, low-nutrition foods that contribute to obesity.^{10,11}

Neighborhood environments also play a critical role in Black women's COVID-19 outcomes. The historic practice of redlining served to segregate neighborhoods by race, making it easier for policymakers to disinvest resources from Black communities. Today, research shows that redlined neighborhoods—which are home to predominantly low-income minorities—have higher rates of chronic disease (e.g., asthma and COPD) and greater overall risk factors for COVID-19.¹² Racist policies and practices like redlining are a reason African Americans are more likely to be essential workers,¹³ live in high-density or multi-generational housing,¹⁴ rely exclusively on public transportation,¹⁵ and experience homelessness¹⁶—all of which increase Black women's risk of contracting the deadly virus.

What is perhaps most frustrating, though, is that the same structural racism that produces



disease in Black communities is also creating barriers to treatment, care, and comfort—and worsening existing health crises. One in 10 African Americans is uninsured, which limits both access to and affordability of health care.¹⁷ Even when Black people do have access to care, medical racism lowers the quality. Racial bias in medicine has been linked to less access to pain medication for Black Americans, as well as the false belief that Black patients feel less pain and that Black patients claiming pain are usually seeking drugs.¹⁸ Such bias is apparent in the Black maternal health crisis, which is likely to worsen amid the pandemic as social distancing requirements limit social supports and maternal depression increases.¹⁹

It is no surprise that early in the pandemic, when hospitals were overwhelmed and under-resourced, Black patients with COVID-19 symptoms were more likely to be sent home without being tested.²⁰ Or that minority communities in big cities had fewer testing sites and longer wait times; they were also more likely to run out of tests.²¹ This lack

of access to testing has in turn created treatment delays that have contributed to worse outcomes. Black patients are more likely to need a higher level of care at the time they test positive and also have significantly higher rates of hospitalization and death.²²

The physical health impacts of COVID-19 are clear, and the psychological stress of the pandemic is certain to have long-term effects on Black women's mental health. The convergence of this pandemic with daily and often public racial violence has been emotionally overwhelming. It is exhausting to have to be hypervigilant about COVID-19 while also staring down racism at work, in the classroom, at the doctor's office, and everywhere in between. Black women are experiencing increased anxiety, sadness, and depression as they try to survive this pandemic while also surviving being Black in America.^{23,24} Violence and related stressors also disproportionately impact Black women.²⁵ But with the right tools, resilience is possible.

Here's How to Survive & Thrive

- **Wear a mask, wash your hands, and keep your distance.** Don't have indoor family gatherings. Stay away from bars, indoor restaurants, and other places where people are close together. When you are in public and cannot maintain social distance, wear your mask. Make sure it covers both your mouth and your nose. Keep a bottle of alcohol-based hand sanitizer with you when you are out and about. Wash your hands with soap and water for at least 20 seconds as soon as you return home. And, of course, maintain at least six feet of distance from others when you are indoors. These simple steps can help [lower your risk](#) of contracting COVID-19.
- **Know your COVID-19 status.** One of the biggest challenges to slowing the spread of COVID-19 is that the virus can be asymptomatic. This means that you could feel fine and show no symptoms but still be carrying, and potentially spreading, disease. Periodic testing can help you remain aware of your status so that you can get the care you need while also protecting others. Many local health departments and community pharmacies are offering [free testing](#). Encourage other people in your life to get tested.
- **Don't skip out on annual and/or recommended doctor's appointments.** Black women are at greater risk of a range of diseases, including those in which early detection could be lifesaving. If you are hesitant about going into a clinical office, check with your providers to see if they offer virtual appointments. Ask what is being done to protect patients coming into the clinic. You can also use this [digital health directory](#) to find telehealth services for both your physical and mental health needs. Do get your screening tests.
- **Practice self-care.** The pandemic is placing us all under a great deal of physical and mental stress, even when we don't necessarily feel it. Nurturing your mind and body can go a long way in keeping you healthy. Take walks when possible. Meditate. Watch your favorite show, read a good book, or listen to an interesting podcast. Limit access to news and devices. Set boundaries that allow you to maintain work-life balance and nurture social connections that make you feel good and supported.

Here's What We Need from Policymakers

- **Ensure access to adequate and affordable health insurance.** Nearly 28 million Americans, and 14% of Black women, are uninsured. Regardless of income or job status, everyone deserves to have insurance that allows them to seek quality medical care when necessary—especially in a pandemic.
- **Ensure equitable access and distribution of the vaccine.**
- **Invest in initiatives that address systemic racism within health care.** From COVID-19 to the maternal health crisis, medical racism is harming Black women. We urgently need legislation, such as the recently introduced [Equal Health Care for All Act](#), that calls for substantial investments in research, workforce training, and reforms that capture the scope of and provide solutions in response to racial bias in health care.
- **Expand Medicaid coverage in all states.** Twelve states, primarily in the U.S. South, where more than half of Black Americans live, have yet to expand Medicaid. Expansion would fill coverage gaps for low-income Black women, increasing access to essential preventive care as well as critical maternal health services such as doulas and care for a full year postpartum.

Economic Impacts

The economic fallout of COVID-19 extends beyond what many of us could have ever imagined. Sixty percent of Black households report facing serious financial problems.²⁶ Unemployment rates are at levels unseen since the Great Depression. Many people cannot pay their rent or mortgage. Families are struggling to put food on the table, and bills are going unpaid. Economic recovery will be an uphill battle for those who survive, and this is especially true for Black women.

