

# The impact of Covid-19 on ethnicity, minorities and immigrants: Are we all in the same ship?

## Covid-19'un etnisite, azınlıklar ve göçmenler üzerine etkisi: Hepimiz aynı gemide miyiz?

Hatice Feyza Dilek<sup>1</sup>, Müzeyyen Tonyalı<sup>1</sup>, Nuray Çolapkulu<sup>2</sup>, Orhan Alimoğlu<sup>2,3</sup>

<sup>1</sup> İstanbul Medeniyet Üniversitesi, Tıp Fakültesi, Dönem 6 Öğrencisi, İstanbul, Türkiye

<sup>2</sup> İstanbul Medeniyet Üniversitesi, Tıp Fakültesi, Genel Cerrahi Anabilim Dalı, İstanbul, Türkiye

<sup>3</sup> İstanbul Medeniyet Üniversitesi, Afrika Sağlık Çalışmaları Uygulama ve Araştırma Merkezi (MASAM), İstanbul, Türkiye

**Corresponding author:** Orhan Alimoğlu, MD., İstanbul Medeniyet Üniversitesi, Tıp Fakültesi, Genel Cerrahi Anabilim Dalı, İstanbul, Türkiye  
**E-mail:** orhanalimoğlu@gmail.com





**Received/Accepted:** August 02, 2020 / September 18, 2020

**Conflict of interest:** There is not a conflict of interest.

### SUMMARY

Covid-19, which has caused a severe pandemic to the whole world since December 2019, continues to spread while collapsing health systems, societies and economies; while leaving controversy behind. As the coronavirus spread globally demographics of the infected are identified and current evidences point ethnical "bias" of not only to the relatively higher infection rates among minority groups, but also to the severity of the clinical course. In communities where sanitation, prevention, and determined treatment standards for the current situation are not met, the results of the pandemic can be far more devastating.

**Keywords:** Covid-19, ethnicity, minorities, immigrants, mortality

 Hatice Feyza Dilek  
 Müzeyyen Tonyalı  
 Nuray Çolapkulu  
 Orhan Alimoğlu

H.F.D. 0000-0002-4878-9552  
M.T. 0000-0002-7087-3558  
N.Ç. 0000-0002-3033-8702  
O.A. 0000-0003-2130-2529

### ÖZET

Aralık 2019'dan bu yana tüm dünyada ağır bir salgına neden olan Covid-19, sağlık sistemleri, toplumlar ve ekonomiler çökerken, arkasında tartışmalar bırakarak yayılmaya devam etmektedir. Covid-19 küresel olarak yayıldıkça, enfekte olanların demografik özellikleri belirlendikçe ve mevcut kanıtlar, yalnızca azınlık grupları arasındaki nispeten yüksek enfeksiyon oranlarına değil, aynı zamanda klinik seyrin ciddiyetine yönelik etnik "yanlılığı" işaret etmektedir. Tüm bu bilgilerin ışığında, mevcut durum için belirlenmiş tedbir ve tedavi standartlarının karşılanmadığı topluluklarda, pandeminin sonuçları çok daha yıkıcı olabilmektedir.

**Anahtar sözcükler:** Covid-19, etnisite, azınlıklar, göçmenler

### INTRODUCTION

In December 2019, Coronavirus Disease 2019 (Covid-19) appeared in Wuhan, Hubei province of China. As the disease continued to spread rapidly, the disease turned into a pandemic and became a major global threat <sup>1</sup>. Susceptible populations are males and older adults with co-morbidities such as

hypertension, obesity, diabetes, chronic lung diseases, and also other possible susceptible factors are immigration, ethnicity and racial minority groups <sup>1,2</sup>. In this context, determination of whether the course of the disease is different in minority groups will contribute to reorganization of the countries' health care policies during ongoing and future epidemic management. Therefore we aimed

to briefly review the reports that demonstrate the relationship between ethnicity-race characteristics, immigrants and Covid-19.

