



April 23, 2020

The Honorable Michael R. Pence
Vice President of the United States
The White House
1600 Pennsylvania Avenue
NW Washington, DC 20500

Robert R. Redfield MD
Director
Center for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Disease
5601 Fishers Lane
Bethesda, MD 20892

Dear Vice President Pence, Secretary Azar, Dr. Redfield, and Dr. Fauci:

The Society of Black Neuropsychology (SBN) would like to affirm support for the statements made by the American Psychological Association, the Asian Neuropsychological Association, and the Hispanic Neuropsychological Association regarding the impact of the COVID-19 pandemic on ethnic and minority communities. Throughout the continuous news cycle coverage of COVID-19, it has become clear that ethnic and racial groups represent vulnerable communities that are at a disproportionately increased risk for becoming victims of the virus¹. We wish to highlight several factors that we feel need to be addressed on federal, state, and local levels of government and provide recommendations to correct these disparities.

First, we would like to highlight the historical context in which Black communities are being impacted by COVID-19. The current pandemic has put decades-long inequities on national display. Historic and systemic discrimination in healthcare^{2,3}, economic injustices⁴, and housing discrimination⁵ have long been identified as factors that contribute to the inequitable rates of morbidity and mortality experienced by Black populations in America. These disparities have been underscored by collected data showing that Black people are being disproportionately affected by COVID-19. For example, 70% of Louisiana's COVID-19 fatalities are among Black people, despite Black people only making up 33% of the population⁶. Similar unequal statistics can be seen in Chicago (70% of fatalities; 29% of the population)⁷, Washington DC (62.5% of fatalities; 46% of the population)⁸, and Detroit (85% of fatalities)⁹ among others. These stark disparities persist even when controlling for behavioral habits or pre-existing conditions. This is why it is troubling when the myth is perpetuated that personal actions are the driving causes for these statistical differences. This taskforce should be at the forefront of disabusing the public of these tropes.

For our part, SBN is concerned not only about the overall health of the Black community in general, but also brain health in particular. Psychological and cognitive functioning can be impacted by various diseases, including respiratory ailments¹⁰ and infections¹¹. Therefore, it is reasonable to suspect that just as Black communities are facing disproportionate mortality rates due to COVID-19, that any neuropsychological impacts will be evident in Black communities to a greater degree as compared to the general population¹². To address this, we propose the following:

We urge that research monies be set aside specifically to investigate the impacts of COVID-19 on the neuropsychological well-being of Black individuals. It is not enough that money be earmarked for this research in general. But researchers ought to demonstrate that their proposals are intentional in their inclusion of Black participants and specific mechanisms for recruitment. It will also be vitally important to include individuals with chronic health comorbidities.

We also insist on the creation of a plan to meet the clinical needs of those affected once they are identified. A large portion of the Black population in America lives in "medical deserts" where citizens do not have access to care. Incentivization of clinicians to work in these underserved areas is paramount to attracting skilled professionals to these locales.

Lastly, healthcare corporations and medical institutions should likewise be encouraged to participate in these efforts by establishing a presence in these "medical deserts" throughout the country. Accessibility is key to stemming the tide of negative effects in these communities.

The impact of the COVID-19 pandemic will be felt throughout the world for years to come. Given the fact that early research data has shown that ethnic minorities are impacted uniquely, it is imperative that these individuals be adequately represented in any forthcoming studies and provided with adequate access to clinicians and healthcare institutions to service their needs. We ask that the taskforce implement these strategies earlier as opposed to later, as time is of the essence.

Thank you for your time and attention to this crucial topic. We look forward to partnering with you in the future to positively impact our communities.

Sincerely,

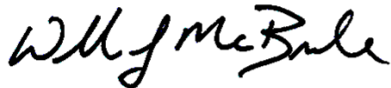
The Society of Black Neuropsychology



Courtney Ray, MDiv, PhD
President



Kendra Anderson, PhD
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Valencia Montgomery, PsyD, LP
Director of Research Development

¹ Perry, A., Harshbarger, D., & Romer, C. (2020, April 16). Mapping racial inequity amid COVID-19 underscores policy discriminations against Black Americans. Brookings Institute. Retrieved from <https://www.brookings.edu/blog/the-avenue/2020/04/16/mapping-racial-inequity-amid-the-spread-of-covid-19/?fbclid=IwAR3LztnK7xyK-tlSZ34Z6n1vImpMf4xunmhj30BlZ3LUoZzhKPyESZz3lwl>

² FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics*, 18(1), 19. doi.org/10.1186/s12910-017-0179-8

³ Williams, D. R., & Rucker, T. D. (2000). Understanding and addressing racial disparities in health care. *Health care financing review*, 21(4), 75–90.

⁴ Famighetti, C., & Hamilton, D. (2019, May 15). The Great Recession, education, race, and homeownership. Economic Policy Institute. Retrieved from <https://www.epi.org/blog/the-great-recession-education-race-and-homeownership/>

⁵ Perry, A., Rothwell, J., & Harshbarger, D. (2018). The devaluation of assets in black neighborhoods: the case of residential property. Brookings Institute. Retrieved from <https://www.brookings.edu/research/devaluation-of-assets-in-black-neighborhoods/>

⁶ 'Big disparity': 70% of Louisiana's coronavirus deaths are African Americans, governor says. (2020, April 6). Retrieved from Big disparity': 70% of Louisiana's coronavirus deaths are African Americans, governor says. (n.d.). Retrieved from <https://www.wdsu.com/article/covid-19-impacts-in-louisiana-high-death-rate-among-african-americans/32058042#>

⁷ Ramos, E., & Ines Zamudio, M. (2020, April 5). In Chicago, 70% of COVID-19 deaths are Black. Retrieved from <https://www.wbez.org/stories/in-chicago-70-of-covid-19-deaths-are-black/dd3f295f-445e-4e38-b37f-a1503782b507>

⁸ Craven, J. (2020, April 9). Coronavirus Cases Are Increasing in the Nation's Capital. That Doesn't Bode Well for Its Black Population. Slate. Retrieved from <https://slate.com/news-and-politics/2020/04/coronavirus-disparate-impact-black-people-washington-dc.html>

⁹ State of Michigan (2020, April) Coronavirus Michigan. https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173---,00.html

¹⁰ Areza-Fegyveres, R., Kairalla, R. A., Carvalho, C., & Nitrini, R. (2010). Cognition and chronic hypoxia in pulmonary diseases. *Dementia & neuropsychologia*, 4(1), 14–22. doi.org/10.1590/S1980-57642010DN40100003

¹¹ Foley, J., Ettenhofer, M., Wright, M. J., Siddiqi, I., Choi, M., Thames, A. D., Mason, K., Castellon, S. & Hinkin, C. H. (2010) Neurocognitive functioning in HIV-1 infection: effects of cerebrovascular risk factors and age. *The Clinical Neuropsychologist*, 24(2), 265-285. doi: 10.1080/13854040903482830

¹² Mao, L., Jin, H., Wang, M. (2020, April 10) Neurologic manifestations of hospitalized patients with Coronavirus Disease 2019 in Wuhan, China. *JAMA Neurology*. doi:10.1001/jamaneurol.2020.1127