Black women have had the second-highest probability of unemployment during the pandemic. Compared to white men, Black women are significantly more likely to experience job loss, even when employed in telework-friendly jobs.²⁷ Black workers are also more likely to be permanently laid off, and Black women have recovered just one-third of jobs lost during the pandemic (compared to 61% recovery for white women).^{28,29} This pattern is similar to the one that emerged in the wake of the Great Recession, in which it took nearly a decade for Black workers' incomes to return to prerecession levels.

Black-owned businesses, more than a third of which are women-led, are also suffering.³⁰ Black business owners were more likely to have their applications for funding relief denied by the Paycheck Protection Program (PPP) and Economic Injury Disaster Loans program.³¹ Less than 1 percent of PPP loans went to Black women. Nearly 50% of Black-owned businesses have closed permanently as a consequence of inequitable access to government relief and pre-pandemic funding gaps that left them with smaller cash reserves.^{32,33}

With four in five Black mothers serving as a principal source of economic support for their families, and more than half as the sole source,³⁴ the pandemic's financial consequences on Black women are bound to have trickle-down effects on the broader Black community. Yet structural inequities such as wage disparities and occupational segregation have whittled away the buffers Black women need to absorb the shock of COVID-19's economic impacts. For example, Black women earn just 62 cents for every dollar



a white man makes—less than all other groups except Hispanic women—and have a median wealth of just \$200.^{35,36} This translates to lower earnings and fewer assets with financial value, which means Black women have less financial security to fall back on.

Black women are overrepresented in low-wage, frontline jobs (e.g., cashiers, health aides, food service workers).³⁷ This work is essential to COVID-19 recovery, yet the compensation does not sufficiently reflect workers' vital contributions. Despite facing heightened risk of contracting COVID-19 on the job, low-wage essential workers often do not have the benefit of paid sick leave, forcing many to choose between their health and their basic economic survival.³⁸ Even in the professions, Black women in other COVID-critical roles such as doctors, nurses, and teachers earn up to 27% less than white men in those same jobs.³⁹

Ultimately, pre-pandemic experiences of economic inequality, combined with the added financial challenges of COVID-19, have left Black women with a great deal of ground to cover as they try to attain or regain financial stability for themselves and their families.

Here's How to Survive & Thrive

- **Get familiar with community-based social services in your area.** The lack of a coordinated federal response to COVID-19 has left many Black women with few options for economic relief. But where government assistance falls short, community-based organizations and mutual aid initiatives, which connect people in need with fellow community members who can provide direct support, can help fill the gap. Check out this database to [find mutual aid groups](#) near you.
- **Strengthen your financial literacy to mobilize for the future.** While financial literacy alone cannot solve the economic disparities Black women experience, it can provide a buffer that helps to minimize the impacts. Browse this [list of trusted resources](#) from the National Endowment for Financial Education to learn how to [manage your finances](#) during the pandemic and plan for the future.
- **Take advantage of opportunities to kickstart or sustain your small business.** The convergence of COVID-19 with several high-profile cases of racial violence has resulted in a surge of small business grants and relief funds focused on women of color, including some specifically for Black women. If you are a small business owner or are considering entrepreneurship in response to the employment crisis, be sure to research where there is funding available to support you. One resource: <https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>.
- **Monitor the job market to track which industries are most likely to be hiring.** With so many people out of work and fewer openings available, the job market is even more competitive than usual. Tracking hiring trends can help you focus your job search on industries with more job openings, such as retail, delivery, and health care. One resource: [The Muse](#). Another resource lists platforms to find [jobs working from home](#).

Here's What We Need from Policymakers

- **Implement universal paid sick leave and expand eligibility for family and medical leave.** The United States is one of the only wealthy, developed countries that does not guarantee some form of paid leave. Implementing a federal paid leave mandate would ensure that working people do not have to choose between keeping their jobs or caring for the health and safety of their families. Paid leave helps the economy by keeping people in their jobs and can improve population health by allowing sick workers to stay home without worrying about losing earnings.
- **Raise the federal minimum wage.** The current federal minimum wage doesn't provide a foundation for survival, and leaving wage legislation to states creates a slippery slope of inequity. Increasing the federal minimum wage to at least \$15 would allow Black women to earn a living wage that allows them to access basic human needs.
- **Establish an independent equity committee to review and revise the eligibility criteria for economic relief programs.** The current criteria for small business relief programs hinges on thresholds (e.g., number of employees, revenue, prior banking relationships) that Black business owners are less likely to meet due to preexisting economic inequality. Convening a committee to conduct an independent review of program criteria through a lens of equity will help to identify criteria that perpetuate inequity and to develop recommendations for updating the criteria.
- **Develop a long-term funding strategy to support and increase businesses owned and operated by Black women.** Almost half of Black-owned businesses have permanently closed during the pandemic. The economic consequences are vast, and the road to financial recovery will be long. A long-term approach for delivering funding and resources to sustain existing and start new Black women-owned businesses is a critical and necessary step toward economic justice. Take advantage of [opportunities to kickstart or sustain your small business](#).

Social Impacts

As highlighted in the previous sections, the impacts of COVID-19 on Black Americans are deeply rooted in social inequities. For centuries, policies and practices have been intentionally (and often subtly) designed and re-designed to preserve the power of the white majority by allowing the dehumanization of Black Americans. In turn, this has created a standard of implicit and explicit bias that perceives Black people as disposable.^{40,41} This perception, and the treatment of Black Americans as expendable, has created especially traumatic social impacts throughout the pandemic.

We are bearing witness to mass death across racial lines, but Black communities are most often the ones left grieving. One out of three African Americans personally knows someone who has died from the virus.⁴² We are mourning more because we are dying more, and we are dying more because this nation's systems, from education to health care to housing, were built for us to fall through the cracks. The human cost of the pandemic in Black communities is shocking in itself, yet Black Americans—particularly Black women and girls—are also contending with the worst outcomes across important social indicators of prosperity.