As the coronavirus spread globally demographics of the infected were identified and current evidences point ethnical "bias" of not only to the relatively higher infection rates among minority groups, but also to the severity of the clinical course. African-American, American Indian, people who have low-income and live or work in crowded environments and minorities are at increased risk of getting Covid-19<sup>3</sup>. What is behind this disparity? In studies investigating population level risks, Black race, obesity, gender and age are reported to be among the risk factors for severe infection<sup>2,4,5</sup>. Although there is a high risk of developing serious infections due to these parameters, it is difficult to make an inference without evaluating the additional features of these groups. In order to reach the accurate conclusion among groups that contain risk factors but have different social conditions such as workplace, house environment, access to health systems and individual behavior; modifiable and non-modifiable parameters should be evaluated together. According to a study presenting with fever, elevated levels of C-reactive protein and procalcitonin are more common in Black patients<sup>6</sup>. Despite the claims that Black or Indigenous communities have infection-prone immunity, the main factors that make these communities vulnerable are social and environmental factors and higher incidence of other communicable diseases such as TB<sup>7,8</sup>. According to these findings, it can be concluded that the immune response to inflammation is different in Blacks; however, it is impossible to infer whether it is an ethnically linked immune response or an immune response modulated by environmental factors.

Although older age has been identified as a risk factor in previous studies in terms of the risk of developing severe infection, hospitalization at younger ages in Blacks compared to White was detected. For instance, hospitalization between the ages 18-49, for Black and White people were 39.1% and 22.1% respectively. Advanced age, above 65, has an opposite effect as 53.7% in the context of hospitalization for White and 32.7% for Black patients<sup>9</sup>.

According to a study conducted to analyse the rates of Covid-19 infection and mortality by ethnicity, Hispanic (652) and Black (530) people had higher rates of Covid-19 infection per 100,000, compared to White (913) population in US. Additionally, same study revealed increased mortality rates

among Blacks, compared to Hispanic and White patients<sup>10</sup>. Furthermore, as of May 1, 2020, 34% of serious Covid-19 patients were reported to be ethnic minor groups in the UK<sup>11</sup>. Different mortality rates on a state-by-population basis with equivalent Black population density may indicate inadequate and disproportionate health care and deeper socioeconomic deficits for ethnic minorities<sup>12</sup>. Therefore, the mortality rates of individuals of different ethnic backgrounds may be related to their access to health services and the inadequacy of medical care that was provided specifically for them.

Another problem to address is immigrants and their living conditions. Immigrants were heavily affected, as a result of closed borders of all countries around the world and ongoing travel restrictions. The number of registered Syrian refugees in Turkey under temporary protection is almost 3.6 million people as of May 15, 2020<sup>13</sup>. Establishing health care systems were challenging for Turkey where millions of people are hosted and due to lacking of multiple factors, such as finance, institutes and language. According to a study conducted via questionnaire among 879 Syrian refugees, 2% of the respondents claimed confirmed Covid-19 infection<sup>14</sup>. In many immigrant camps, there are difficulties in following the hygiene rules proposed under the pandemic, and in some camp areas, thousands of immigrants, including individuals with chronic diseases, share one water tap and cannot access the hygiene materials required for sanitation<sup>15,16</sup>. Thus, the transmission rates may be higher in immigrant camps where social distance is the most difficult to maintain. In addition, with the fear of getting deported, undocumented immigrants are afraid to seek medical help despite presenting the symptoms of the disease<sup>17,18</sup>. It is important that immigrants without health insurance are included in national health systems during this period. In these camps where standards are not met, regular health examinations can be performed, and positive tested individuals can be isolated by performing filtration when suspicious individuals are detected.

Racial and ethnic disparity is a multifactorial, intertwined phenomenon. Elaborate genetic and environmental factor related researches are crucial to receive accurate answers. In many countries, adequate measures have not been taken to encounter this pandemic, so it was inevitable for such a pandemic to devastate the medical resources and intensive care capacities. Consequently, minorities took the heaviest impact and the fall. More time and data from across the globe are required to see a clearer and bigger picture of the Covid-19's

almost revealing effect of biases within our not only health care system but on our implementation of basic human rights.

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