Education is a key indicator of social mobility. While virtual learning could potentially offer some protective benefits to Black girls, who are disproportionately punished and criminalized within school settings, some home learning environments lack the resources needed to succeed. Ten percent of Black teens do not have access to a home computer, one in five have to rely on public Wi-Fi for internet access, and one in four report that these issues sometimes prevent them from completing their homework.⁴³ This digital divide may further widen the achievement gap, which has already increased 15–20 percent since COVID-19 school closures began.⁴⁴ Further, schools offer more than education, providing social welfare supports such as free or subsidized meals, behavioral counseling, and a safe place to play and socialize. With Black children more likely to be learning from home, access to those critical resources and opportunities may be interrupted or unreliable.⁴⁵



Working mothers are balancing their jobs with caregiving and handling the bulk of unpaid domestic labor.⁴⁶ For some, the burden of doing double duty has proved to be too difficult to manage. Around 58,000 Black women left the workforce between August and September 2020.⁴⁷ Throughout the pandemic, layoffs have left others without much-needed work.⁴⁸ This exodus of women from the workforce could undo critical workforce gains and increase the already large pay and promotion gaps that Black women experience.⁴⁹

COVID-19 is also exacerbating housing instability. Fewer than half of Black families own their homes, leaving many at the mercy of landlords.⁵⁰ In 17 states, Black women are twice as likely as white renters to be evicted.⁵¹ Evictions not only place Black women at increased risk of job loss and homelessness; evictions can contribute to the spread of COVID-19.⁵² The federal eviction moratorium delays payments rather than canceling rent outright. This means that Black women, who are already disproportionately affected by COVID-19's economic impacts, will face further hardship when the bill for back rent comes due.

The social impacts of COVID-19 are wide reaching and closely intertwined with the health and economic impacts of the pandemic—all of which affect Black women's quality of life. To survive this triple bind, we must leverage community resources and supports while demanding urgent systemic change from policymakers.

Here's How to Survive & Thrive

- **See if you're eligible for a free laptop or low-income internet.** As we adjust to life in a socially distant environment, we need the internet to keep us connected. It is where we get the news, search for jobs, access information for school, and talk to friends. If you need access to a laptop or internet service at a low cost, check out national organizations such as [PCs for People](#) and [The On It Foundation](#). You can also connect with community-based organizations in your area to see what support they offer.
- **Maintain social connections with friends and family—virtually.** Socially distant does not have to mean socially isolated. Between the pandemic and the constant reminders of anti-Blackness, Black women are emotionally exhausted and under a great deal of stress. Maintaining a sense of community by keeping in touch with friends and family via virtual channels can help you feel supported, stay positive, and be resilient.

Here's What We Need from Policymakers

- **Extend the federal eviction moratorium and cancel debts.** Congress should extend the eviction moratorium indefinitely and amend it to include debt cancellation so that low-income Americans are not saddled with thousands of dollars of back rent they cannot afford to pay.
- **Increase the availability of affordable housing.** Safe and stable housing is a right, yet there is not enough affordable housing to meet the needs of low-income people and families. The shortage has created a crisis that forces many people to spend over half their income on rent and, in turn, limits their ability to save. Investing in the development of additional affordable housing units will allow more low-income Americans to access stable housing, which can contribute to better health and educational outcomes.
- **Expand quality broadband access across the country, with particular investments in low-income and rural communities.** The internet is a primary source of information for a majority of people, yet the digital divide remains a barrier to the internet access that every American needs right now. With everything from school to work happening online due to the pandemic, it is critical to ensure that quality broadband internet access is affordable and accessible to all people, regardless of income or geographic location.
- **Provide resources for quality distance learning and training.** Far too many children lack the resources needed to succeed in virtual learning environments, such as internet access and a computer. Similarly, low-income workers—especially those who are currently unemployed—may also face barriers to the resources needed to access job training or search and apply for jobs. Now is the time to provide funding to entities such as school districts and nonprofits so they can secure critical resources that help people learn and thrive.

Protecting Black Women Through the Power of Partnerships

In the summer of 2020, with the pandemic's impact on Black communities becoming increasingly clear, BWHI saw a need to provide critical information and resources to support Black women. In response, we joined forces with the National Coalition of 100 Black Women, Inc. (NCBW) to launch a webinar series entitled *Our Health, Our Community: Mobilizing the Survival of Black Women Beyond COVID-19*. The initiative aimed to mobilize, support, and advocate for Black women and their families in an effort to create post-pandemic solutions that contribute to healthy, resilient Black communities.

Together, BWHI and NCBW hosted one national webinar and six locally focused webinars featuring expert speakers from the health and business sectors. More than 10,000 viewers tuned in for the series, which served to raise awareness around the roots of health disparities, advocate for systems and policy solutions, and provide access to health information and resources that promote healthy behaviors and safe environments for Black women through the pandemic and beyond.

The [recording from the national webinar](#) that kicked off the series is available on the [BWHI YouTube channel](#).

The National Coalition of 100 Black Women, Inc. | @NC100BWNC • WWW.NCBW.ORG
Black Women's Health Imperative | @BLACKWOMENHEALTH • WWW.BWHI.ORG

OUR HEALTH OUR COMMUNITY

Mobilizing for the Survival of Black Women Beyond COVID-19
A Joint Initiative of the Black Women's Health Imperative and the National Coalition of 100 Black Women, Inc.

**TUESDAY
JUNE 23
7:00 PM ET**

Angela Pyle
Moderator

Virginia W. Harris
President NCBW National

Linda C. Brown, MHA
President B-CEO 2020

Harris Alice Reynolds
American Traveler Nurse

Dr. Virginia Caine
Chairman B-CEO

Senator David
Congressman

Debra L. Carter, MD
UP Federal Communities
Deputy Surgeon Gen.

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OUR HEALTH OUR COMMUNITY

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**THURSDAY
JULY 9
7:00 PM ET**

Leah Foster
Moderator Ancho NUSAB

Virginia W. Harris
President NCBW National

Linda C. Brown, MHA
President B-CEO 2020

Harris Alice Reynolds
American Traveler Nurse

Dr. Virginia Caine
Chairman B-CEO

Senator David
Congressman

Debra L. Carter, MD
UP Federal Communities
Deputy Surgeon Gen.

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OUR HEALTH OUR COMMUNITY

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**TUESDAY
JULY 14
6:00 PM PST**

Dr. Robin Carter
Dean, College of Health & Human Services (Interim)
University of California Sacramento

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OUR HEALTH OUR COMMUNITY

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**WEDNESDAY
JULY 29
7:00 PM EST**

Melissa Harris Perry
Moderator Rega Higgins
Presidential Chair at Wake Forest University TV host, Author & Political Commentator

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OUR HEALTH OUR COMMUNITY

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A Joint Initiative of the Black Women's Health Imperative and the National Coalition of 100 Black Women, Inc.

**WEDNESDAY
AUG 12
7:00 PM EST**

Suzanne Mathews
Moderator, CNN National Correspondent

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#BWHI #OurHealth

RSVP for link

HOST A FACEBOOK LIVE WATCH PARTY



Vaccines: The Key to Ending the COVID-19 Pandemic

Each of us has a role to play in slowing the spread of COVID-19. We should wear a mask, wash our hands frequently, maintain social distancing, and limit our trips to public places such as grocery stores. But the most effective way to protect ourselves and our communities from this deadly disease will be to get vaccinated. Vaccines minimize and can even eliminate the spread of infectious diseases; they are the reason we are able to control viral infections like measles and why we no longer have to worry about smallpox or polio.

BWHI is a strong supporter of vaccination as a critical tool for keeping the public healthy from illnesses like the flu, measles, and COVID-19. But we also recognize that within the Black community, there are concerns about receiving the vaccine—and those concerns are valid. Too many times, health research and advancements have come at the expense of Black bodies. From the Tuskegee study that let Black men suffer from untreated syphilis to the unauthorized use of Henrietta Lacks's cervical cancer cells to the exploitation of enslaved Black women for surgical practice by J. Marion Sims, America's history of harmful, unethical medical practices has created deep medical mistrust in our

communities.⁵³ You are justified to be hesitant or fearful about a newly developed vaccine, but BWHI wants to reassure you that we will provide scientific and factual information on COVID-19 vaccines.

From the moment a manufacturer begins working on a vaccine, there are a series of ongoing checks and balances in place that ensure safety, quality, and effectiveness. The U.S. Food & Drug Administration (FDA) independently reviews and assesses whether a vaccine is safe for public use. The agency's rigorous scientific and regulatory standards must be met before any vaccine, including those in development for COVID-19, is approved.⁵⁴ Even after a vaccine is available to the public, its safety and efficacy are meticulously monitored. The U.S. Department of Health & Human Services (HHS) tracks, monitors, and studies instances of adverse reactions to vaccines through the Vaccine Adverse Event Reporting System. Thanks to the careful development and monitoring of vaccines, the current U.S. vaccine supply is the safest it has ever been in history.⁵⁵

For both the Pfizer-BioNTech and Moderna vaccine trials, 10 percent of study participants

were Black—roughly 3,000 per study. That is less than we would have liked. We believe that Black representation in the trials should have exceeded our percentage of the general U.S. population because we are more likely to contract COVID-19 and die. However, the data that we have so far indicates that neither vaccine has any serious side effects outside of pain at the injection site, short-term fatigue and mild fever. These vaccines are more than 94% effective after two doses.

As FDA-approved COVID-19 vaccines become available to the general public in 2021, we urge

you to stay up to date on how the vaccine is being distributed, talk to your health care provider about your risk for COVID-19, and get yourself and your family members vaccinated when appropriate. Continue to wear masks and keep your distance, because although a vaccine is your best means of protection against the virus, there's still a small chance of becoming infected. We want to assure you that our team at BWHI will monitor developments with the COVID-19 vaccines and keep you informed. When we get vaccinated, we will say so on social media.



Dr. Kizzmekia Corbett
Viral Immunologist
National Institutes of Health
Twitter @KizzyPhD

At the National Institutes of Health (NIH), Black women are playing an intricate role in the development of vaccines. One of the key scientists developing the approach to a vaccine against COVID-19 is a [viral immunologist named Dr. Kizzmekia Corbett](#). After majoring in biological sciences at the University of Maryland, Baltimore County, the now-34-year-old Corbett earned a PhD in microbiology and immunology at the University of North Carolina at Chapel Hill.⁶⁷ She has been working on vaccines for coronaviruses since long before the one causing COVID-19 came along.

Dr. Corbett explains in several interviews that years of work went into preparing for a coronavirus vaccine. The process she and others patented years ago became the basis for the types of vaccines that have been approved so far. Those years of work were integral to the vaccine's quick development. She emphasizes that the vaccine's testing process has not been shorted.

Dr. Corbett [told Black Health Matters](#), you can do things to “keep your immune system healthy, but nothing other than a vaccine can tell your immune system to recognize a particular virus and prevent that virus from getting into a cell.”



Valerie Montgomery Rice, MD, FACOG
Morehouse School of Medicine

[Dr. Valerie Montgomery Rice is dean of the Morehouse School of Medicine](#). Dr. Rice trained as a researcher and was an infertility specialist and founding director of the Center for Women's Health at Meharry Medical College. Dr. Rice points out that Black scientists sit on the advisory committees at the FDA and the CDC. [Dr. Rice encourages Black Americans to get the vaccine](#) to help them protect themselves from COVID-19.

Can Employers Mandate COVID-19 Vaccinations?

Now that vaccines have been approved, one pressing question is on people's minds: Can workplaces require employees to take vaccines? Also, can you as an employee resist taking a vaccine if requested to do so by your employer?

The Big Picture: The FDA has approved for emergency use authorization two vaccines for the prevention of COVID-19, which allows vaccines to be distributed in the U.S. In December, the FDA first approved Pfizer-BioNTech's COVID-19 vaccine for emergency use, and later authorized Moderna's as the second vaccine.⁵⁶ More vaccines are expected to be approved in 2021.

The Considerations: Only 42 percent of Black Americans say they intend to be vaccinated, according to a Pew Research poll.⁵⁷ Historical injustices in the Black community with exploitation,⁵⁸ distrust in government and political rhetoric, swift development of vaccines, and the politicization of science are all commonly cited as factors contributing to uncertainty and doubt in our communities.

Employers, particularly in sectors that have been hard hit by the pandemic, have shown an eagerness to get their workers vaccinated. Although the vaccine will not be widely available to the public until summer 2021⁵⁹, there is serious debate over whether businesses should mandate the COVID-19 vaccine for their employees to ensure things return to normal as quickly as possible.

The Context: Employers generally have the right to require employees to get vaccinated. Health and safety in the workplace is regulated by the federal Occupational Health and Safety Administration (OSHA). OSHA requires that employers maintain a workplace free from recognized hazards that may cause, or are likely to cause, death or serious injury to their employees.⁶⁰ And it's equally clear that COVID-19 is a recognized hazard. The failure to be vaccinated constitutes a direct threat to other employees in circumstances when the virus is rampant and easily transmitted in the workplace.

An employer's failure to take appropriate action may form the basis of a violation where the

risk of COVID-19 transmission is likely or where COVID-19 has been detected in the workplace. Under OSHA guidelines, employers have wide latitude during a pandemic in what they can ask to ensure workplace safety.⁶¹ Barring religious or health-related exemptions, private businesses have the specific right to maintain their own health and safety standards and are legally able to fire workers who violate their rules, including if they do not get certain vaccinations.

Of Note: Vaccine mandates are not unheard of. Hospitals have long required the flu vaccine for their employees as a condition of their employment. Schools have long mandated preventive care immunizations and vaccinations to protect against infections and diseases that frequently arise during childhood.

What complicates a COVID-19 vaccine mandate in the workplace is that the vaccine has been approved for emergency use, which means the vaccine is still considered experimental and does not have full FDA licensure. There is little precedent for requiring a vaccine that is still under an emergency use authorization. Further complicating efforts is that the vaccine's side effects have not been fully studied and determined. The expectation is that some employers will move forward and mandate the vaccine, and the mandate will be challenged in court. Given the fast-evolving nature of the situation, whether the courts will allow the mandate to stand is unclear at this point. However, the more likely it is that nonvaccinated employees put customers, fellow employees, or the general public at risk, the more compelling the case will be for a vaccination mandate.

Part of the answer to whether the COVID-19 vaccines can be mandated is based on specific guidance offered by other federal agencies. The Equal Employment Opportunity Commission (EEOC), the federal agency that enforces laws against workplace discrimination as well as medical and privacy issues under the Americans with Disabilities Act (ADA), issued new guidance this month affirming that employers can require workers to get a COVID-19 vaccine and bar them from the workplace if they refuse.⁶² Generally, the

ADA limits employers' ability to require medical examinations. However, the administration of a COVID-19 vaccine by an employer to a worker does not fit that definition under EEOC's interpretation. "If a vaccine is administered to an employee for protection against contracting COVID-19, the employer is not seeking information about an individual's impairments or current health status," which is prohibited under privacy laws. While the EEOC has offered specific guidance, employers may seek to determine to what extent the CDC or other agencies offer guidance about how and whether to mandate vaccinations, and who gets it when and in what way, before finalizing plans and setting corporate policies.

A further complication is whether employers can require teens in the workplace to be vaccinated. Many Black families have seen economic hardships and collapse due to the surging pandemic. The number of minors in the workplace may have even increased during the pandemic due to closed schools and the economic difficulties of families. In some cases, teenage children have gone to work to help support their families, as parents' incomes have fallen or vanished as schools have closed and gone to virtual learning. Fewer children have been sick with COVID-19 compared to adults, and most children with COVID-19 have mild symptoms or no symptoms at all.⁶³ Significantly, the FDA authorized the COVID-19 vaccines for use in persons aged 16 years or older, but not for vaccination of younger children.⁶⁴ Minors are among the last group of the public recommended for COVID-19 vaccinations.⁶⁵ All the while, scientific researchers are conducting studies to review the safety and efficacy of the vaccine in younger populations.

The Bottom Line: Employers can require workers to get a COVID-19 vaccine and bar them from the workplace if they refuse. As long as corporate vaccination policies have certain exceptions, are job related, and are consistent with business necessity, employers have wide latitude to institute safety programs mandating COVID-19 vaccinations.

For More Information

Centers for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

American Diabetes Association

How COVID-19 Impacts People with Diabetes

[Frequently Asked Questions: COVID-19 and Diabetes | ADA](#)

American Heart Association

Heart Disease and COVID

[Coronavirus \(COVID-19\) | American Heart Association](#)

Mental Health First Aid (for Youth)

[Youth - Mental Health First Aid](#)

Morehouse School of Medicine

COVID Prevention Network: [Prevention Guidance | Morehouse School of Medicine \(msm.edu\)](#)

Black Women's Health Imperative

<https://bwhi.org/>

<https://twitter.com/blkwomenshealth>

<https://www.youtube.com/c/BlackWomensHealthImperative>

<https://www.facebook.com/BlackWomensHealthImperative/>

<https://www.instagram.com/blkwomenshealth/>

Watch this space: While employers are contemplating whether to make vaccinations mandatory, some question whether they should. Some employers are asking how they can encourage employees to get vaccinated without mandating it. There are concerns that, by mandating the COVID-19 vaccine, employers may risk sowing distrust in the vaccine and further the anti-vaccine schism, thereby causing longer-term harm to communities of color. Rather than mandates, employees are more likely to see incentives to get vaccinated. Employers may use wellness programs to encourage vaccinations, including gift cards or discounts on health insurance, much as they would with flu shots or following healthy habits.⁶⁶ Small inducements may not only prove more common but more effective than mandates.



Surviving & Thriving: Faces of Resilience

Black women are resilient—we have to be. Our capacity to navigate ourselves and our families through unthinkable conditions and circumstances is a hallmark of who we are. As *Strong Black Women*, we do what it takes to make sure our people survive. But that resilience takes a toll on our physical, mental, and economic health. We deserve to have that same level of care, support, and sacrifice reciprocated toward us. Below are stories of Black women who have overcome the difficult challenges created by the COVID-19 epidemic. As you read them, know that we at BWHI know you are them and they are us. Share in their pain, rejoice at their triumph, and remember that, like them, you can always overcome.

Paula Green-Smith (Age 60)

Chief Training Officer of BWHI

Paula Green-Smith is a mother, a wife, and a proud Black woman. Thinking back on 2020, she explains her personal experience as challenging, emotional, and illuminating. Paula and her husband both contracted COVID-19 in March when U.S. cases were just beginning to spike. Neither one of them had typical symptoms, and they don't know how they contracted the virus. Together, they endured COVID-19 for about three weeks. Paula describes COVID-19 as "unbelievable" and the most challenging thing she has ever been through physically in her life. She also lost her mother in July, which added to her and her family's emotional stress. Despite everything, Paula labels the year as illuminating. "It wasn't all bad," she says. "I learned how to maneuver through everything—and how to keep moving forward. I've learned not to ask, 'Why me?' but to ask, 'What is in it for me? What am I supposed to learn and get from this situation?'" A few residual effects that she and her husband experienced post-COVID were shingles, electric tingly sensations throughout the body, muscular aches, and mild eye issues.



Paula's Advice:

For those who currently have the virus, move when you can, rest as much as you can, and stay hydrated! Drinking water is extremely important. Also, call your family and friends. Having support is so helpful when you feel like giving up. My husband and I had each other, and I recognize that some people are home alone taking this on. It's imperative that people call any and everyone who will boost your mood and send you love.

"My advice to everyone whether they have had COVID or not is to do whatever it takes to get healthy. Move more, eat right, because I am absolutely certain we wouldn't have been able to pull through it like we did if we hadn't lived healthy lives."

- Paula Green-Smith

Paula on Black Women's Health:

I want people to stop talking about the social determinants of health and be about doing something about it. I want us to have policies in place that force our health care systems, our legislators, our funders, etc. to create opportunities for us to make a difference where it really matters. We need resources; nothing in America works on just talk. I want us to stop talking and do.



Cole Lawson (Age 27)

Vegan Chef

When asked to share her 2020 experience, Cole Lawson labeled last year as awakening, tumultuous, and graceful. She was taught to be more understanding of the world around her. We all go through life with our minds on our own issues, but 2020 forced everyone to look up and recognize that everyone has something to conquer. “I had to ask myself what should be different in the world. How am I showing up? What do I care about?”

Cole went from working at a café in Los Angeles and starting her own business to filing for unemployment within two months. Soon after layoffs, the café closed. Unfortunately, the owners did not have the funds to reopen their doors, and the community they built suffered greatly. In the midst of unemployment and a cluster of new worries, she lost her grandfather to the COVID-19 virus in June. As time went by, she was forced to reevaluate who she was as a woman, what she wanted, and how she was living. With 2020 being a major election year and protests happening nationwide, Cole grounded herself and made mental health her first priority.

“So many of us were living life out of habit, and 2020 made everyone question everything about their day-to-day choices. It shook us, and it was necessary.”

– Cole Lawson

Through it all, Cole had many “micro awakenings” throughout the year. She channeled the strength she could find from within and started taking better care of her health, focusing on her purpose, and giving more attention to loved ones. She realizes that she provides a luxury service working as a personal chef. Business slowed down toward the end of the year, but she continues to take everything in stride. Her focus now

is to teach others virtually how to eat better, cook nutritious meals, and provide food for those who need it.

Cole’s Advice:

Practice mindfulness. It doesn’t have to be grand, but meditating and slowing down to focus on the present is key.

Cole on Black Women’s Health:

I would like to see the doctors learn what isn’t in the books, and to ask questions even when things seem familiar. I would like to see people take Black women seriously. The reason Black women don’t feel okay is because we constantly feel like we have to be strong. I would like to see Black women know that it’s okay to be soft and vulnerable. It’s okay not to have the answers. It’s okay to not know what to do, and it’s okay to ask for help. I’d like to see Black women receive grace and understanding.

Jasmine Brooks (Age 28)

Actress

Jasmine Brooks is a mother and an actress in the Washington, DC area. When the pandemic hit, she was furloughed from her part-time job at the Kennedy Center. When all other performing arts venues shut down, she was left with no choice but to file for unemployment. Adapting to the “new normal” was a struggle. With quarantine in full effect, she had to get creative and find new ways to keep her 3-year-old daughter busy during the day. Her partner, a teacher, was simultaneously adjusting to virtual school while she entertained their daughter, searched for work, and kept the house intact. Fellow mothers can probably relate to the increased number of hats she had to wear. Acting is her passion; it was extremely difficult to lose what brought her peace. With the free time she found, painting and writing became cathartic for her.

Fortunately, Jasmine landed a role in a virtual performance. Even though the experience is new, she feels as though the future of performing arts will be changed forever. She sees innovative ways people have come together to share their art and perform for the world virtually. Whenever things do go back to normal, it's possible for folks to stay home and enjoy a show.

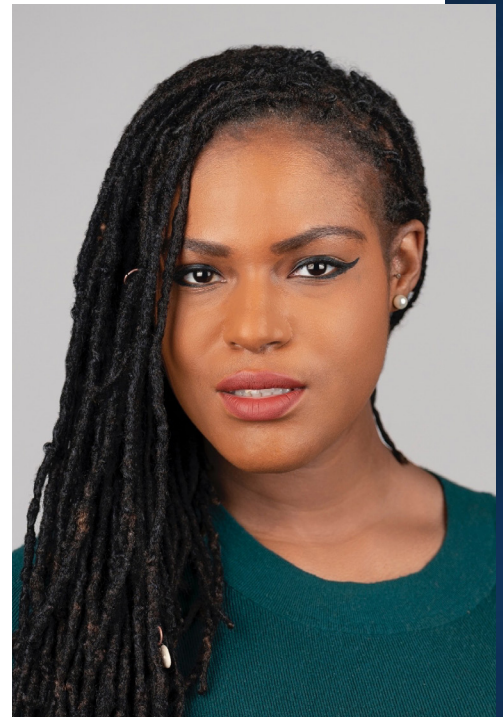
Personally, she did not contract the virus, but her relatives in Tennessee did. When she heard the vaccine was coming out, she had second thoughts. Like many others, she felt they needed more research time. “I plan on taking it in the future, but I think it needs some time. I don't like anything that seems rushed. This seems rushed and driven by greed and capitalism.”

Jasmine's Advice:

You just have to fight for your sanity and find ways that you can get that release. Explore other things and use the internet as a resource. Trainers have gone virtual and are helping people use things in their homes to get the same results. Virtual gymnastics and exercises for kids really get them moving. You have to search for your wellness.

Jasmine on Black Women's Health:

Things have to be more specific for us. When I gave birth, I learned that Black women have the highest maternal mortality rate of all women in America. There need to be more resources for Black women. We are different, and we need specific things based on our history and what we are predisposed to. Black women also deserve resources whether they are insured or not.



I was missing art a lot. I missed receiving it and giving it the most. It's a connection—it's a relationship that is formed between the audience and the actor when you get in there. We are joining each other, we are here for the same reason, and we unite because we have the same needs. I want you to feel me and you want to feel something. It's personal and intimate. It's important and hard to re-create virtually.

– Jasmine Brooks on acting



Deborah Mitchell (age withheld)

Deborah Mitchell says that 2020 was a “totally challenging year”. In early March, everyone started working remotely. She didn’t mind it much, but there were a few instances when she had to go to the office, which gave her anxiety. As the virus progressed, she unfortunately had multiple friends and loved ones pass away. She lost one of her closest friends and her mother. Her brother thought he caught the virus before it became an issue in the United States. He said to her that he felt like he was going to die and had all of the well-known symptoms; even after beating the virus, he still suffers from residual effects. Deborah has diabetes, and as a high-risk individual, she knew that everyone was not taking the virus seriously. Seeing cases and deaths rapidly rise contributed to the paranoia and stress in her household, but she turned to God for peace.

“You aren’t supposed to worry, so I try not to worry. I’m very prayerful and place everything at His feet. It’s too much for me to handle alone.” – Deborah Mitchell

“We don’t know anything. I don’t think the people in charge know either. I just don’t understand why so many people have had to die. I just don’t get that part. My best friend just lost her dad three days ago. He went to the hospital, they gave him oxygen, and they sent him home. The next day, they had to call the ambulance again! He was taken to the ICU, they put him on a respirator, and then he died. Why would they send him home?”

– Deborah Mitchell

When Deborah contracted COVID-19, she ended up with pneumonia and an upper respiratory infection. She lost her sense of smell and taste. She no longer has the virus, but her senses have yet to return completely.

“What quality of care are people getting?” Deborah feels that some of us are being treated as “just a number or statistic”. She doesn’t know how she got COVID-19 when the only place she had been was the grocery store. People have relaxed a great deal since March, but we need to continue social distancing, wearing masks, and washing our hands.

Deborah’s Advice:

When you go out, please keep your distance. You should Zoom with your friends and family; meeting in person may not be as safe as you think. Call your doctor if you have symptoms. If you have COVID, you need guidance regarding what to do.

Deborah on Black Women’s Health:

I just want us to have more awareness and access to information. We should give people information that has helped us. Knowledge is everything, and we have the ability to share from personal experience. Sharing information with and getting information from friends who also have diabetes is extremely helpful.

Linda Yelder (Age 63)

In the last week of November, Linda Yelder began her adventure with COVID-19. For her, 2020 was scary, long-lasting, and lonely. In the days leading up to her positive diagnosis, she felt very strange. She couldn't put her finger on what had changed, but she experienced mild chills and knew she needed to get tested. With her sister going through chemotherapy, she had to be sure it was safe to continue helping her. She tested positive. She began to feel weak and lost her appetite as her symptoms progressed. She had diarrhea, nausea, large painful hives, and loss of taste and smell.

Fortunately, Linda got the help she needed and was able to recover, but her experience with the medical system was frustrating. Getting the tests scheduled, getting calls back from providers, and feeling like they cared was impossible.

"I called my doctor and told them that I felt like they weren't looking out for me properly. As Black people, we feel slighted sometimes, and I really felt that." – Linda Yelder



Linda's biggest fear is getting COVID-19 again, so taking the vaccine is something she is willing to do. Now that she feels better, she is careful about being around too many people and where she goes. A few Sundays before she contracted COVID-19, she went to dinner with a few friends. She isn't sure how she got the virus because everyone else at that dinner tested negative, and she had been extremely careful otherwise.

"I stay by myself, and it was horrible and scary to be so sick and alone. My daughter was a great help to me, and people would bring me meals even though I couldn't eat anything. It was lonely not having someone who could be around. It's hard to do everything for yourself when you feel that weak."

– Linda Yelder

Linda's Advice:

Part of me believes that since I stayed on top of taking my vitamins I didn't get as sick as I could've been. If you have any preexisting conditions, take them seriously. Don't think it's "just the flu". Get tested! Do it for yourself and your loved ones. Also, speak up for yourself when it comes to your doctors. I felt like they let me down, so I felt it was important to call them and let them know. Also, do not lie to your doctors.

Linda on Black Women's Health:

Doctors need to listen to us when we tell them we have concerns. People must reach out to Black women to get their side of the story. We go unheard most of the time, so this is important.



Practice Self-Care for Life!

Practice Self-Care for Life!

Self-care is committing to consistent, personalized, healthful behavior that will ultimately help you navigate life's stressors and make choices that support you being the person you want to be and the life you want to live. It is quite literally about caring for yourself and creating balance in your life. Here are some things to consider in putting yourself first.



1.	Celebrate yourself.	You deserve it! Celebrate every accomplishment, every positive change, every success – no matter how small. Use what you learned about taking charge of your thoughts. It takes a lot to become who you really are, so love yourself so others can see love in you.
2.	Take care of your body and mind.	Making yourself a priority will help you prepare for stressful situations when they come up and also help reduce the stress you may already feel. Take a few minutes each day to reflect on your beliefs about yourself, your thoughts, and your feelings. Give yourself permission to slow your roll....just pause!
3.	Past experiences, regrets, and mistakes are just that.	Learn from them. Grow from them. Keep moving forward. Think about all of the lessons you have learned and what you have taught others based on your experience. Recognize how your thoughts, beliefs, and values influence your health behavior. Focus on being who you really want to be.
4.	Don't be afraid to ask your friends and family for support when needed.	Think about what support looks like for you and also who you feel comfortable asking for that support. Ask yourself what support you need to be successful in making positive lifestyle changes and how you can best be supported by family and friends along this journey. Remember what you learned about getting support.
5.	Just say “No” to things you don’t really want or need to do.	Saying “NO” when needed is the healthiest response, so do not feel guilty about it. You do not always have to fall under the pressure of being a superwoman. Just because you say “No” doesn’t mean you can’t ask for help yourself.
6.	Move your body.	Regular physical activity like dancing, walking, jogging, swimming, kickboxing, punching bag, and biking are great ways to burn up cortisol, lose weight, and have fun! Can’t dance? Just moving to music you enjoy helps the mind, body, and spirit. Music has the power to improve your mood and reduce stress.



7. Relax and breathe.

Meditation and yoga are ways to relax your mind and your body, reduce anxiety, and lower cortisol levels. Simply taking a few deep breaths will slow your heart rate, lower blood pressure, and decrease cortisol.

8. Always protect your heart.

Of course, there is much you should do to make sure you have a healthy heart. But that also means avoiding toxic relationships and staying connected to people who are positive, supportive, and accepting of who you are.

9. Stay connected with others, through both words and touch.

This can have a calming effect on the body and the mind. But even when you may be physically isolated, make sure you are not also socially isolated. **Feeling socially connected provides a sense of safety, and feeling safe reduces cortisol.**

10. Having fun and laughing reduce cortisol levels.

Many studies have shown the benefits of having a sense of humor and of laughing. **Try to find ways in your daily life to laugh and joke as much as possible.**

11 Cope with your triggers.

Some triggers are healthy and some are not. Remember to pay close attention to your eating, shopping, and sitting still triggers. Use what you learned about triggers and how to respond to the unhealthy ones differently.

12. Unclutter your space and get organized.

Uncluttering can give you a sense of being more in control of your life. It also can improve your mood and reduce your stress. Just thinking about things you need to do can often be overwhelming. Try breaking down tasks or goals into smaller, doable ones. Use notes, calendars, and timers as reminders. Create a to-do list.

13. Make sure you are getting enough sleep.

Shoot for 8 hours per night. Make your sleep space as comfortable as possible and remove items that might distract you or keep you from relaxing. Turning off the television and other devices contributes to healthy sleep hygiene. Try prayer, meditation, or deep breathing at bedtime.

14. Make financial wellness a priority.

Managing your money and making wise decisions about your spending help you feel empowered. Learn how to shop smarter and eat healthier.

15. Do your best to reduce and manage your stress.

Try to understand exactly what your stressors are. Some you may have control over changing. Others you simply may not. From time to time, reflect on how your intersectionality and lived experience contribute to your stress, how you respond to those stressors, and how you can create your own practice of self-care to help reduce and manage them.



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